

AUTISM AS A DISRUPTION OF AFFECTIVE CONTACT: THE FORGOTTEN ROLE OF GEORGE FRANKL

Filippo Muratori and Valeria Bizzari

Abstract

The simultaneous description of autism by Asperger in Vienna and Kanner in Baltimore is usually considered a strange coincidence. Here we propose that the Jewish psychiatrist Georg Frankl, who worked with both Asperger and Kanner, had more than a marginal role in the early history of autism. While Hans Asperger did not recognize the talent of his superior Georg Frankl, Leo Kanner immediately recognized his merits and acumen when Georg Frankl arrived at the Johns Hopkins as a refugee. This proposal is supported by the retrieval of an unpublished Frankl's manuscript on autism which is here analysed and that deserves credit for anticipating some of the contemporary visions of autism. The manuscript deepens the distinction between 'affective language' and 'word language' that George Frankl had already developed in his previous papers in 1933 and 1943. While in neurotypical subjects the everyday language is an integration of affective and word language, autistic children register a break between them and, according to Frankl, this break is at the core of autism and can have a wide range of expression and tentatives of compensation. It is also proposed that the centrality of disturbances in affective language can be in agreement with a vision of autism as a neurodevelopmental disorder that interferes with the current notions of intersubjectivity, intercorporeality and interaffectivity. Frankl's perspective about autism can still be considered innovative today for other reasons. He proposed that autism could cover a spectrum of conditions; that it is a state of mind that is not necessarily abnormal; that it is a neurobiological condition that needs to be understood by others before of being modified. Finally the conceptualization of autism as a disturbance of affective language is in agreement with the DSM-5 which has created a sociocommunicative domain that comprises only deficits in non-verbal communication (that is affective language), putting the verbal language (that is word language) as a specifier outside the diagnostic criteria.

Key words: autism, Georg Frankl, affective language, word language, affective contact

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1. George Frankl between Hans Asperger and Leo Kanner

Autism was identified in the 1940s and during this time it piqued the interest of many researchers concerned with what is at its core: theories claim indeed that it is a very complex disorder oscillating between cognitive (i.e. Happé, 1994) and affective (i.e. Goldman, 2006) perspectives. For a long time, the identification of this disorder has been linked with two names who worked simultaneously in two different and distant countries: Hans Asperger, who worked in Wien (Vienna), and sadly has been recently associated with Nazi persecution (Sheffer, 2018; Czech, 2018), and Leo Kanner, a Jewish psychiatrist who worked in Maryland. Recently, two important publications (Silberman, 2015; Donvan & Zucker, 2016) shed new light on this story - often considered a strange coincidence - of the two doctors who discovered, separately and without knowing each other, the same syndrome. According to these publications, there was a third man in those years who was not only researching on disorder of social contact, but who also met both Asperger and Kanner. This man was Georg Frankl, a Jewish psychiatrist with whom Asperger also worked, and who escaped to Maryland. During the Wien's years the senior psychiatrist Georg Frankl (1933) and his future

wife, the psychologist Anni Weiss (1935), had already published, before Asperger, on cases similar to those later described as autistic. Because Frankl and Weiss were Jewish, they were forced to leave Wien, where Hans Asperger, 28 years old, became rapidly one of the youngest Director of the Lazar Clinic. Unfortunately, he was sympathizing with the Nazi program of euthanasia whose goal was to eliminate children who could not fit the fascist collectivism. He also referred children to Am Spiegelgrund, the clinic where children who were considered incapable to actively participate in the social Nazi program and impossible to educate, were killed through starvation, after which the death was recorded as due to pneumonia.

Asperger never recognized the role of the two Jewish researchers in the development of his long paper on the autistic psychopaths. After that paper he did not publish any other significant work. Political reasons prevented him from quoting the Jewish Frankl, but in some parts of his long paper it is possible to find clear influences of Frankl's previous article. It is worthwhile here to reproduce a passage from Asperger's work of 1944 (transl. 1991, pp. 46-47): "Long before the child understands the words of the educator, he learn to obey not abstract words, but to look, to the tone of the voice, to the expression of the face, to gestures ... what in the first place causes a child to obey is not the

effect of the content of words but the emotional state of the educator that shines through his words ... even the infant, even the stranger, and even the dog while they do not understand the meaning of the words, understand the affectivity that emanates from them". In this passage are clearly reported Frankl's ideas on affective language 10 years later their description in the Frankl's paper of 1933 *Befehlen und Gehorchen* (*Ordering and obeying*): "I remember the scene between a small child and his mother. He was a 5-year-old boy, particularly restless and rowdy; the angry mother muttered behind him, in a monotonous voice and a face without expression, something like: 'but my dear, now you must stop otherwise I get angry, sit here, look at how other children are good'. He continued in this monotonous tone and the child barely perceived this weak litany, and, if by chance some words entered his conscience, he did not care at all to obey. It is an example of how giving orders can be inadequate. Only when we observe the gestures and facial expressions that accompany giving orders does this become clear to the viewer and to those who receive it. It is obvious that this is not only valid in giving orders but in general in human relationships when it comes to communicating. If educational actions are not integrated with affective language they do not find the right emotional contact with children, and then, these educational actions have a strangely empty effect and can be confusing for the child and also for the spectator". (Frankl, 1933, p.464, our translation). Still in 1977 Asperger, without recognizing his debt to Frankl, states that "if his attention had not been attracted to the bodily signs of affective states, he would never have been able to discern the autistic personality". (Asperger, 1977, quoted in Todd, 2015, p. 236). So, after many years, Asperger was aware of his debt to those who introduced him, in the years of Nazism, to the importance of affective language, but refrained from any honest explicit recognition.

Escaped from Hitler's regime, Georg Frankl arrived in Baltimore in 1938, his name was changed in George, he met Leo Kanner at Johns Hopkins (or probably he was invited by him as a refugee), and began to work in his clinic. Differently from Asperger, Kanner immediately recognized his merits and acumen. In the same year of Frankl arrival in the USA he wrote to Bernard Sachs: 'I have become very much interested in what Dr Frankl calls the affective contact of children...in that it opens a new approach to the observation and understanding of the mental life of the child'. (Kanner to Sachs, quoted by Todd, 2015, p. 253). And again in 1943, three years after Frankl left for Texas, he wrote to the publisher of *The Nervous Child*: 'The more I read Frankl's paper, the more I am impressed by it and the more I realize what a gem it is. My own paper on autistic disturbances of affective contact is now just taking shape...I plan to have his paper precede mine' (Kanner's personal communication, quoted by Robison, 2017, p.6). In that paper, Kanner quoted Frankl as the observer of Donald Triplett, the most famous of his 11 cases. It seems that Kanner, who had already visited Donald Triplett in 1935, well before the arrival of Frankl in Baltimore, had not recognized the characteristics of that child as autistic and that only after the arrival of Frankl, and his detailed observation of Donald, Kanner began to recognize him as a prototypic case of autism. It seems that, before meeting George Frankl, Kanner did not have a frame of reference in which to place what he was observing in some of his young patients. In the concept of affective contact, as a key element of the ability to form social relations, proposed by Frankl, Kanner found the theoretical and clinical framework he was looking

for and which he called autism. Thus, Kanner was an admirer of Frankl's clinical and theoretical skills; nevertheless, Frankl's perspective on autism remained backstage, largely unknown and unexplored.

The Italian book *Alle origini dell'autismo: il ruolo dimenticato di George Frankl (At the origins of autism: the forgotten role of George Frankl)* (edited by Muratori and Bizzari in 2019 and printed by Fioriti, editor in Rome) is entirely focused on his interpretation and insights about autism, that seems to be worthy of attention. In particular, the volume is committed to the retrieval of an unpublished (and unfinished) manuscript, *Autism in Childhood: An Attempt of Analysis*, dated 1957 and stored up in the University of Kansas' Kenneth Spencer Research Library, one of the latest places where Frankl, together with his wife Anni Weiss, worked after the two years in Baltimore with Leo Kanner. The Italian book reports for the first time a text that deserves credit for anticipating some of the contemporary visions of autism. The existence of this manuscript is reported also by Robison (1917, p.7) as 'sitting today in the rare book archive of the University of Kansas'. Robison describes Frankl as a hero, between Asperger and Kanner, who first observed the autistic disconnect between facial expression, body language, and speech. This topic is widely developed by Frankl in the manuscript. From this point of view our paper is a sort of sequel to that of Robison.

2. Disentangling affective and word language

The manuscript deepens the distinction between 'affective language' and 'word language' that George Frankl had already developed in the 1933 paper. The 'affective language' concerns with non-verbal communicative symbolizations (facial expression, body gestures, modulation of articulate and inarticulate sounds, etc.) and comprises true communicative symbols, which have validity in the subject's family, country, and to some extent, worldwide. It is a means of communication that is beyond the boundaries of the spoken language. On the other hand, the 'word language' involves all verbal communicative symbolizations. While in neurotypical subjects the everyday language is always a fusion and integration of affective language and word language, children with autism register a break between these two kinds of communications. According to Frankl, this break is at the core of autism that concerns the inability to communicate thoughts, feelings and intentions to other persons. Frankl carefully describes the meaning of 'communication', that does not merely involve language, but implies corporeal, affective and pre-verbal elements, those elements that are precisely disrupted in people with autism, to such an extent that they cannot entail "a good contact with persons". According to Frankl, autism can be defined as a lack of 'affective language' that leads to a disturbance in 'affective contact'. Only the latter remained as core disturbance of autism in the Kanner's paper of 1943, while in the twin paper by Frankl, published on the same second number of *The Nervous Child*, the affective contact was strictly linked to disturbances of affective language. In other words, Frankl emphasizes the role of affective abilities over the cognitive and behavioral ones, and he argues for the possibility to communicate with autistic people, through the knowledge of the special features of 'word language' when it develops separately from affective language. In the last part of the manuscript, he hypothesizes that a pseudo-affective language can

be developed as a compensatory strategy to cope with the human necessity of “being in contact with others”. These compensatory strategies are usually used by high functioning autistic subjects, which are provided with sufficient (and, often, extraordinary) cognitive capacities. The examples he used let us hypothesize that he wanted to claim for the possibility of teaching to autistic children alternative languages able to open up the communication between them and their caregivers. If we take into account the historical time which Frankl was living through, and the Am Spiegelgrund tragedy, we can understand the importance and the necessity to underline that an autistic child was not a danger for the society (for the collective feeling of *Gemüt*) but simply a person with a different affective language (and a different ‘word language’), but still with the chance to communicate with others. We can, therefore, claim that Frankl’s perspective was modern and innovative not only because he prioritized the role of the affective components, but also because he was developing inclusive therapeutic hypotheses starting from the diversity (neurodiversity we could say nowadays) of the way to communicate with social world.

3. Affective language and body communication

Like a phenomenologist of the 20th century, Frankl was interested in the lived experiences of the subject and in what does it mean to be autistic. The implicit leitmotiv of the manuscript is that only focusing on the subjective, lived experience is possible to understand this disorder and to find solutions able to arise the communication process. According to a phenomenological perspective, this process cannot be reduced to a mere cognitive mechanism nor a simulation one, but it has to take into account other elements, such as the context in which subjects are living, and the fact that in this context some forms of communication emerge. Frankl is very careful not to confuse an autistic child who does not speak or who is only echolalic, from a child who is not-communicating. The first part of the manuscript is all geared towards capturing genuine communicative messages within ‘meaningless’ behavioral or verbal routines. To do this he reports many sequences of autistic children observed at home during his Viennese profession. For example, he reports the case of a child for whom the ‘hello baby’ with which his father greeted him on his return at home before starting to play with him, had become his special verbal way to require anyone to play with him. Without the possibility of observing the autistic child in his natural environment, those words could have been considered only an echolalia and not a way of communicating. The modernity of this way of observing the child at his home is underlined by what was recently stated by Bacon, Osuna, Courchesne and Pierce (2019, p.699): ‘the characterization of language in a naturalistic environment is particularly lacking in autism spectrum disorders: an observation of this type has allowed us to see that only 3.7% of these children have no words’.

We think that the current notions of intersubjectivity (for primary intersubjectivity as a social engagement that is present from the beginning see Trevarthen, 1979), intercorporeality and interaffectivity (for these see Fuchs, 2016) can be helpful to understand what “affective language” and “affective contact” amount to, offering an innovative perspective on autism. In typical development, babies intuitively understands emotions (for example the rage) in other’s gestures or facial

expressions; without the intervention of simulations or inferential capabilities, babies can perceive the other’s corporeal movements as expressive and intentional, and can immediately understand the other as an agent, and not as an object. Thus, intercorporeity becomes synonymous with intersubjectivity, and the language seems to be the medium of bodily, shared meanings. Corporeal gestures and linguistic praxis – as for Frankl, affective language and word language - form a coherent whole, and babbling (and later on words) seems to be an extension of the body, continuously and dynamically open towards the world. Intercorporeality, therefore, is a pre-reflective intertwining of lived and living bodies that mutually resonate with one another without requiring inferential capacities. This mutual bodily synchrony allows two subjects to experience subjective and objective qualities through their lived bodies. This corporeal structure allows for an emotional or interaffective exchange, also called “interaffectivity” (Fuchs and Koch, 2014) that does not imply simulated processes, but is located prior to high forms of cognition. It represents the very first form of the immediate, pre-reflective attunement that ties us with others, when the baby sees the actions and movements of others and begins to imitate them. This kind of pre-reflective openness seems to be the very first form of intersubjectivity, which allows for the arising of an intuitive and empathic understanding.

Anticipating the subject of intersubjectivity by many years, Frankl, in his manuscript, describes the relationship between a 10-month-old child and his mother: “A healthy ten-month-old baby lies in his crib all by himself, awake, in quiet satisfaction. His mother comes to play with him. The moment when he sees her and she addresses him, his so-far inexpressive face lightens up. He smiles at her expectancy, he makes some cooing sounds, and his arms and legs begin to kick around in lively excitement. All this is not merely a self-sufficient motor release of his feelings of satisfaction and happy anticipation. It is a message intentionally directed at his mother, telling her something like: ‘I am so glad that you came to entertain me’”. The mother understands this well, and she answers to this in baby talk full of overly expressive gestural movements and sounds, exaggerated gesticulations and exclamations. The mother may take him from the crib, kiss him and fondle him. To this he responds, let us assume, with a defensive stiffening up. His face shows slight annoyance. The mother reacts quickly to this, by putting him back into his crib, and by some soothing, less overwhelming gestures and sounds. Peace is restored, the baby lies there, watching his mother with a searching, expectant expression. The mother holds back teasingly for a moment, and lets the baby wait. He understands and enjoys this playful prolongation of his fore-pleasure. He answers by conveying to her: ‘Come on, what are you waiting for!’. He expresses this through gestures and sounds. The mother now produces some stunt which the baby has not seen so far. The baby face is concentrated. He watches, then looks at his mother, makes a well modulated sound, almost as if he was asking: ‘Now, what do we have here?’. He watches her answer to this, then replies with a little smile, then a clear laughter, all his limbs in excited, kicking motion. Thus he conveys his inner experience to his mother very adequately. Each of them finds its correlate in the non-verbal language of expressive movements and expressive sounds. Words do not exist as yet at this age, and they are not even needed for what is to be expressed” (Frankl, 1933, pp.18-19).

The social behavior of this 10-month-old, not yet

talking baby, is reported by Frankl as an example for an isolated existence of the affective language before learning to talk. Already at this initial stage, it appears that the subject is not only affectively bound to the other in a resonant, cyclic and dynamic relationship, but also inextricably linked and influenced by the other's corporeality, showcased by the fact that since birth the baby is a body that expresses her/herself and is bound to the other's embodied subjectivities in a reciprocal exchange. Intercorporeality and interaffectivity are therefore inextricably linked to one another: in particular, we can claim that interaffectivity is an emotional exchange mediated by a body, that, in turn, is essentially linked to other corporeal subjectivities. In autism, intercorporeality and interaffectivity are disrupted. Frankl suggests that in this case instead of being informed by the child of what goes on within him, one has to rely for this purpose on what it is supposed to be non communicative signs and on actions. Autistic people lack the spontaneous attunement that allows the subject to be in a relationship with the other in an immediate manner, without entailing inferential or cognitive mechanism. In other words, they lack affective language (and, accordingly, affective contact).

4. Affective language and compensatory verbal strategies

As Temple Grandin says, because of the difficulties in implicit knowledge, which every person accumulates and generates throughout life on the basis of intersubjective experiences and encounters with others, autistic people do their best to compensate consequences of these difficulties. In the last part of the manuscript, Frankl furnishes four possible examples of compensation as far as alternative, artificial affective language is regarded: 1) The "monotonous rote verbal repetitions" that may assume a meaning and become a sort of substitute communicative system between the autistic subject and their primary carer; 2) The "automaton-like" language, where their whole body looks like a mere mechanic support, completely missing those gestures and corporeal attitude that are typical of human motor behavior; actions become mere interruptions of a state of immobility, instead of expressions of a living body; the body is motionless, the language is rare, unspontaneous and comes from this catatonic immobility; 3) The "scanning" language: a rhythmical language (yet lifeless and without emotional tone inflections) as an effort to recapture, if not an affective speech modulation, at least a modulated speech structure; 4) The "declamatory" language, where feelings and emotions are reproduced in a very artificial manner, using an over-dramatized and the exaggerated inflection of the voice, similar to what may be found in a theatrical performance.

All of these four pseudo-affective languages can be immediately perceived by the listener as something very different from a genuine expression of affect, but witnesses of a subject who tries to capture and reproduce the feelings of others. In other words, in order to be in relation with others, they emphasize their missing sense of affective language and of its twin: affective contact, that is the ability to form relations to others, not merely through a discursive expression and understanding, but on the level of emotional attunement.

5. Affective contact

At this point, we can claim that being in "a good

contact with others" is not a matter of mind-reading, but mostly of being bodily engaged in a meaningful, affective relationship. In autism, we can notice a loss of bodily resonance (intercorporeality) and emotional resonance (interaffectivity), elements that are linked to one another and that can be considered as the phenomenological conceptual twins of affective language and affective contact. In other words, it appears that a disturbance at the level of affective language leads to a disturbance in what Frankl called affective contact. We could suggest here that, after seventy years, the ADOS-2 gave an (unaware?) contribution to Frankl's affective contact when it has renamed the social-communicative area of the DSM-5 as 'Social Affect'.

According to Frankl, the affective life comprises: 1) a physical body component (affective language), and 2) an intentionally communicative, symbolizing representation (affective contact). These components correspond to: 1) intercorporeality and 2) interaffectivity; two elements that are usually mutually linked in a chiasmatic relationship. Usually, intercorporeality and interaffectivity allow the subject to be involved in a resonant and affective relationship with the other, a relationship that in autism shows the deepest impairment. In other words, the lack of affective language (intercorporeality) does not allow for the presence of affective contact (interaffectivity), while the word language can be preserved in some cases. Autistic subject can be able to talk, but not to communicate. In order to account for this dual characterization, Frankl makes the example of rage: usually rage has its own bodily features that express aggression toward somebody ('I am angry at you'; 'I want to hurt you'; 'In a fit of anger I can scowl at somebody'; 'I can shake my fist at him or punch him'). In other words, the adversary, the object of my rage is an essential part of the rage itself. This expressive and intentional directness is missing in autism, whose very core seems to be exactly the inability to tune in with the world. Frankl's emphasis on the centrality of affective components can be considered alternative to the vision of an autistic subject who lacks the ability to read others' intentions and mental states. Following Frankl, we can indeed argue that the autism spectrum condition is characterized by a "bodyblindness", that is, a disorder of the corporeal and intercorporeal self.

6. Autism

Frankl's perspective about autism can still be considered innovative today. In his unpublished manuscript, there are different up-to-date aspects which lead us to its publication after seventy years. They can be summarized as follows:

1) Frankl describes autism as a spectrum of conditions with variable degrees of severity. This inclusive account of autism, or "autistic condition" (as Frankl called it in different part of the manuscript), has been denied and undervalued for many years. On the contrary, even more recently, and before the DSM5, autism was described as a state that included specific kinds of syndromes, such as Kanner's and Asperger's syndromes. This turned out as a very simplistic and dogmatic account, failing in describing what Frankl had proposed in those years as a condition with many nuances.

2) Frankl describes autism as a state of mind that is not necessarily abnormal. It is a condition and not a disease: what is at stake is the relationship between the subject and this condition, and her/his power to cope

with it or being trapped by it.

3) What is central in Frankl's account (and what still nowadays, after many years, needs to be taken into account) is the pain experienced by the autistic subject who struggles for the chance of being understood by others. According to Frankl, this is the real core of the autistic condition. The autistic child is not able to communicate like others, because the affective language and the word language are not integrated into a coherent and harmonic whole.

4) Frankl emphasized the centrality of the "affective contact" as a dimension, whereas Kanner described the deficit of the affective contact simply as "autism". This - supposedly - simple detail entails a huge difference between the two approaches: while the word "autism" underlines the role of social detachment as the main deficit of the autistic state, the notion "affective contact" considers the deficit in the emotional language as the real core of the disorder. We should remember that Kanner, in his paper dated 1943, did not include the deficit in non-verbal language among the diagnostic criteria for autism (for instance, he did not make any examples about the corporeal and gestural language) while Frankl considered the deficit in corporeal language the core of the autistic condition. To the present day the DSM-5, differently from the DSM-IV which had unified verbal and non-verbal communication, has created a sociocommunicative domain that comprises only non-verbal communication (that is affective language only), putting the verbal language (that is word language) as a specifier outside the diagnostic criteria. The debate is still open, and there is no agreement about this choice.

7. Final considerations

According to George Frankl, the disturbances of the affective contact cannot be reduced to a mere autistic syndrome, since they amounted to a deep disconnection from language mechanisms, a break between affective language and verbal language. This break did not entail a complete detachment of the subject from the word, or the complete inability to express herself/himself, but it needed - and it needs - a particular observation and attitude able to bridge the mysterious gap between the words and the affective communication. George Frankl ends his paper on the *Nervous Child* in 1943 (the twin paper of Kanner's one) with these words: "We have become used to considering gestures a somewhat superfluous relic from the times when the ancestors of Homo Sapiens, in want of words and in need of some means of communication, used motor and vegetative-motor reactions in order to intimidate their enemies or to attract friends. This description reveals only the origins of gestural symbols as means of communication. But our clinical cases show that gestures are not merely a transitional remainder from olden times. It appears rather that the communication of emotions by gestural symbols is an important and well established function that is by no means destined to become extinct as long as emotions play an important role in human interactions" (Frankl, 1943, p.262). This seems like a precious legacy that will take a long time to be taken into consideration in the study of typical and atypical development of human social relations, or of Homo Sapiens as Frankl says. Perhaps the time was not ripe to investigate the pivotal role that motor gestures (affective contact) have between emotions and verbal language. This intuition of George Frankl on the primacy of the non-verbal over the verbal will need the discovery of the mirror neuron system to be resumed,

explored and become one of the most exciting themes of the current neuroscience and also one of the most difficult challenges for the understanding and treatment of autism. Frankl seemed aware of a time unsuitable for his thought to the point of verging on affliction. In a letter to Kanner about the slowness of the publication of their work on *The Nervous Child*, Frankl, now far from Baltimore, writes: "I have become reluctant to do this work. Most were written in Europe five years ago and were the first desperate attempt at English translation. I was happy about it five years ago but now I am less happy ... this publication will be the end of a special, even if difficult period of my life" (Frankl to Kanner, quoted by Todd, 2015, p. 256).

The arrival of Georg Frankl at Johns Hopkins with his concept of affective contact in his suitcase had set in motion a chain of events that allowed Kanner to develop his concept of autism. And now George Frankl left the field. Kanner writes in a letter to Ernest Wolff in 1939: "Frankl is now working on a very valuable monograph and that, when ready, it will be a real contribution to the field of child psychiatry" (Kanner to Wolff, quoted by Todd, 2015, p.253). This is the monograph that can be reached at the Texas University and that is now translated in the Italian book: *The origins of autism* (Muratori & Bizzari, 2019).

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