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**Bruno Bettelheim: The Mysterious Other. Historical Reflections  
on the Treatment of Childhood Psychosis**

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Subsequent to Dr. Bruno Bettelheim's death in 1990, there appears to have been a renewed interest in his writings about seriously disturbed youth. The critical review which follows assumes that many of Bettelheim's contributions to the elaboration of milieu treatment remain with us even today as influential parts of both the residential and inpatient psychiatric care of children and adolescents in the United States and abroad. In an attempt to distill and clarify certain areas of Dr. Bettelheim's clinical legacy, the present study surveys a selected number of Bruno Bettelheim's clinical articles on milieu therapy, childhood schizophrenia, and autism. In addition, it examines his understanding of certain basic psychoanalytic concepts. Of these clinical topics, the major focus of this paper is clearly upon Bettelheim's writings about childhood autism and especially upon the formulations he presented in *The Empty Fortress* (Bettelheim, 1967), which represents the culmination and highest form and elaborative evolution of his theories about childhood schizophrenia and autism. Following these reflections, some of the major contributions of Dr. Bettelheim's clinical legacy are highlighted, with special regard to certain hypotheses associated with his study of the nature of schizophrenia and infantile autism.

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## The Treatment Of Childhood Schizophrenia And Autism

### On Milieu Therapy

It is important to begin this commentary on Bettelheim's writings about schizophrenic and autistic children with a consideration of his thoughts about residential milieu therapy, since in his view that modality represented the treatment of choice for these clinical groups. Bettelheim's early writings about the treatment of disturbed children appear to have been deeply influenced by his dialogues and collaborations with a small circle of clinicians, which included the immigrant Fritz Redl and the Chicago psychoanalyst Emmy Sylvester. Bettelheim's clinical writings were initiated somewhat later than his political ones, for which he had initially achieved notoriety, but after 1947 a flurry of clinical publishing activity was apparent, with at least eight major clinical articles appearing between 1947 and 1949. The majority of those early clinical articles focused in one way or another on the refinement or elaboration of the concept of milieu therapy and, in particular, on its early implementation and use with emotionally disturbed children at the Orthogenic School of the University of Chicago (Bettelheim, **1948a, 1948b, 1949**; Bettelheim and Sylvester, **1947, 1948, 1949a, 1949b, 1950**).

Bettelheim acknowledged that milieu therapy was not a new psychotherapeutic technique. He noted that Anna Freud had considered it earlier, although with skepticism, as a possible adjunct for child analysis with children suffering from the more severe psychopathological disorders. He was also very aware that in Austria, August Aichorn had been quite optimistic about the therapeutic potential of a carefully arranged institutional setting. And at the same time that Bettelheim was developing his early clinical ideas at the Orthogenic School, he was quite interested in and well informed about the clinical efforts of Fritz Redl, who was already engaged in the use of special milieu therapy techniques with disturbed children at the Pioneer House experiment in Detroit, and who had begun publishing his findings some time before Bettelheim's first clinical treatment efforts (Redl, **1942, 1943, 1944, 1949**). A major emphasis in Redl's writings was on developing for staff members methods of behavioral control, techniques for interview interventions in the milieu, and strategies for maintaining the structure or framework of

the milieu. At the Orthogenic School, however, the structure or framework of the milieu was assumed — it rested significantly upon the presence of Bettelheim as the autocratic director of the school.

Accordingly, the emphasis of Bettelheim's writing about the milieu was largely on describing the effects of an already existent cohesive, nonchaotic therapeutic environment on the emotional process of rehabilitation through a variety of mostly anecdotal illustrations from case material, rather than on the specification of practical strategies or techniques for maintaining the stability of a therapeutic setting. Nevertheless, that Bettelheim was following the work of **Aichorn (1935)** and Redl is clear both from his early emphasis on the effect of the milieu and from his earliest interest in the treatment of delinquents (Bettelheim, **1948a, 1948b, 1949, 1955**; Bettelheim and Sylvester, **1949a, 1949b, 1950**). In this context, Bettelheim discussed the appropriateness of closed versus open treatment institutions for delinquents (**Bettelheim, 1948a**), the delinquent's concern for and confusion about moral issues (**Bettelheim and Sylvester, 1950**), and somatic symptoms which develop in children as they begin to give up their delinquent, tension-discharging patterns of behavior (**Bettelheim, 1948b; Bettelheim and Sylvester, 1949b**).

In terms of milieu therapy, Bettelheim's initial writings attempted to specify some of the beneficial group effects of milieu treatment upon the individual child (**Bettelheim and Sylvester, 1947**), to describe some of the general characteristics of and indications for milieu treatment (Bettelheim and Sylvester, **1948, 1949a**), and to distinguish between a therapeutic “home,” a psychiatric treatment center, and a psychiatric school (**Bettelheim, 1949**). With regard to the general characteristics of a therapeutic milieu, Bettelheim repeatedly emphasized the need, applied in ways particular to each child, for an almost *unconditional gratification* of the child's basic needs, a secure and protective setting, and *carefully measured dosages of reality*. In these earlier publications, milieu therapy was indicated both for children whose ability to maintain contact with parental figures had been catastrophically destroyed and for those children who apparently had not acquired the tools for establishing such a relationship in the first place (**Bettelheim and Sylvester, 1949a**). Thus, according to Bettelheim, milieu therapy was most indicated where the basic needs of the child had been so neglected that the child lacked psychological integration at even the pregenital level.

For children who had achieved a higher level of integration, psychotherapy alone might be indicated, for example, in situations where a disturbance in the oedipal phase occasioned a regression to earlier developmental stages as a point of fixation. In such instances, Bettelheim felt, an interpersonal relationship with the psychotherapist could be anticipated to develop and to help in resolving the prior traumatization. It should be noted, however, that a reading of Bettelheim's early papers suggests that a number of children at the Orthogenic School during that period of time actually did *not* primarily display the deeper pregenital lack of psychological integration which he publicly demarcated as the special province of residential milieu treatment.

Finally, in his remarks distinguishing the characteristics of a psychiatric school from either a therapeutic group home or a psychiatric treatment center, Bettelheim attempted to clarify what he understood to be the most important differences between individual psychiatric treatment and milieu care (Bettelheim, 1949). First, he pointed out that the then prevalent psychiatric techniques had been developed in treating adults, concentrating on uncovering the repressed and changing deviate personality structures. However, Bettelheim believed that for those children most in need of residential milieu treatment, emotional difficulties stemmed both from their basic inability to organize their personalities in the first place and from a near *absence* of repressive defensive mechanisms. According to Bettelheim, “the psychiatric school's therapeutic task is to bring order into chaos rather than to reorganize a deviate put together cosmos” (Bettelheim, 1949, p. 91). In other words, whereas psychiatric treatment often aimed toward permitting greater instinctual gratification by lifting repression, the education of the psychiatric school was aimed more toward the socialization of wild, overpowering instinctual tendencies. As is noted later in this paper, however, this particular position regarding repression was somewhat reversed some years later when Bettelheim began writing about infantile autism, where the amelioration of the effects of massive and dysfunctional repression became one of the *aims* of treatment for the autistic child.

Second, in Bettelheim's view, the prevalent schools of psychiatry in his time regarded the transference relationship, specifically the development of the transference neurosis, and its exploration

and resolution, as the major ingredients of successful psychoanalytic treatment, presupposing the previous existence of important relationships, feelings about which could be transferred onto the therapist. From Bettelheim's observations, however, he concluded that children needing milieu treatment characteristically had experienced *no* relationships which were suitable as a vehicle for transference. Accordingly, the psychiatric school needed to be much more concerned with helping the child order the world of the present, while psychiatric treatment was seen as more concerned with doing away with misinterpretation of past experiences. In Bettelheim's milieu setting, "instead of reliving the pathogenic past, the child is helped to live successfully in the present. Convincing demonstrations of ego strength thus take the place of speculation about the possible sources of its weaknesses" (Bettelheim, 1949, p. 93). Again, this was a hypothesis that Bettelheim later seemed to modify, when he wrote more specifically about the treatment of autistic children (1967).

Bettelheim's assumption that psychotic children could not effect transference relationships, since they were incapable of "cathecting" representations of external objects, was a restatement of Freud's earlier speculations about this specific schizophrenic deficiency in functioning which would hypothetically distinguish schizophrenics in the treatment setting from neurotic patients, a view which has since been challenged by other writers (Arlow and Brenner, 1969). For example, according to them, the transferences "may be transient, volatile, unstable, and fraught with aggression, but they represent, nonetheless, the same fundamental process which can be recognized in the transference of neurotic patients..." (Arlow and Brenner, 1969, p. 8). Further, Bettelheim's assertion that psychotic children in residential care were incapable of transference relationships disregards the existence of their transference reactions to the institution itself, although his early anecdotal writings do illustrate the presence of such displacements. It also obscures his emphasis upon the ability of psychotic children to establish strong alliances with adult staff members, as distinguished from the concept of transference, and his insistence upon the crucial role that those very capacities for therapeutic alliance played in the emotional rehabilitation Bettelheim described in so many of his published case presentations.

Nevertheless, despite Bettelheim's arguments that individual psychotherapy had little to offer for children in need of residential treatment, such treatment was in fact provided to some children at the Orthogenic School. For example, one of the earliest examples of the richly detailed case studies of children at the school is clearly based on insights derived from a boy's individual psychotherapy sessions with Dr. Emmy Sylvester (**Bettelheim and Sylvester, 1950**). The clarity and persuasiveness of that study's narrative style was later to become characteristic of Bettelheim's writings about schizophrenic and autistic children, those best known to the general public including, "Schizophrenic Art: A Case Study" (**Bettelheim, 1952**), "Joey: A 'Mechanical Boy'" (**Bettelheim, 1959b**); and "Laurie" (**Bettelheim, 1969**). Nevertheless, Bettelheim's more wide-ranging, rhetorically persuasive comments about both the type of pathology and kind of treatment solely indicated by residential care seem somewhat contradictory or at least paradoxical when viewed in terms of his *practical* descriptions of the Orthogenic School. This contrast points out Bettelheim's tendency to be overly dramatic and to describe treatment hypotheses and theories in their extremes, while clinical practice often reveals that *gradations* are the rule.

### **Childhood Schizophrenia as a Reaction to Extreme Situations**

Within two years, Bettelheim temporarily shifted the major thrust of his writings away from delinquency and general descriptions of the therapeutic milieu, and he began to concentrate more particularly on describing the etiology and treatment of schizophrenic children. The connection between this shift and Bettelheim's concentration camp experiences was vividly illustrated by one of his most widely read early articles on childhood schizophrenia, "Schizophrenia as a Reaction to Extreme Situations" (**Bettelheim, 1956**), the title of which was, of course, only a slight variation of the title of his original 1943 commentary on the disintegrative psychological effects of the Nazi concentration camps. Bettelheim asserted that an important similarity between the two situations was "that the youngster who develops childhood schizophrenia seems to feel about himself and his life exactly as the concentration camp prisoner felt about his, namely, that he is totally at the mercy of irrational forces which are bent on using him for their goals, irrespective of his"

(Bettelheim, 1956, p. 512). Thus, Bettelheim claimed, “the psychological cause of childhood schizophrenia is the child's subjective feeling of living permanently in an extreme situation... helpless in the face of threats to his very life, at the mercy of insensitive powers which are motivated only by their own incomprehensible whims, and of being deprived of any interpersonal, need-satisfying relationship” (Bettelheim, 1956, p. 513).

Further, Bettelheim felt that there was a strong parallel between what he interpreted to be the schizophrenic reactions among the fellow prisoners he observed during his own internment and the symptoms associated with autism and schizophrenia in children being referred to the Orthogenic School. In particular, both the psychological devastation precipitated by the concentration camp experience and the symptomatology of childhood schizophrenia appeared to be, for Bettelheim, the consequence of a massive regression (Bettelheim, 1956). Finally, Bettelheim's study of the camp prisoners' experiences led him to agree with speculation that a milieu constructed as the *opposite* of the camp environment could facilitate significant psychological rehabilitation, pointing out another author's conclusion that “if one has seen how the prisoners experienced utter deterioration when exposed to such conditions and how quickly they regain their human qualities after liberation, once they feel assured of relative security and adequate food, one gains some ink-ling of what a world could be like in which every human being had absolute assurance that his life and needs would be guaranteed by the social structure instead of being endangered by it” (Bettelheim, 1947, p. 637).

On the surface, Bettelheim's analogy seems persuasive, but closer examination reveals at least two important limitations. First, Bettelheim's commentary on the prisoners' behaviors seems to exaggerate and overstate pathology. He suggested a general regression to formal schizophrenic states in the camp population, with “startling” exceptions, when such a total, true clinical regression may actually have occurred only in certain predisposed cases. In contrast, Edith Jacobson's (1949) more clinically refined studies of regression and depersonalization observed in a group of female political prisoners in Nazi Germany reached far less dogmatic conclusions. Whereas Bettelheim stressed the pathological dimension of prisoners' regressive reactions to external trauma and tended to extend the pathological



diagnosis as characteristic of the entire prisoner population, Jacobson more clearly distinguished the more transient infantile regressions and resultant ego defensive depersonalization seen in the more numerous psychologically normal prisoners, from the more serious and entrenched reactions of previously neurotic prisoners. Accordingly, she cautioned that although her comments attempted to describe certain common regressive ego defenses among the prisoners, her study did not explore “the true psychopathology of prison confinement.” In fact, she pointed out that the more severe syndromes of prison psychosis were not seen in the group of political prisoners she observed.

A second limitation to Bettelheim's analogy between the reactions of the concentration camp prisoners and schizophrenic children involved the differing basic underlying mechanisms of those two differing situations. The reactions of the prisoners were generally under the dominance of regression as the main force instituting a partial backward movement to earlier developmental points. However, with schizophrenic children, who are characterized by severe pregenital disturbances, some have felt that major fixations tend to play a much more dominant role than the defensive mechanism of regression (**Greenacre, 1960**). Finally, Hobson's (**1990**) more recent discussion criticized Bettelheim for drawing so heavily on analogies between autistic children's symptoms and those of other normal or psychopathological states, most specifically Bettelheim's proposed parallels between autism and the conditions Bettelheim had witnessed in the concentration camps. According to Hobson, Bettelheim devoted much too little attention to convincingly providing even consensual validity for evidence supporting the degree to which such children are appropriate recipients of such analogies from such admittedly differing human beings (p. 325).

### **Infantile Autism: Strangers to Life**

Bettelheim's writings on infantile autism began to appear shortly subsequent to his major works on childhood schizophrenia, with such publications as “Feral Children and Autistic Children” (**1959a**), “Joey: A ‘Mechanical Boy’” (**1959b**), and his major study of autism, *The Empty Fortress* (**1967**). Although the latter pivotal work was initially met with great applause, Bettelheim's theories about the environmental



or parental etiology of childhood autism, his treatment techniques and his optimistic claims of treatment success all soon came under intense scrutiny and criticism. As early as 1968, Merritt examined the followup data Bettelheim provided in *The Empty Fortress* and responded publicly with his impressions that the cases Bettelheim worked with were less severe than those that other diagnosticians would designate as autistic. Further, he felt, several points left implicit in Bettelheim's text qualified considerably or diminished Bettelheim's reported success rates. Finally, Merritt pointed out that since Bettelheim consistently attributed treatment success to the total milieu, he ended up passing over too lightly the difficult problem of explicating the actual processes of communication acquisition and of detailing specific therapeutic procedures. This difficulty in elaborating specific treatment techniques has been described by other authors (**Hobson, 1990; Zimmerman, 1991**).

From another perspective, Rimland's (**1964**) neurological theory of autism provided support to those who were beginning to advocate the rapidly emerging behavioral and psychopharmacological approaches to the treatment of autistic symptoms. Rimland's view was later supported by others (**Ornitz and Ritvo, 1975; Ritvo, 1976**), who also concluded that the etiology for the autistic disorder had an organic basis. This bias in favor of neurological deficit or dysfunction lent additional support to those who were so severely critical of Bettelheim for the way in which they felt that his particular case study reconstructions seemed to almost conclusively lay the blame for autism, and children's emotional disturbances in general, upon the parents, and specifically upon the mother. This rejection of Bettelheim's supposed stance regarding the origins of autism became relatively widespread and persists even today. The disparagement of his views was recently echoed by **Palombo (1993)**, who complained that in the face of the growing belief that autism was presumed to have a neurological basis, "only Bettelheim... remained adamant that the disorder reflected the child's response to an environment that was experienced as uncaring and unresponsive" (p. **85**).

Despite the often strident attacks upon Bettelheim's views which stressed the environmental origins of childhood autism, there are contemporary authors who continue to elaborate variations of that very same viewpoint, apparently without experiencing the public

humiliation and rejection suffered by Bettelheim (**Tustin, 1993; Weininger, 1993**). In addition, **Crain (1991)** recently attempted to present a more balanced evaluation of Bettelheim's ideas about autism, giving a general overview of Bettelheim's ideas about the causes and certain broad therapeutic guidelines regarding the treatment of autistic children. While Crain's study is clearly an effort to objectively present Bettelheim's ideas, as distinct from his personal behavior, the study lacks a sense of detail and historicity which would enable the reader to evaluate whether the vehement rejection of Bettelheim's works on autism has been warranted. The following reflections on Bettelheim's writings on infantile autism are presented both in light of the fact that there is a continuing interest in the psychoanalytic treatment of autistic children and, perhaps more importantly, in the hope of accurately presenting certain details of Bettelheim's contributions *within the context* of the quite spirited and engaging debates among his colleagues of that time about the origins, dynamics, and treatability of the autistic syndrome.

*Bettelheim's Views on the Origins of Autism: The Early Debates.* One of the first notable clinical descriptions of autism appeared as early as 1913, when Bleuler presented his paper "Autistic Thinking," using the term *autistic* to describe schizophrenic thought disturbances, which he considered to be secondary symptoms in the group of schizophrenias. However, it was not until Kanner's 1943 article "Autistic Disturbances of Affective Contact" that the syndrome of early infantile autism was described. In that paper, Kanner described the syndrome as a form of infantile psychosis, the onset of which seemed to occur as early as the first or second year of the child's life. In a somewhat later paper, **Kanner (1949)** described what he viewed as the characteristic features and psychodynamics of the autistic child, from his experience with more than 50 such patients. He asserted that by that time the syndrome of early infantile autism had been fairly well accepted as a distinct psychopathological pattern. With respect to the etiology of the syndrome, Kanner seemed quite doubtful that there was any organic basis for the disorder, claiming that it bore no resemblance to any organic condition, differed from aphasic conditions, seemed unrelated to any physical disease or injury of early childhood, and seemed to have no hereditary element.

Distinct from any organic predispositions, Kanner found that

the vast majority of the parents of the autistic children he observed had features in common which it would be impossible to disregard, strongly suggesting environmental or parental contributions to the development of the syndrome. He found that parents of his group of autistic children were almost invariably highly intelligent and successful in their chosen careers. However, he described both parents as usually demonstrating what he termed a “mechanization of relationships”; the mothers were usually unable to display any real sense of maternal warmth and the fathers tended to be unemotional, overly objective, and “wedded to their jobs.” It appeared to Kanner that the parents themselves had been raised in “emotional refrigerators.” On the other hand, Kanner concluded that it could be said that only *some* of the children were emotionally rejected in the usual sense of the word; rather:

The majority of the children were not unwanted; the pregnancy as such was not unwelcome.... Yet the parents did not seem to know what to do with the children when they had them. They lacked the warmth which the babies needed. The children did not seem to fit into their established scheme of living. The mothers felt dutybound to carry out to the letter the rules and regulations which they were given by their obstetricians and pediatricians. They were anxious to do a good job, and this meant mechanized service of the kind which is rendered by an overconscientious gasoline station attendant.

(1949, p. 425)

Given exposure from the very beginning to parental coldness, obsessiveness, and a mechanical kind of attention to material, rather than emotional needs, Kanner felt that the autistic child's withdrawal was defensive, an “act of turning away from such a situation to seek comfort in solitude.” Secondly, Kanner saw a willfully vengeful aspect to the autistic child's development of obsessive—compulsive rituals: “the autistic children, who otherwise have little dealing with the parents, force them with the tyranny of temper outbursts to participate in their sometimes very elaborate obsessive—compulsive schemes. This seems to me to serve as an opportunity—the only available opportunity—for retaliation” (p. 425).

At about the same time, Mahler was beginning to present a number of papers reporting some conclusions derived from her clinical studies of childhood psychosis. In one early report of 16 cases of psychotic children (Mahler, Ross, and De Fries, 1949), Mahler

classified the psychotic symptomatology in children into primary and secondary (defensive or restitutive symptoms). She also divided the study samples into three groups: the first of these groups demonstrated atypical personality development, lack of differentiation of affect, and manifest psychosis as early as the middle of the first or by the second year of life. This group, according to Mahler, seemed to correspond to Kanner's early autistic group. Early on in this paper Mahler hinted at a biological disposition for the etiology of this syndrome, stating that "we found that from a very early age there was an intrinsic 'inability to form affective contact with people in the ordinary way to which the human species is biologically disposed.'" Nevertheless, at the end of this paper, Mahler took great pains to conservatively sidestep any clear statement of position on the controversial issue of etiology, as well as specific diagnostic or prognostic claims:

Discussion of nosological questions, such as the differentiation between schizophrenia and psychosis, has been purposely avoided, as has any discussion of the relative values of the roles played by heredity and constitution as opposed to severe early frustration of instinctual need and expressive behavior. We wish to emphasize, in conclusion, that the psychotic process acts upon the personality of a child, in whom organization of the ego and superego is in process of growth, and whose hold on reality is not consolidated. These factors create inestimable additional difficulty in differential diagnosis, in evaluation of pathognomonic signs, and in the evaluation of malignancy or benignity of the process. (p. 303)

In a subsequent paper, **Mahler (1952)** distinguished between what she observed to be two different types of early childhood psychosis: the earlier syndrome of autistic infantile psychosis, which she felt was similar to Kanner's examples, and the somewhat later-appearing symbiotic infantile psychosis, which she thought was the type of child **Bender (1947)** had been describing. In this paper, **Mahler (1952)** appeared to give somewhat contradictory opinions about the genesis of infantile psychosis. At first, she appeared quite ambivalent about the etiology of infantile psychosis, seeming to offer a clear disclaimer to having come to any clear conclusions about the cause of infantile psychosis in general, claiming that, "In regard to the question of heredity versus early frustrational and traumatic etiology of infantile psychosis, we may say that it is very difficult to

ascertain whether the grave disturbance in a case of early infantile psychosis has been caused by the mother's pathology and lack of empathy, or by the infant's great ego deviation" (pp. 208-209). Nevertheless, she quickly moved on to assert that "it seems that such basic damage to the ego which results in infantile psychosis, occurs in children who have a hereditary or constitutional 'Anlage' for it, or in whom an intrinsic factor is prevalent" (p. 209). Shortly thereafter, in this same article, Mahler seemed to make a distinction between the autistic syndrome, which was an *inherent* disturbance (p. 290), and the symbiotic syndrome, the landmarks of which were psychological traumatizations (p. 292). Whichever the original source, with regard to child schizophrenia in general, Mahler concluded in this paper that she believed that "the main cause of proclivity for alienation of the ego from reality and fragmentation, is... a specific conflict of the motherchild relationship, be it autistic or symbiotic" (p. 294). Moreover, she seemed to partially discount the hereditary or constitutional element, as she speculated on the *purpose* of autistic symptomatology, and suggested that there appeared to be a *willful, defensive* aspect:

What is the nature, what is the function of this pseudo self-sufficiency of early infantile autism? It would seem that autism is the basic defense attitude of these infants, for whom the beacon of emotional orientation in the outer world—the mother as primary love object—is nonexistent. Early infantile autism develops, I believe, because the infantile personality, devoid of emotional ties to the person of the mother, is unable to cope with external stimuli and inner excitations, which threaten from both sides his very existence as an entity. Autism is therefore the mechanism by which such patients try to shut out, to hallucinate away (negative hallucination) the potential sources of sensory perception, particularly those which demand affective response. (p. 297)

In an almost immediately subsequent paper, **Mahler and Elkisch (1953)** presented their clinical observations of a six-year-old boy who showed, according to them, both autistic and symbiotic mechanisms. They continued to describe the root cause of the disturbance in an ambivalent, equivocal, nonconclusive manner, stating that "The pathogenesis of this ego defect, which amounted to a grave disability of learning, had at its root hereditary-constitutional and early predispositional somatic and environmental causative factors"

(p. 259). In particular, they cited as causative factors in this case both inherent constitutional proclivities (described with some puzzling contradiction as a dysfunction of psychic process, or a “grave pathology of the mechanism of *repression*”), and an early defective environmental, or maternal, condition, whereby the mother was overly preoccupied, with her own father and mother at crucial periods of the infant's life, torn between her roles as a mother and as a daughter.

In a major symposium the following year, **Herkovitz (1954)** noted that the question of constitutional versus psychogenic factors was still pertinent and far from settled. **Freedman (1954)** adamantly pointed to a physiologic source, which he termed a “dysmaturation” of early fetal physiologic processes, secondary to which interpersonal problems arise. On the other side of the debate, **Fabian (1954)** acknowledged that the etiology of childhood schizophrenia, including the symbiotic and autistic syndromes, remained inconclusive. Nevertheless, he felt, familial considerations ultimately appeared to dominate the variety of viewpoints, whether biological factors were invoked or the crucial influence of the mother was emphasized during the earliest developmental periods. **(Kaplan, 1954)** reported that his research group was biased toward a role for hereditary and biological *predisposition*, but at the same time admitted that they had been quite impressed by the vital role of psychological elements in infantile autism, to the extent that it was the latter, rather than the former, which attracted their major investigative interests. Near the conclusion of this symposium, even **Mahler (1954)** broke briefly from her circumscribed delicacy about this issue, to suggest that “it is true that in some cases of symbiotic infantile psychosis the mother's pathology is equally great...” (p. 526). Nevertheless, she went on to qualify her observations and to defer further comments on the topic of etiology to a later time.

Although Bettelheim was later to become by far the most controversial writer about childhood or infantile autism, his first major contribution to the lively clinical discussions appeared after those of Kanner, Bender, and Mahler. A second major symposium on childhood schizophrenia was held in 1955, with major papers presented by Bender, Bettelheim, and Szurek. The question of the origins of schizophrenia and autism continued to be a controversial one, with widely ranging opinions once again presented by the participants

of this important meeting. Bender (1956) began the discussions with a paper which once again emphasized her belief that the origins of childhood schizophrenia in general, and autism in particular, were genetically determined and characterized by a “maturational lag at the embryonic level.” She argued against those who understood either the origins or major influences of the disorder to be within the matrix of early nurturant experiences, and she concluded from her observations over the years at Bellevue Hospital:

... many children of this... group come from so many different experiences of motherchild relationship or lack of it that no specific pattern of “home climate” is discoverable. The only consistency is to be found in the persistence of the distorted schizophrenic patterning in the maturation of the child regardless of the earlier relationship. (p. 502)

Bettelheim followed, in this symposium, with the first of his major papers dealing with the issue of autism, “Schizophrenia as a Reaction to Extreme Situations” (1956). Although this paper has been discussed earlier in relation to Bettelheim's ideas about childhood schizophrenia, it appeared clear that in this presentation Bettelheim was often equating his comments about the schizophrenic child with his observations of the autistic child (pp. 508, 509). In his introduction, Bettelheim quickly sidestepped the question of whether and to what degree the autistic disturbance might be organic in origin, claiming a lack of competence in this area. Nevertheless, since the functional effects of autism struck him as being so profound, Bettelheim felt that this alone warranted psychological investigation, even if the syndrome was not entirely a functional or psychological disturbance. Interestingly, he then went on to argue against those who assumed the cause of the disturbance to be the mother, or who viewed schizophrenic or autistic pathology as “not much more than a negligible appendage of maternal pathology.” Nevertheless, in this early report, Bettelheim pointed out that, regarding the perplexing issue of the origin of the schizophrenic/autistic process, he had observed that the mother's pathology was often severe, and that in many cases her behavior toward her child was markedly abnormal. However, he went on to propose that no matter how severe the mother's pathology, it could not necessarily be considered causative. Perhaps conditioned by his own concentration



camp experiences and observations, and his earlier paper on the effects of such extreme situations (1943), in this report Bettelheim interpreted the etiological dynamics of schizophrenic and autistic withdrawal to be psychological, motivated, and purposive:

In our work with schizophrenic children, we found again and again that their schizophrenic symptomatology was not just a reaction to generalized attitudes of parents, such as rejection, neglect, or sudden changes in mood, but that, in addition, specific, and for each child different, events had created in the children the conviction that they were threatened by total destruction all of the time, and that no personal relations offered any relief. Thus, the psychological cause of childhood schizophrenia is the child's subjective feeling of living permanently in an extreme situation, that is, of being totally helpless. (p. 513)

Thus, in his contribution to this series of symposium papers, Bettelheim appeared to take noticeable pains both to sidestep a direct confrontation with the views of those who proposed an organic basis and also to avoid laying direct blame upon the mother or parental environment.

Curiously, two papers which followed Bettelheim's presentation were the most vehement in pointing to parental involvement in the development of the disorder. **Szurek (1956)** stated that his colleagues had come to an increasing conviction "that there is no child with mental disorder without a transiently severe, or more chronic but intensifying, disorder of both parents" (p. 528). According to Szurek, arguments in favor of the organic etiology of autism served only to make the parents feel even more hopeless and rejecting of their child. In their concluding paper for this meeting, **Eisenberg and Kanner (1956)** reiterated their rejections of an organic or genetic basis for infantile autism and once again emphasized that one of their more striking observations about this disorder was the high percentage of autistic children who came from highly intelligent, obsessive, and emotionally frigid backgrounds. This led them to conclude again that the most remarkable etiological factor seemed to be a dynamic, *experiential* one: "the mechanization of care and the almost total absence of emotional warmth in childrearing..." (p. 561).

In Bettelheim's next significant contribution in the area of infantile autism, however, he took what appeared to be an unequivocal

position on the origin of the disorder. “Feral Children and Autistic Children” (Bettelheim, 1959a) compared previously published reports of children having been reared by wolves and behaving like animals, with severe cases of infantile autism then being treated at the Orthogenic School. While at one point in the article Bettelheim claimed to reserve judgment about what *causes* infantile autism, elsewhere he was much less reluctant to express his opinions about the etiology, suggesting that the belief in an organic cause may be wishful. He claimed that it was characteristic for *all* autistic children that their parents found them utterly unacceptable for one reason or another, and that the parents managed to disengage themselves from these children, often by placing them in an institution. Bettelheim's experiences with such parents led him to have little doubt that “they wished to be rid of [their children], and for very good reasons” (p. 457). He attributed the source of autistic behavior to the early childhood environment and proposed that at some level there was even a willful, purposive aspect to the autistic child's withdrawal in the face of the parents' negative feelings, that “to protect their lives, they stop existing as human beings, or so it would seem” (p. 465). He went on to sum up his strongly held conviction that:

Study of the so-called feral children, and comparison of them with known and well-observed wild autistic children, suggests strongly that their behavior is due in large part, if not entirely, to extreme emotional isolation combined with experiences which they interpreted as threatening them with utter destruction. It seems to be the result of some persons'—usually their parents'—inhumanity. (p. 467)

He then concluded with the type of overly dramatic statement which would in time indelibly mark him as a target of rage from many mental professionals and parents of autistic children: “The conclusion... forced upon us is that, while there are no feral children, there are some very rare examples of feral mothers, of human beings who become feral to one of their children” (p. 467).

*Bettelheim's Hypotheses about the Dynamics of Infantile Autism. The Empty Fortress (1967)* was Bettelheim's most comprehensive and authoritative statement on the issue of infantile autism, and particularly about his understandings of both the underlying dynamics and treatment of this devastating childhood syndrome.

Despite his frequent earlier disclaimers about rejecting an organic basis for autism, Bettelheim was deeply perplexed about the possible developmental and psychodynamic aspects of this early childhood disorder. In an era with relatively little available data from controlled infant observation and research, and really with none of his own, Bettelheim nevertheless felt compelled to attempt to formulate some cohesive speculations about the dynamics of infantile autism, to describe, as he put in his own general way, when and how the massive autistic withdrawal sets in. His understanding of the dynamics of autism appeared to rely in large part upon a particular understanding of one part of Freud's classical theory of schizophrenia, which **London (1973a, 1973b)** described as Freud's Unitary Theory of schizophrenia, Freud's attempt to describe schizophrenia in a way which was compatible with his previously developed theories about the neuroses, rather than as a specific and discrete syndrome.

Bettelheim's often anecdotal presentation of his own theories of infantile autism have led some authors to neglect his ideas in reviewing what they understand to be some of the major psychoanalytic perspectives or formulations about the nature of autism. **Hobson (1990)**, for example, asserted that Bettelheim's presentation of the dynamics of infantile autism was “such a complex mix of subtle clinical description, thoughtful but often freewheeling reflection, and extravagant speculation” that it was impossible to treat it adequately in his review of psychoanalytic approaches to autism. Further, Hobson critically faulted the anecdotal material published by Bettelheim, claiming that very little of the evidence cited by Bettelheim was psychoanalytic by the stricter standards of evidence derived from observations and descriptions of autistic children's modes of relatedness as evaluated within closely observed transference relationships unfolding in carefully defined treatment settings. According to Hobson, these issues not only account for Bettelheim's apparent radical divergence from other psychoanalytic authors (such as Melanie Klein, Margaret Mahler, Frances Tustin, and Donald Meltzer), but they also partially account for why, according to Hobson, Bettelheim's work in the area of autism remains outside the mainstream of psychoanalytic thinking.

Nevertheless, a review of Bettelheim's published ideas about the dynamics of autism does reveal relatively clear presentations of his

understanding of classical descriptions of a number of issues, including the role of a sense of anxiety reaching panic proportions, the withdrawal of various forms of “cathexis,” the resulting decline of the sense of self, and the substitutive insistence on order and sameness to preserve some sense in the autistic child's life (Bettelheim, 1967). The following discussion reviews those issues in some detail and includes some consideration of some of the theoretical difficulties of the assumptions which appear to underlie Bettelheim's understanding of those dynamic issues.

*Massive Panic Anxiety: The Internal Catastrophe.* With regard to the issue of the pivotal role of the experience of anxiety in the development of infantile autism, Bettelheim described the total breakdown of communication, which he viewed as the hallmark of the autistic syndrome, as caused by an overwhelming sense of panic anxiety, quite reminiscent of Freud's reference to a sense of “internal catastrophe” (1911, p. 69). He felt that, rather than a simple cause-effect response to maternal neglect or abuse, childhood autism was the result of much more specific experiences than a feeling of being persecuted by the mother. In addition to even generalized malignant parental attitudes, for each child some specific and idiosyncratic attitude or event had to create “in them the conviction that they were threatened by total destruction, had created the subjective feeling that they lived in an extreme situation” (Bettelheim, 1967, p. 70). He adamantly believed that childhood schizophrenia and autism were *autonomous* reactions of the child, and that what was spontaneous in this autonomous act of the child was how he interpreted parental behavior and attitudes toward himself, not the *reality* of the parental actions. Thus, he illustrated, “the figure of the destructive mother (the devouring witch) is the creation of the child's imagination, though an imagining that has its source in reality, namely the destructive intents of the mothering person (1967, p. 71). Elsewhere, however, Bettelheim appeared to soften his malignant portrayal of the maternal figure, stating that:

... it serves no good purpose to make the parents of autistic children feel guilty as having caused the disturbance. Firstly, we cannot be sure that their attitudes and the handling of their infant was, in and of itself, sufficient cause. While we believe it to be a precipitating factor, this makes it only a necessary but not a sufficient condition. We cannot even be sure whether, or to what degree, they handled the

child as they did because of his unusual responses to them. But even if it turned out one day that the parents' contribution is indeed crucial, they did as they did because they could not help themselves to do otherwise. They suffer more than enough in having such a child. To make them guilty will only add to the misery of all and help no one. (1967, pp. 404-405)

Two additional points might be made with reference to Bettelheim's allusions to parental involvement in the autistic syndrome. First, just as he had disputed Kanner's description of the parents of autistic children as highly intelligent professionals, seeing this as Kanner's bias based upon an erroneous generalization from the particular group of parents who had both the knowledge and resources to refer their children to Johns Hopkins, so might Bettelheim's view of parental pathology have been skewed by the particular kind of referrals being made to the Orthogenic School. There is the further perplexing question of how many of the group of parents from whom Bettelheim derived his hypotheses about parental contribution were in fact parents of truly autistic children, since while Bettelheim claimed in 1967 to have already worked with 46 autistic children, a review of the school's records for the entire period from 1944 through 1992 shows a far smaller number of children admitted to the Orthogenic School with an existing diagnosis of infantile or childhood autism. As a particular example of this problem of diagnosis, a reading of "Joey's" history in *The Empty Fortress* reveals a number of autisticlike behaviors but also raises serious doubts about whether the formal diagnosis of infantile autism should have been applied in this case at all.

Nevertheless, according to Bettelheim, the panic anxiety experienced in response to the child's *imagining* of the parents' destructiveness and of the world they represent, could reach such proportions that the child's retaliatory experience of hostility toward the external world was no longer recognized as such, and as a result the child felt totally at the mercy of a world which is forever utterly frightening and totally lacking in reason. "Living in such an unreasonable, unpredictable world," according to Bettelheim's speculations, "the best thing, the only protection, lies in doing nothing. If any action... is apt to bring about disaster, then not acting is the only safe course" (1967, p. 74). While Bettelheim sometimes described this reaction in the face of such extreme anxiety, quite different from the anticipatory

and mobilizing anxiety of the neurotic, as a very early *arrest* (suggesting a developmental deficiency or a failure to progress to action and interest in the outside world), he more frequently described it as a fundamental breakdown of human communication in the form of *purposeful, motivated, withdrawal*, a formally defensive maneuver sometimes described by him as a self-depleting abuse of fantasy, at other times as a massive use of a form of repression of such extent and depth that the repression itself is kept from ever coming to awareness by a complete avoidance of all relatedness (1967, pp. 73, 82, 90).

It should be noted, however, that Bettelheim's bleak and desperate portrayal of autistic withdrawal rested upon a conviction of striking optimism and hopefulness for such children, a sense of hopefulness which could frequently be found beneath so many of his other stark dynamic speculations. For although the autistic stance of withdrawal could certainly be interpreted by many observers to be a total rejection of human relations, Bettelheim argued that such utter relational avoidance was not to be confused with a stance of human indifference:

How can I be so sure that a relatedness of love and hate for other persons lies behind what others, who write of infantile autism, call an absence of relations? Simply because whenever we have penetrated behind it, we have found hatred, extreme and explosive. And behind the hatred was always the longing, externally thwarted, but nevertheless not given up; a longing now deeply encapsulated in repression so as to keep it from coming to awareness in unbearable pain. (1967, p. 90)

*Autistic Withdrawal and the Concept of Decathexis.* Bettelheim went on to describe what he understood to be the massive withdrawal of the autistic child, according to his understanding of the classical formulations of *cathexis*. In his view, both the retreat from reality and the complete atrophy of autonomous, socially related action could best be understood in terms of three sometimes overlapping stages of withdrawal of cathexis. In the least severe of these instances, there is the child who is trapped in a struggle with an environment which is interpreted as both rejecting and overpowering. In this case, while there is a disengagement from the external world, the child continues to be active, although that activity tends to be restricted to inner psychic processes, which the child has *overcathected*.

This stage appeared to correspond to Freud's (1914, p. 74) fourth attempt to define the process of decathexis, where after beginning with the environmental focus of withdrawal of external attachment, Freud attempted to define a secondary defense comparable to the repression typical of neurosis but specific for schizophrenia—an effort which preoccupied him for many years. His temporary resolution, in this case, was the often cited formulation that the withdrawn libido is then refocused upon the ego in the schizophrenic state, or *hypercathexis* of the ego functions. According to Freud, it was this internal form of overinvestment of libidinal energy which was the basis for the reestablishment of a primitive narcissistic state, accounting for megalomania, hypochondriasis, and anxiety, along with the formation of delusions and hallucinations as defensive restitutional symptoms, as distorted efforts to reconstitute the lost external object world.

At a second or intermediary level, according to Bettelheim's speculations about the processes of decathexis, there is the child who has withdrawn from external relatedness, but who is still in contact with his own internal psychic functions, although those tend to be *undercathected*. This type of child, according to Bettelheim, is the autistic child who is able to talk, but who adamantly demands order and sameness and who periodically explodes in rageful, destructive outbursts. Further, while able to talk, what Bettelheim saw as characteristic of autistic language at this level was that the child does not see himself or herself as a person engaged in an actual human encounter. Finally, at the most pathological level, is the child who has given up all autonomous action with respect to the environment and who has withdrawn cathexis from all aspects of both external and internal reality. In Bettelheim's view, this described the kind of “escape” which was characteristic of the child who suffered the more severe forms of marasmus or mute infantile autism.

While Bettelheim's tripartite view of decathexis at first appears to present a plausible and clear illustration of the various degrees of withdrawal from the external world, ultimately leading to the complete social isolation of the autistic child, the very conciseness of his hypothesis tends to depend upon a reification of the understanding of cathexis, which in turn serves to obscure certain dilemmas associated with the heuristic concept of decathexis. For example, Freud's writings on the problem of decathexis are extremely complicated,



and over the years he evolved at least six successive definitions of the concept. Instead of Bettelheim's simpler focus upon three stages of decathexis, mainly related to differing degrees of withdrawal, Freud struggled and vacillated greatly over a number of years in his writings about schizophrenia as he attempted to define the process of decathexis.

This struggle at times favored an intrapsychic focus (related to his understanding of the “internal catastrophe,” impairments of the unconscious presentation of objects, and the “Specific Theory” of schizophrenia, where schizophrenia was understood as a psychological deficiency state). At other times, however, Freud referred to decathexis as a result of detachment of libido from people and things that were previously loved, as an aspect of *social interest* or viewed from an *environmental focus*, rather than either as intrapsychic motivating forces or psychological deficiencies (and, thus, more closely related to his understanding of decathexis as an instinctual drive manifestation or a defense mechanism). In his effort to present a unitary theory of psychopathology, what some would suggest was an overgeneralizing metapsychological attempt to view a continuum between schizophrenia and the neuroses, in the end Freud (1924, p. 150) appeared to have settled upon the latter kind of definition, an understanding of decathexis which was closer to his earlier environmental focus, defining decathexis as related to representations close to perceptions of external reality, of the “internal world” understood mainly as a copy of the external world. This environmental focus, with its emphasis upon a continuum with the neuroses and with its turn away from the idea of basic psychological deficiency states, seems very close to the spirit in which Bettelheim later offered his own hypothesis of three stages of decathexis.

As London (1973a) pointed out, however, in largely attributing “decathexis” to the defensive process, one defines object relations disturbances in schizophrenia and autism entirely as unconscious, but nevertheless *purposive*, behavior. While this is an optimistic position for psychoanalysis, such an attractiveness may well be in part based upon the false hope that such patients will gain encouragement and a heightened sense of autonomy and responsibility from the conviction that their distorted behaviors are designed to avoid some terrifying or painful awareness or consequence. In fact, London asserted:

There is no proof that schizophrenic behavior is unconsciously motivated to avoid some painful conflict; there is only proof that schizophrenics have unconscious motives. Wise men may argue endlessly whether *ego-splitting* or *disavowal* are primitive defence mechanisms (Unitary Theory) or whether these tendencies represent an inability to maintain intrapsychic structure and organize reality (Specific Theory). Both positions may be correct. Since passive experiences tend to be reenacted in the service of defence, a disturbance in ego integration or reality integration may gain some measure of representation and appear as defensively motivated *ego-splitting* or *disavowal*. Many aspects of schizophrenic experience (deficiency states) appear to be reenacted in this way. The defensive use of schizophrenic language is the most familiar example. [Freud's] Unitary Theory, being organized to prove that all aspects of schizophrenic behavior are defensively motivated, is paradoxically ill-equipped to conceptualize such important defence motives. (1973a, p. 175)

Further, considering the considerable confusion and various uses of the terms *cathexis* or *decathexis* which persist in the psychoanalytic literature about schizophrenia and autism even today, one might seriously consider the wisdom of accepting London's earlier suggestion to discard the term *decathexis* from the theory of schizophrenia in order to escape its continuing reification and to better formulate the concept it attempts to designate. London's proposed a view which certainly appears to be more comprehensive than either Bettelheim's three-stage view of social withdrawal or Freud's earlier Unitary Theory—based formulations. He suggested that we might benefit greatly in our dynamic understanding of the psychoses by substituting the following ideas in place of the concept of *decathexis* in our continuing attempts to refine our more discrete or specific theories about psychotic disorders:

A disturbance in the capacity to organize memory traces into mental object representations and to sustain mental object representations. ... It is rooted in developmental factors which are superordinate to the development of instinctual drives, is linked biologically to withdrawal responses, and is regulated by the unpleasure principle. (1973b, p. 182)

Since much of the preceding discussion has focused upon technical reservations about Bettelheim's attempts to explain the process of autistic withdrawal in terms of the classical concept of *decathexis*, it may be useful to conclude this section by returning to one of Bettelheim's richer, more metaphoric descriptions of what he viewed

as the profound retreat observed in the infantile autistic syndrome. In this particular instance, Bettelheim generalized from the “fingertwiddling” behaviors that he felt were so characteristic of the autistic child, and which he interpreted as the persistence of the autistic child's desperate symbolic effort to reach the breast and satisfaction. In this case, Bettelheim argued, simple disappointment in the breast is an insufficient explanation. Instead, one must be aware that this is yet another example that the cause of childhood schizophrenia and autism is the unshakable conviction that the external world is totally destructive. That, according to Bettelheim, is what ultimately accounts for the autistic child's incredibly strong fixation upon the breast as the only source of the external environment which could offer any satisfaction or at least relief at one time. However, as Bettelheim postulates, in the present the hope of getting everything from the breast is an impossible hope and ultimately only increases the child's sense of desperation. In response, the child “withdraws to an inner redoubt in an effort to survive within a totally frustrating environment. But no inner fortress has ever allowed for survival without help from the outside. The concentration camp prisoner who did not get help from others, or could not use it, was doomed. This is why I have said that autism begins as a breakdown in communication” (1967, p. 78).

On the face of it, Bettelheim proposed, one might speculate that the turning inward, the withdrawal from contact, might then allow the inner self to develop with a greater sense of inner perceptions and experience. However, Bettelheim pointed out, for autistic withdrawal the results are not enriching but rather catastrophic. It results in an inner life that cannot be measured against outer relationships and experiences, and then structured through such means of validation. If his speculations are true, Bettelheim asserted, the more that attention is thus directed to the inner life alone, the greater its sense of utter chaos.

*Decline of the Self and the Struggle for Order.* Bettelheim went on to describe this increasing sense of inner chaos in terms of a decline of the sense of the self. Early on in *The Empty Fortress* (1967), Bettelheim had quoted Kohut's (1959) commentary on introspection and empathy. Considering that both men were elaborating their major theoretical contributions during the same period of time in Chicago, it is quite likely that Bettelheim was familiar with Kohut's emerging theories

on self-psychology. Thus, it may not be simply wild speculation to note the seeming similarities between Bettelheim's views of the decline of the "self" as a consequence of autistic withdrawal and Kohut's formulations and reconstructions regarding the fragmentation of the "self."

As Bettelheim formulated this process of the decline of the self, the more the child withdraws from the world into autism, "the more repetitious and stereotyped becomes his fantasy life, though this is all he has left: the vaguer then become even his sensations, the less content and structure has his self" (1967, p. 81). Kohut's process of the child's needs for mirroring from significant others in his or her early life experiences is given a similar emphasis by Bettelheim when he explains that one of the major reasons for the decline of the sense of "self" for the autistic child is that "a self, if it is not to wither away, must forever be testing itself against the nonself in a process of active assertion... [a] testing [which] implies both respect and consideration for what we test ourselves against" (p. 81). On the other hand, Bettelheim proposed, "if the nonself is not paid attention to (was never cathected, or became decathected) then it too becomes vague, nondifferentiated" (p. 81). Bettelheim described what he viewed as this sad and profound psychic cost of massive defensive withdrawal for the autistic child, a withering away and loss of the autonomous sense of the "self":

Their vague, empty gaze at the far distance, nonfocussed and directed at nothing in particular, has the same purpose: not to see what goes on close at hand because that is what really interests them and is therefore what could invite them to act and hence to react. Both the external world inviting action, and the internal world that might react, are denied at the same time. The height of such deterioration of the self, the extreme forms of nonaction and of interest withdrawn from the world, these are reached when all communication is given up. (1967, p. 83)

It appeared to Bettelheim that the autistic child's intense desire for the preservation for sameness in the external world was related to this collapse of the sense of self. Kanner (1948, 1951a, 1951b) earlier had noted this preoccupation with sameness, especially with regard to objects, and had observed that autistic children were forced to imperiously attempt to preserve a static, unchanged environment. He initially wondered whether this concern for order was

not in fact related to the extreme obsessiveness he saw as typical in his particular sample of parents of autistic children but decided that the preoccupation was perhaps instead more related to the autistic child's feeling of emptiness and the wish to bring to it some sense of order.

**Bettelheim (1967)** agreed with Kanner's conclusions and described the autistic child's craving for order as much more than an attempt to lessen anxiety. For Bettelheim, in the face of the collapse of a cohesive sense of self, the autistic child's desire for sameness stood for a desperate attempt at an ordering of things, a struggle to find a law giving permanence and order to his life. In other words, the autistic child's vigilant struggle to preserve external sameness was a kind of compensatory rectification for the decline and loss of the internal sense of self resulting from the process of autistic withdrawal. While this certainly appears logically plausible, **London (1973b)** was stimulated by his similar observations of this sensitivity of the schizophrenic to the external environment to question Freud's proposals about the purposive *disavowal* of and withdrawal from reality in schizophrenia. In particular, London was puzzled about how schizophrenics could so absolutely withdraw from and disavow reality, and yet at the same time show evidence of such a characteristic hypervigilance with regard to external reality — maintaining a psychological capacity for schizophrenic realism known for its stark and parsimonious clarity, although admittedly also rigid and lacking in both nuance and affect.

*Bettelheim's Reflections on the Treatability of Autism.* If there was any particular aspect of the various commentaries on infantile autism about which Bettelheim appeared to most vigorously disagree with his contemporaries, it was regarding the issue of prognosis or the prospects for the successful outcome of treatment for autistic children. The current debate of his time was about whether infantile autism was an inborn deficiency impairment or whether it was due to early caretaker influences, and Bettelheim argued that to the extent that autism was understood to be the result of an inborn or organic impairment, the attitude toward the possibility for successful treatment would be pessimistic. On the other hand, according to Bettelheim, those who understood the causes of autism to be at least partly due to early environmental influences would tend to be more optimistic about the prognosis for autistic children, since there could

always be hope that what damage a malignant environment had caused, a more beneficial environment might be able to ameliorate or correct.

Bettelheim went on to criticize Kanner's pessimism about the effects of psychological treatment for autistic children, claiming that few of Kanner's group received "appropriate" psychiatric treatment, and that what was provided was only of relatively low intensity and limited duration (1978b, pp. 406-407). While Kanner remained somewhat equivocal about the possibilities of successful treatment, at a later time qualifying his pessimism with the observation that the final evidence on treatment viability was not yet in, Bettelheim pointed out that Rimland was relatively adamant about the lack of responsiveness by autistic children to the psychiatric techniques available at that time. Instead, **Rimland (1964)** asserted, whenever some degree of improvement was observed in an autistic child, it was undoubtedly a reflection of "spontaneous recovery" rather than the effect of psychiatric intervention (Bettelheim, **1967**, p. 407).

Bettelheim was also critical of some of his psychoanalytic colleagues, who were somewhat more optimistic about the possibility for the successful psychiatric treatment of autistic children. For example, he felt that it was unfortunate that while **Mahler (1952)** examined the infantile autism syndrome from the psychoanalytic viewpoint, she was unable to give serious consideration to the possibility of infantile autism representing an autonomous response on the part of the child. This was, according to Bettelheim, a result of Mahler's belief that the young infant or child was "only half an individual" (**Mahler, 1965**). In this view, the child's experience of life was simply the direct result of maternal conditioning, instead of his or her own autonomous way of reacting to a total life experience, including the mother. Thus, Bettelheim complained, Mahler was erroneous in attempting to treat the mother and the autistic child simultaneously, as did colleagues who followed her beliefs.

He concluded that it was indeed incongruous that one should consider involving the mother so directly in the autistic child's treatment when that very relationship, according to Bettelheim, had been so frustrating and damaging for the child. He felt that it was erroneous, perhaps naively optimistic, to assume that *any* mother-child relationship was by necessity so intrinsically valuable that it had to be salvaged, even when the therapeutic process of doing so

was ultimately damaging to the autistic child. Further, Bettelheim felt, it was paradoxical to observe that by including or even concentrating upon the mother in the autistic child's treatment, the child, who had suffered most of all from not having achieved an autonomous existence as a human, was again not regarded as an autonomous being, even in those very efforts which claimed to be designed to help such a child become an independent human being in his or her own right. Bettelheim's conclusion, from this consideration of Mahler's position, was that we would do much better to listen to or observe carefully what the autistic *child* tells us, that this is the only real way that we can learn about what kind of treatment is needed, and that it is only through treatment of the autistic child alone, not of the mother or parent, that such a child ultimately could be understood and helped (1967, pp. 406-408).

Bettelheim reserved his most scathing criticisms, however, for the professionals who were promoting the treatment of autistic children with techniques of operant conditioning or creating specific types of responses by the administration of punishments and rewards. While Bettelheim admitted that this approach might well temporarily break down the autistic child's "defenses against experiencing the frustrations of reality" and stimulate the child to some action, he felt that ultimately this type of technique reduced the autistic child to the level of the Pavlovian dog (1967, p. 410). As one example, according to Bettelheim, even if such conditioning could produce some form of vocalization from a previously mute autistic child, such training would lead not to speech in the sense of mutual communication but rather to "verbal imitation," a kind of echolalia, which could be considered no less a symptom of psychosis than was the original mutism (1967, p. 410). Bettelheim continued his heated critique of the behaviorist approach by claiming that the use of such techniques both belied and satisfied an unacknowledged desire to punish autistic children as recalcitrant objects. According to Bettelheim, to create conditioned responses in autistic patients would deprive them just as effectively of the human freedom to make autonomous choices as would the physical destruction of part of their brains. Further, the stripping away of defenses, without both a concern and understanding of the reasons supporting those defenses, may produce reactions but could never lead to cure in the sense of an enabling a human existence capable of making autonomous choices.



This kind of rehabilitation, in Bettelheim's view, required that the autistic child's accumulation of positive experiences convince him or her that it is *safe* to slowly give up the autistic defenses (1967, p. 411). Conditioned response theories, Bettelheim argued, might well be able to turn autistic children into pliable robots, but only treatment techniques based upon dynamic theories of psychic causation offered the hope for a return to truly autonomous human functioning.

When references to a specific model of infant and child development were presented in *The Empty Fortress*, perhaps representative of Bettelheim's most comprehensive effort to do so, they tended to be imbedded in discussions of other concerns about the etiology, dynamics, and treatment of schizophrenia, and especially infantile autism. Moreover, although he often disagreed with various points of the developmental theories of his contemporary analytic investigators, what one discerns of Bettelheim's hypotheses about development appeared to represent an admixture of his understanding of classical Freudian speculations, along with aspects of theories advocated by such diverse thinkers as Mahler, Erikson, and Piaget. In terms of his theory of the treatment of autistic children, however, Bettelheim was clearly partisan to Freudian principles (developed, as the preceding commentary has suggested, mainly for the treatment of the neuroses, rather than schizophrenia or autism). In his more didactic writing, Bettelheim agreed with Freud's assertion that the schizophrenic patient was not capable of developing a transference which would enable successful psychoanalytic treatment as it had been classically understood, a tenet which has been questioned by later theorists examining transference and, later, the therapeutic alliance as distinguished from transference formally understood. Accordingly, Bettelheim tended to deny the usefulness of attempting to work with the schizophrenic or autistic child in a formal individual psychotherapy setting, although at times his writings deviated from his own opinion on that matter (Bettelheim, 1972; Bettelheim and Sylvester, 1950).

Instead, in his writings there was an almost total emphasis on the benevolent, structured milieu as the major factor in what he viewed as possible rehabilitation of the autistic child at the Orthogenic School. At the heart of that emphasis upon the milieu was, he asserted, not any particular knowledge, procedure, or technique as

such, but rather a particular *inner attitude* toward life and those caught up in its struggle, an attitude held in common by the teachers and dormitory counselors working with the autistic child. Bettelheim (**Bettelheim and Wright, 1955**) attempted to capture the nature of this facilitative attitude in the worker when he wrote about the issue of staff development in a treatment institution:

Dedicated [these workers] undoubtedly are, but not merely to the children under their care. They are dedicated also to achievement of their own integration, which they recognize as threatened by exposure to the primary processes in the child. Not wishing to put a barrier of emotional distance between themselves and the problems the children's behavior poses for them, or prevented from doing so by supervision, they have to find ways to integrate the emotions aroused by this experiencing of the primary processes. In doing that, at the same time they help the child to higher integrations of his own personality. It is his own need for achieving integration, his conviction that through his experiences at the school he will achieve it, that permits the worker to dedicate himself to the children under his care, to create that emotional closeness and unique empathy... that will set going again the process of development that broke down in the child's early years.

Similar, though by no means so severe, psychological mechanisms operate in staff member and child. Frustration of childhood desires led to a partial withdrawal from personal relations. Through his work the staff member enters into a relation with the child. This can lead to the direct or vicarious satisfaction of an old desire within a relationship and become the steppingstone to higher integration. The worker's need forms the basis on which he sparks into action the child's previously frozen potentialities for relations and restitutive experiences. (Bettelheim, **1955**, p. 707)

Despite Bettelheim's disclaimer of adherence to any particular knowledge or technique, his anecdotal descriptions of treatment process relied heavily upon the Freudian psychosexual developmental perspective. For example, he noted that the carefully structured, gratifying milieu and the commonly shared worker attitudes toward the autistic child allowed the child to reveal some of the particulars of his or her disturbance through his or her *own uncovering efforts*. Further, Bettelheim's experiences with autistic children at the Orthogenic School led him to postulate that as the child first became active, initially began to display autonomous initiative, it was around the area of anality and the expression of previously repressed

feelings of hostility. This, then, usually led to a later preoccupation with earlier, more primitive issues of orality. Overall, however, what appeared pivotal to Bettelheim's ideas about the treatment of infantile autism were his speculations about regression in the treatment of autistic children, especially understood in terms of “regression as progression.”

*Regression in the Treatment of Childhood Psychosis.* Regression became a concept of pivotal importance in Bettelheim's widely published case study presentations of the psychological rehabilitation of schizophrenic and autistic children in residential milieu treatment at the Orthogenic School (Bettelheim, **1952, 1959b, 1967, 1969**). However, when Bettelheim discussed the underlying processes of the pregenital childhood schizophrenic disturbances in a general way, he tended to commingle the concepts of fixation and regression—sometimes the child never achieved a sense of autonomy, at other times the child's development receded from a perceived autonomy in the face of extreme trauma. It was only when talking about the actual course of treatment for the schizophrenic or autistic child that Bettelheim appeared to focus more clearly upon his understanding of regression, in particular a concept of “regression as progression.” Specifically, he claimed that “quite a number of schizophrenic children, at the crucial point in their rehabilitation when they're ready to reintegrate their personalities... begin their new life symbolically; so much so, that they undergo again the experience of being reborn” (Bettelheim, **1956**, p. 518).

In case studies published during this period (Bettelheim, **1952, 1956, 1967, 1969**), Bettelheim described regression as crucial points in the treatment process of three children who he claimed were autistic: one involved a regression to infantile behavior which he interpreted as an attempt at “rebirth” and the two others manifested symbolic womb and rebirth fantasies. However, rather than elaborate more fully on the nature of that notion of regression as a significant turning point in the course of treatment, Bettelheim initially deferred that discussion to another time, stating abruptly that “unfortunately, presentation of the evidence on this process of rebirth would transgress the limitations of space” (Bettelheim, **1956**, p. 518). Ten years later he did return to a consideration of this topic, when he presented expanded versions of those three early case studies in *The Empty Fortress* (**1967**). Unfortunately, even this later presentation

of his understanding of regression was a disappointingly limited one. Bettelheim's admittedly "nontechnical" explanation of his understanding of regression in the crucial phase of treatment was limited to the temporal sense of regression, "a recapturing of early experience through a partial reexperience that will support a very different development" (p. 292). Even were one to assume that the treatment of schizophrenic children could be characterized by the predominance of such regression, the paucity of Bettelheim's account of it stands in stark contrast to the much more detailed examination of the many types and varied dynamics of regression by other writers at that time (**Arlow and Brenner, 1969**; A. Freud, **1963, 1965, 1966**; **Greenacre, 1960**; **Jackson, 1969**; Jacobson, 1959).

In particular, Bettelheim seemed to understand both the wish to reexperience the womb and the wish to be reborn as one form of adaptive regression, namely, the wish to start all over again in order to enjoy a new and better life. **Marcovitz (1952)** had written earlier about children presenting fantasies of rebirth in the course of therapy as an example of the illusory déjà vu experience. According to Marcovitz, such experiences represent a regressive wish for union with the mother, both oedipal and preoedipal. In agreement with Bettelheim, he further interpreted the rebirth fantasy as the wish to retrieve the past and to start over again in the face of feelings of disappointment. Arlow's (**1959**) paper on the structure of the déjà vu experiences examines it as a reassuring, transitory defensive regression of a specific ego function, namely, the sense of reality. According to Arlow, "The wish for a second chance is apparently a subsidiary motive in the structure of the déjà vu experience, not essential in its organization and clearly secondary to the defensive need of the ego to ward off the anxiety which threatens to emerge when the structure of a current situation stimulates and symbolizes quite precisely an important, unconscious conflict associated with concrete experiences from the past" (p. **625**).

As mentioned earlier, Bettelheim seemed to understand both the womb and rebirth fantasies as one phenomenon, which he interpreted upward as the wish for a second chance. **Freud (1918)**, however, had distinguished more clearly between the two fantasies in his discussion of an infantile neurosis and interpreted them more deeply in terms of infantile sexual wishes. For Freud, while the notion of being born again to a happier life was an agreeable enough thought, he

believed that the womb and rebirth fantasies demanded a more rigorous interpretation than simply that of the second chance. Accordingly, Freud proposed:

The former, the womb-phantasy, is frequently derived... from an attachment to the father. There is a wish to be inside the mother's womb in order to replace her during coitus—in order to take her place in regard to the father. The phantasy of rebirth, on the other hand, is in all probability regularly a softened substitute (a euphemism, one might say) for the phantasy of incestuous intercourse with the mother.... Thus the two phantasies are revealed as one another's counterparts: they give expression, according as the subject's attitude is feminine or masculine, to his wish for sexual intercourse with his father or with his mother. (p. 583)

**London (1973b)**, however, disagreed with Freud's emphasis on the usefulness of the patient's seeming retrieval of such early impressions. He argued, instead, that “While developmental links can be readily noted in the object relations of schizophrenics, considering schizophrenic object relations as a genetic regression to preverbal childhood remains a tenuous hypothesis. Since intense rebirth wishes are so prevalent among schizophrenics, these patients are particularly prone to welcome and ‘confirm’ reconstructions of preverbal childhood that are spurious and irrelevant to establishing the point” (p. 188).

Thus, while an understanding of the concept of regression has always been considered important in classical psychoanalytic theory, Bettelheim seemed to display certain semantic confusions about that psychological process, tended to avoid a clear and detailed explanation of what he understood by regression, and relied upon a relatively simplified reification of that clinical concept. This was somewhat characteristic of Bettelheim's writings about other theoretical concepts. It suggests that he may have been much more invested in developing a compelling, though sometimes rhetorical, explanation of the everyday practical treatment in his milieu setting than he was in establishing a theoretically cohesive groundwork for his observations.

Finally, while it cannot be denied that the topic of regression is an immensely difficult and complicated one for anyone to examine in depth, Bettelheim may have been impelled by more personal reasons to focus on the womb and rebirth fantasies in treatment but

to deal with them, and with regression in general, in only a relatively cursory manner. First, Bettelheim's focus probably reflected his great personal sense of hopefulness about disturbed children and his belief in the power of that hope in treatment, although he may not always have recognized the dangers of overemphasizing it. Second, Bettelheim saw a striking parallel between his observations of the dominant preoccupation of concentration camp prisoners' day-dreams of starting a new life after their release and the fantasies of rebirth which seemed to emerge at an important point in the treatment of schizophrenic children. In Bettelheim's view, only those prisoners "who managed really to begin, in a fashion, a new life after their release fully overcame the damaging influence of the camps" (1956, p. 517). It is important, then, to contemplate the possibility that to some extent, what Bettelheim was beholding in his work with children was both shaped and limited by an important aspect of his own experience. Specifically, it was during this period of his life that he was, in fact, undergoing a form of the rebirth process himself, reinventing himself anew and transforming himself in the eyes of the public from a Viennese upper-middle-class businessman to a self-trained "psychoanalyst."

### **Summary**

This study has presented a commentary on Bruno Bettelheim's theories about milieu treatment, schizophrenia, and, most specifically, infantile or childhood autism. While it is beyond the scope of this paper to further examine Bettelheim's writings about childhood psychosis, many readers are aware that Bettelheim's approach and conclusions have been heatedly debated. Foremost, with regard to genuinely autistic children, it is now commonly accepted that psychoanalytic milieu therapy may not be the preferred mode of treatment. Second, Bettelheim's case study stress on the detailed elaboration of the configurations of what he believed to be the historical antecedents of a child's pathology, some felt, obscured what really went on in treatment. This difficulty in pinpointing what were actually the most effective influences in the actual treatment situation was not helped by Bettelheim's attitude that *everything* was important, that it was the whole, cohesive milieu which counted in terms of effectiveness. A third major issue was related to Bettelheim's

views about the mother's role in the development of childhood schizophrenia. Bettelheim's reliance upon Freud's Unitary Theory of schizophrenia led to his stress on a search for traumatic historical antecedents, which in turn appeared to be resolved by the conclusion that a regressive reinstatement of a state of primary narcissism must of necessity have been conditioned by some trauma in the very earliest months of life. This unfortunately led his particular case study reconstructions to almost conclusively lay the blame for children's emotional disturbances upon the parents, and specifically upon the mother, or the so-called schizophrenogenic mother (**Arlow and Brenner, 1969**).

Nevertheless, while acknowledging these criticisms, even a brief summary of Bettelheim's general clinical contributions may serve as a clear reminder that his clinical legacy should be valued for a number of reasons. First, a major corollary of his attempt to understand childhood schizophrenia and autism in terms of early psychic trauma has been almost universally overlooked. Bettelheim's attempt to view schizophrenia and autism in a theoretical continuum with the neuroses rested upon a courageous hopefulness and optimism that the analytic approach which had been found helpful for the neurotic might also ultimately prove useful in helping to retrieve the autistic child from his or her profound collapse. Second, aside from the issue of the accuracy of Bettelheim's conclusions, the body of psychoanalytic literature benefited greatly from the manner in which he wrote about severely disturbed children, a richly detailed and deeply compassionate style of clinical writing. Further, his case presentations seriously attempted to address critical questions regarding personality development which remain challenging to us even today, including: (1) the question of where or when human personality can actually be said to begin; (2) clarification of the necessary "steps" in such development; (3) the question of whether such steps are necessarily sequential, and how; and (4) the determination of whether or to what extent certain aspects of personality development can continue even if prior steps in personality growth did not occur (**Bettelheim, 1965**).

Viewed from a broader perspective, a number of his clinical speculations and hypotheses appear to have presaged aspects of more contemporary developmental and psychoanalytic views. For example, with regard to the field of child development, his speculations



about the early timing of the emergence of the infant's sense of autonomy are quite similar to more recent infant developmental observation conclusions (Stern, 1985). In a similar context, the resonance of Bettelheim's comments about the "self" with certain of Kohut's self-psychology concepts has already been noted. As another example of this connection between Bettelheim's views and later psychoanalytic thought, his detailed case study presentations, as distinguished from his more theoretical writings, frequently emphasized the practical importance and impact of recognizing and clarifying various transference/countertransference manifestations in the treatment situation, an area which has continued to attract a great deal of frequently more esoteric, even epistemological debate in the psychoanalytic literature over the years. In a sense, this *interactional* emphasis in Bettelheim's milieu treatment case study presentations often appears to parallel the more current psychoanalytic writings which describe and emphasize the *two-person*, rather than one-person, psychology of the treatment setting. In fact, one author has suggested that the initial, more theoretical section of *The Empty Fortress* could be read in part as a forerunner for certain contemporary views of psychoanalysis, such as the intersubjective approach.<sup>1</sup>

Finally, it is of utmost importance to keep in mind the fact that the very debate and controversy regarding infantile autism and its treatment, in which Bettelheim played a crucial and vigorous role, created a greatly increased public interest in and concern for the treatment of autistic children. There can be little doubt that this heightened sense of public awareness in turn led to the development and availability of more treatment possibilities for many autistic youth, who might otherwise simply have been relegated to lives of bare custodial care in large public psychiatric institutions.<sup>2</sup> In conclusion, then, I wish to quote from my earlier, more biographical study of Dr. Bettelheim, in part because in the intervening years my estimation of the importance of his writings about work with severely emotionally disturbed youth has remained substantially undiminished:

Bettelheim, the human, is gone, but we have been left with an extensive body of clinical writing, the legacy of an often provocative mind. When all has been said, it will not be forgotten that he was instrumental in promoting a lasting concern about discovering the best treatment methods possible for emotionally disturbed children, and that

he successfully fostered a widespread interest for that endeavor in the public at large. He taught many of us, some through direct contact and others through reading, to deeply care and think about the fate of even the most severely impaired children. His arguments, correct or incorrect, continue to stimulate us to unashamedly examine ourselves in our work with troubled youth. (Zimmerman, 1991)

## Notes

1 B. Cohler. *Personal communication*, December 3, 1993.

2 B. L. Leventhal. *Personal communication*, February 27, 1992.

## References

- Aichorn, A. (1935) *Wayward Youth*. New York: Viking.
- Arlow, J. A. (1959) The structure of the déjà vu experience. *J. Amer. Psychoanal. Assn.*, 7: 611-631. [→]
- Arlow, J. A. & Brenner, C. (1969) The psychopathology of the psychosis: A proposed revision. *Int. J. Psycho-Anal.*, 50: 5-14. [→]
- Bender, L. (1947) Childhood schizophrenia. *Am. J. Orthopsychiat.*, 17: 40-56.
- Bettelheim, B. (1943) Individual and mass behavior in extreme situations. *J. Abnorm. Soc. Psychol.*, 38: 417-542.
- Bettelheim, B. (1947) The concentration camp as a class state. *Mod. Rev.*, 1: 628-637.
- Bettelheim, B. (1948a) Closed institutions for children. *Bull. Mennin. Clinic.*, 12: 135-142.
- Bettelheim, B. (1948b) Somatic symptoms in superego formation. *Am. J. Orthopsychiat.*, 18: 649-658.
- Bettelheim, B. (1949) A psychiatric school. *Q. J. Child Behav.*, 1: 86-95.
- Bettelheim, B. (1952) Schizophrenic art: A case study. *Sci. Amer.*, 186: 30-34.
- Bettelheim, B. (1955) *Truants from Life*. New York: Free Press.
- Bettelheim, B. (1956) Schizophrenia as a reaction to extreme situations. *Am. J. Orthopsychiat.*, 26: 507-518.
- Bettelheim, B. (1959a) Feral children and autistic children. *Amer. J. Sociol.*, 64: 455-467.
- Bettelheim, B. (1959b) Joey: A mechanical boy. *Sci. Amer.*, 200: 116-127.
- Bettelheim, B. (1965) Early ego development in a mute autistic child. *Bull. Phil. Assoc. Psychoanal.*, 15: 127-136.
- Bettelheim, B. (1967) *The Empty Fortress*. New York: Free Press.
- Bettelheim, B. (1969) Laurie. *Psychol. Today*, 2: 24-25, 60. [→]
- Bettelheim, B. (1972) The inpatient treatment of psychotics. In J. H. Masserman (ed.), *The Dynamics of Power*. New York: Grune & Stratton, pp. 204-209.
- Bettelheim, B. & Sylvester, E. (1947) Therapeutic influence of the group on the individual. *Am. J. Orthopsychiat.*, 17: 684-692.
- Bettelheim, B. (1948) A therapeutic milieu. *Am. J. Orthopsychiat.*, 18: 191-206.
- Bettelheim, B. (1949a) Milieu therapy: Indications and illustrations. *Psychoanal. Rev.*, 36: 54-68. [→]
- Bettelheim, B. (1949b) Physical symptoms in emotionally disturbed children. *Psychoanal. St. Child*, 314: 353-368. [→]
- Bettelheim, B. (1950) Delinquency and morality. *Psychoanal. St. Child*, 5: 329-342. [→]
- Bettelheim, B. & Wright, B. (1955) Staff development in a treatment

institution. *Am. J. Orthopsychiat.*, 25: 705-719.

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- Bleuler, E. (1913) Autistic thinking. *Amer. J. Insanity*, 69: 873-886.
- Crain, W. (1991) *Theories of Development: Concepts and Applications*. New York: Prentice-Hall.
- Eisenberg, L., & Kanner, L. (1956) Early infantile autism: 1943-55. *Am. J. Orthopsychiat.*, 26: 556-566.
- Fabian, A. A. (1954) Some familial considerations in childhood schizophrenia. *Am. J. Orthopsychiat.*, 24: 513-516. [→]
- Freedman, A. M. (1954) Maturation and its relation to the dynamics of childhood schizophrenia. *Am. J. Orthopsychiat.*, 24: 487-491.
- Freud, A. (1963) Regression as a principle in mental development. *Bull. Mennin. Clinic.*, 27: 126-139.
- Freud, A. (1965) *Normality and Pathology in Childhood: Assessments of Development*. New York: International Universities Press.
- Freud, A. (1966) *The Ego and the Mechanisms of Defense*. New York: International Universities Press.
- Freud, S. (1911) Psycho-analytic notes on an autobiographical account of a case of paranoia (dementia paranoides). *Standard Edition*, 12. [→]
- Freud, A. (1914) On narcissism: An introduction. *Standard Edition*, 14. [→]
- Freud, A. (1918) From the history of infantile neurosis. *Collected Papers*, 3: 473-607. [→]
- Freud, A. (1924) Neurosis and psychosis. *Standard Edition*, 14. [→]
- Greenacre, P. (1960) Regression and fixation. *J. Amer. Psychoanal. Assn.*, 8: 703-723. [→]
- Herkovitz, H. H. (1954) Childhood schizophrenia round table, 1953: Introductory remarks. *Am. J. Orthopsychiat.*, 24: 484-486.
- Hobson, R. P. (1990) On psychoanalytic approaches to autism. *Am. J. Orthopsychiat.*, 60: 324-336.
- Jackson, S. W. (1969) The history of Freud's concepts of regression. *J. Amer. Psychoanal. Assn.*, 17: 743-784. [→]
- Jacobson, E. (1949) Observations on the psychological effect of imprisonment of female political prisoners. In K. R. Eissler (ed.), *Searchlights on Delinquency*. New York: International Universities Press.
- Kanner, L. (1943) Autistic disturbances of affective contact. *Nerv. Child*, 2: 217-250.
- Kanner, L. (1948) *Child Psychiatry*, 2nd ed. Springfield, IL: C. C. Thomas.
- Kanner, L. (1949) Problems of nosology and psychodynamics of early infantile autism. *Am. J. Orthopsychiat.*, 19: 416-426.
- Kanner, L. (1951a) The conception of wholes and parts in early infantile autism. *Am. J. Psychiatry*, 108: 23-26. [→]
- Kanner, L. (1951b) Discussion. *Am. J. Orthopsychiat.*, 21: 569-570.
- Kanner, L. (1959) Depersonalization. *J. Amer. Psychoanal. Assn.*, 7: 581-610. [→]
- Kaplan, S. (1954) Childhood schizophrenia round table, 1953: Discussion. *Am. J. Orthopsychiat.*, 24: 521-523.
- London, N. L. (1973a). An essay on psychoanalytic theory: Two theories of schizophrenia. Part I: Review and critical assessment of the development of the two theories. *Int. J. Psycho-Anal.*, 54: 169-178. [→]
- London, N. L. (1973b) An essay on psychoanalytic theory: Two theories of schizophrenia. Part II: Discussion and restatement of the specific theory of schizophrenia. *Int. J. Psycho-Anal.*, 54: 179-193. [→]
- Mahler, M. S. (1952) On child psychosis and schizophrenia: Autistic and symbiotic infantile psychosis. *Psychoanal. St. Child*, 7: 286-305. [→]
- Mahler, M. S. (1954) Childhood schizophrenia round table, 1953: Discussion. *Am. J. Orthopsychiat.*, 24: 523-526. [→]



- Mahler, M. S. (1965) On early infantile psychosis. *J. Amer. Acad. Child Psychiat.*, 554-568. [→]
- Mahler, M. S. & Elkish, P. (1953) Some observations on disturbances of the ego in a case of infantile psychosis. *Psychoanal. St. Child*, 8: 252-261. [→]
- Ross, R. R., & DeFries, Z. (1949) Clinical studies in benign and malignant cases of childhood psychosis (schizophrenia-like). *Am. J. Orthopsychiat.*, 19: 295-304.
- Marcovitz, E. (1952) The meaning of *déjà vu*. *Psychoanal. Q.*, 21: 481-489. [→]
- Merrit, C. G. (1958) Reviews of the literature: The Empty Fortress. *Am. J. Orthopsychiat.*, 38: 926-930.
- Ornitz, E. M., & Ritvo, E. R. (1975) The syndrome of autism: A critical review. *Am. J. Psychiatry*, 133: 609-621.
- Palombo, J. (1993) Neurocognitive deficits, development distortions, and incoherent narratives. *Psychoanal. Inq.*, 13: 85-102. [→]
- Redl, F. (1942) Group emotion and leadership. *Psychiatry*, 2: 573-596.
- Redl, F. (1943) Group psychological elements in discipline problems. *Am. J. Orthopsychiat.*, 13: 77-81.
- Redl, F. (1944) Diagnostic group work. *Am. J. Orthopsychiat.*, 14: 53-68.
- Redl, F. (1949) The phenomenon of contagion and "shock effect" in group therapy. In K. R. Eissler (ed.), *Searchlights on Delinquency*. New York: International Universities Press.
- Rimland, B. (1964) *Infantile Autism*. New York: Appleton.
- Ritvo, E. R. (1976) *Autism: Diagnosis, Current Research and Management*. New York: Spectrum Publications. [→]
- Stern, D. N. (1985) *The Interpersonal World of the Infant*. New York: Basic Books. [→]
- Szurek, S. A. (1956) Psychotic episodes and psychotic maldevelopment. *Am. J. Orthopsychiat.*, 26: 519-543.
- Tustin, F. (1993) On psychogenic autism. *Psychoanal. Inq.*, 13: 34-41. [→]
- Weininger, O., (1993) Attachment, affective contact, and autism. *Psychoanal. Inq.*, 13: 49-62. [→]
- Zimmerman, D. P. (1991) The clinical thought of Bruno Bettelheim: A critical historical review. *Psychoanal. Contemp. Thought*, 14: 685-721. [→]

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