

**Remodeling the Universe to Their Dominant Desire:
Gender Role Critiques Embedded in Autism Literature**

BY

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THESIS

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This thesis is dedicated to Carol Annis and Vicki Triantos Shrum: strong women who led by example.

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TABLE OF CONTENTS

<u>CHAPTER</u>	<u>PAGE</u>
I. INTRODUCTION	1
A. Argument	1
B. Literature on Mother-Blaming	11
C. Methodology	17
D. Interwoven: Constructing Diagnostic Categories	19
E. The Development of Autism	21
1. Secondary autism	22
F. Autism Versus Childhood Schizophrenia	23
G. Individual Differences	26
H. Conclusion	28
II. “AND I LOST HIM:” MOTHER-BLAMING IN AUTISM LITERATURE	30
A. Introduction	30
B. Kanner	31
1. Personality and gender	31
2. 1950s ideals	35
C. Role and Gender	38
1. Children, kitchen, church as scientific law	39
D. Parent Demographics	40
1. Socioeconomic status	40
2. Intelligence	45
3. Education	48
4. Personalities and relationships between the couple	49
5. Relationships with their parents	49
E. Mothers	50
1. Demographics	52
a. Age	52
b. Race	54
2. Mother as failure	56
3. General mother-blaming	58
a. Mother as weak	58
b. Mothers as cold	60
c. Rejection of children	61
d. Controlling	62
e. Child gets in the way	63
F. Fathers	64
G. Treatment	67
H. Conclusion	70
III. THE MYTHS ADULTS HAVE INVENTED: AUTISM, CHAUVINISM, AND BRUNO BETTELHEIM	73
A. Introduction	73

TABLE OF CONTENTS (continued)

<u>CHAPTER</u>		<u>PAGE</u>
B.	Background	78
1.	Laurie	80
2.	Marcia	81
3.	Joey	81
C.	Bettelheim's Basic Etiology of Autism	82
D.	Perceived and Presented Gender Differences	85
E.	The Role of Women	89
1.	Unwanted child	94
F.	Conclusion	100
IV.	CONCLUSION	102
A.	Feminist Critiques of Psychology	102
B.	And A Woman Shall Lead	103
C.	Parents as Co-researchers	106
D.	Discussion	107
	CITED LITERATURE	112
	VITA	122

SUMMARY

This thesis is an historical analysis of psychology literature of autism during two subperiods—1943 to 1955 and 1956 to 1980. This periodization begins with autism’s conception within literature—Leo Kanner’s 1943 article, *Autistic Disturbances of Affective Contact*—and continues through the late 1970s. During this time period autism was thought to develop in response to cold and detached mothers. As the blame was placed upon them, mothers were pathologized by psychologists. This mother-blaming was unique in that it somewhat paralleled the time frame of the height of the second-wave feminist movement when many gender and parenting roles were changing. For both of these reasons, it is important to focus on the roles women played within this literature. In this thesis I argue the definition of autism’s cause has been malleable. Researchers defined and discussed autism in such a way that they could insert the mother in any way that they saw fit.

I argue the aforementioned by first introducing early theories about autism to provide a foundation for the inclusion of the mother. I then continue exploring how autism literature critiqued the changing gender and parenting roles occurring during these subperiods of autism to ultimately blame the mother. I then focus on Bruno Bettelheim, an infamous researcher who helped bring this mother-blaming autism literature into the mainstream. Finally, I conclude with a brief discussion of how reaction to this mother-blaming helped create mother-warrior mentality.

I. INTRODUCTION

It is neither very illuminating nor profitable to come up repeatedly with the finding that children who are ill do less well than children who are not, the experimental psychologist is obliged to develop alternative approaches.

— Hermelin (1978, p. 141)

A. Argument

From the first detailing of ‘infantile autism’ in 1943 through the 1970s mothers were blamed for causing autism. The production of these autism theories occurred during an important time in America. First in the 1940s and 1950s came the strengthening of traditional nuclear [white, upper, and middle class] families. This idealization of perfection changed pretty radically with the next few decades. The civil rights movement fought for equality for African Americans. Along with the Vietnam War and drafting came resistance from pacifists and demonstrators. Political corruption was revealed in incidents such as Watergate. Out of all of these events a counterculture movement of peace and resistance formed (Zinn, 2003). The country was changing, all the while experiencing growing pains like attacks on peaceful civil rights demonstrations, brutality from police officers, backlash against women’s liberation – many forms of resistance from those who wanted to uphold the status quo. Focusing on mothering had powerful implications at a time when traditional gender and parenting roles for white middle and upper class women were being redefined. With the help of the second-wave feminist movement, white middle and upper class women pushed for changes that increased their autonomy during this time.

Mother-blaming in this autism literature served as a reaction to women seeking autonomy. Writing mothers into the concept of autism demanded certain requirements. To understand the development of autism, we must attend to the necessity of flexibility in autism’s etiology. In this thesis I argue that from Leo Kanner’s original article, *Autistic Disturbances of Affective Contact*

in 1943 through the 1970s, the definition of autism's cause has been malleable. During this time period researchers defined and discussed autism in such a way that they could insert the mother in any way that they saw fit. The diagnostic category has shifted, sometimes radically, depending on how researchers understood certain traits, who was involved and perhaps most importantly, who was paying attention. To understand this I am drawing from Reagan's theoretical statement about disease. Autism, like other

diseases[,] have never been confined to the body, for diseases are only understood through culture and history. As epidemic diseases race through bodies, they also race through societies, cultures and the media, producing myriad cultural objects and effects as well as physical symptoms. (Reagan, 2010, p. 2)

The concept of autism was very much as social and cultural as it was medical. Originally the body of autism literature—including an epidemic of pathologizing parents—in fact, almost exclusively mothers. This mother-blaming's prominence was often hidden in plain sight. The power and paternalism of professionals resulted in mother-blaming laden literature that was more often than not accepted with no question by other researchers and professionals. For this reason, autism history needs to include the implications of changing gender roles; I contribute to this area by exploring the mother's role and notions of gender as intertwined parts of the etiology's malleability.

Because autism is a new disorder relative to other disabilities, there have not been too many historical accounts on the subject. Instead, more popular topics have been memoirs by parents or self-advocates as well as books focusing on certain aspects of autism such as treatment or the MMR vaccine. Moreover, since the second subperiod of autism, the late 1950s through the 1970s, is less than 35 years old, there is not a great degree of variance to study – historians are still uncovering new facets of autism research. For this reason, although autism histories may argue different foci, such as Silverman's (2011) argument about autism being a disorder of love

reflecting on gendered dynamics of care, Eyal, Hart, Oncular, Oren, and Rossi (2010) argument about autism's emergence out of mental retardation and deinstitutionalization, or Grinker's (2007) argument that autism is not an epidemic but has simply changed definitions over time, the historiography has not had an extensive time to evolve.

Certainly autism has become a more prominent disability, popular even. However, similar to Grinker (2007), Eyal et al. (2010) argue that the number of children experiencing autism is not rapidly increasing; instead these numbers have been affected by the way autism is defined. Eyal et al. (2010) notes that children with autism may have originally been diagnosed as having mental retardation. Moreover, children were also originally diagnosed as having childhood schizophrenia or behavior disorders depending on who the child was and who was doing the diagnosing.

However, certainly the social model taking prominence over the medical model has shifted the topic of autism. This ideological shift of disability as something that is socially constructed – a form of social oppression – rather than an individualized problem one suffers from has altered the ways people write about autism. The 1970s are considered a very influential time for the disability rights movement. This time is significant in disability history because much of the direct action influenced public opinion and spurred legislative change. Many demonstrations, marches and sit-ins were staged around the country and in Washington, DC in order to fight for legislation such as the Rehabilitation Act of 1973, the Architectural Barriers Act of 1968, and Section 504 (Fleischer & Zames, 2000). People with disabilities chained themselves to buses, sat-in government offices and crawled up government steps (Fleischer & Zames, 2000). Finally, one of the largest theoretically impacts of this period in the disability rights movement was the concept of the social model. Disability studies scholars Colin Barnes

and Geof Mercer (2003) “conceptualize disability as a form of social oppression akin to sexism and racism, although it exhibits a distinctive form, with its own dynamics...as a historically and culturally specific form of social oppression” (p. 18).

Other developments have also impacted how people, including myself, view the history of autism. One significant development in the historical analysis diagnostic category was shifts in gender and parenting roles. During this time women were fighting for equality in the workforce – equality in both workforce opportunity and pay, rights to their own sexuality and abortion rights. A transition to new roles began during the 1960s, with the aid of the second wave feminist movement. The feminist movement is often described as occurring in waves. Descriptions of the first wave movement are centralized around women’s suffrage – the right for (white) women to vote. The second wave began around the early 1960s. Some of the main causes of the second wave were equal opportunities in the workforce, sexuality, and abortion rights. Finally, the third wave, which began in the early 1990s and continues today, includes central issues of sexual harassment, sexual orientation, gender identity, and reproductive rights.

My second subperiod (1956 to 1980) closely parallels the second wave of the feminist movement. The second wave of the feminist movement focused on equal opportunities for women, especially with regard to legal standing and the workforce. Women of color and working class women criticized this movement for being white and middle class. The media often portrayed these “kept” women as whiney and bored attention seekers¹. They were not taken seriously because, according to feminist scholar Susan Brownmiller (1999), the media “reinforced...the belief, born of feminine insecurity, that middle-class white women had no right to make any demands for themselves, or to achieve something of political importance on their

¹ For more information see Brownmiller, S. (1999). *In our time: Memoir of a revolution*. New York, NY: Delta.

own” (p. 33). Despite the media’s portrayals of the movement’s illegitimacy, the second wave gained momentum through use of consciousness raising meetings. Under the theory that the ‘personal is political,’ women reexamined constructs of their daily lives and began asking themselves “what other so-called trivial issues and private battles consigned to the ‘personal’ will we bring to light and refine as political” (Brownmiller, 1999, p. 45). After attending these consciousness-raising gatherings, “women without any prior political involvement...leapt right in and became radicalized overnight” (Brownmiller, 1999, p. 45). According to critical theorist Nancy Fraser (2009), along with radicalizing women, the second-wave’s “politicizing ‘the personal’...expanded the meaning of justice, reinterpreting as injustices social inequalities that had been overlooked, tolerated or rationalized since time immemorial” (p. 103).

Gender and parenting roles have shifted since the origins of this disability; therefore, one doing an analysis of these origins must constantly view actions within the cultural framework of the period. Many actions and statements were sexist, classist and racist but were also the norm for the time period. When some activists attempted to shift these viewpoints this only led to stronger resistance by those who were determined to hold on to those values because “progress always incites anxiety, distress, and mobilization of those who fear losing their unearned privileges” (MHarrisPerry, 2010, n.p.).

Chloe Silverman, author of *Understanding Autism: Parents, Doctors and the History of a Disorder* (2011), generally takes a social model perspective as she explains how the diagnostic category of autism developed. She explores how diagnostic categories are not always concrete. In fact, Silverman (2011) calls for a re-interpretation of the past by framing the evolution of the diagnostic category of autism around the caring labor of love. Despite changes, she argues that

autism has been “construed as a disorder of love” (Silverman, 2011, p. 31). She explores “the role of love as a social experience and technical discipline” (p. 2) because

passions are a key part of the production of knowledge and the identities of contemporary scientists and medical practitioners. Theories of affect, and love in particular, shape the discourses of developmental psychology, psychiatry and, more recently, biology. Affect and its symptoms, including despair, anger, caring, and love, work as ‘good enough’ analytic tools for interpreting contemporary biomedicine. (Silverman, 2011, p. 1)

A major strength of Silverman’s (2011) book is her analysis from a disability studies perspective and the inclusion of multiple self-advocates.

In Chapter Three, Silverman (2011) notes that

by making parents technicians, they [behavioral therapists] provided structural and pragmatic support for what parents had argued and what they would come to argue more energetically: Parents were experts on their own children, in terms of their individual symptoms and idiosyncratic responses. (p. 124)

This argument aligns with Leslie Reagan’s (2010) argument that mothers have always co-produced scientific knowledge as a result of being the primary caretaker of their children. Unlike Reagan’s or my own analysis, Silverman (2011) focuses mostly on characterizing love, how it is part of the world of autism and how it interplays with the gendered dynamics of caring. I too focus on mothers as an extremely important population in autism not just because of their roles as primary caretakers or because of their roles as producers of scientific data, but because of the plethora of blame placed upon them.

Roy Grinker, an anthropologist who studies the intersection between culture and illness, became interested in autism after his daughter was diagnosed with it. His work does not draw from disability studies. His anthropology background does seem to influence his writing style—he interweaves personal anecdotes about his daughter and people he knows among literature reviews. Although doing so may serve as an attempt to provide evidence, I do not think it was

successful. Instead, his work's weakness lies in discussions that include spans of up to seventy years throw off the periodization—he situates discussions within very different time periods while not accounting for these differences.

In *Unstrange Minds: Remapping the World of Autism*, Grinker (2007) believes “this extraordinary momentum is a signal that we should stop, step back, and take a closer look at our fears about autism” (p. 2). As part of his project he asks and attempts to answer the question: “But what is causing the increase, and does it reflect a true epidemic or is it a byproduct of changes in the way the statistics are gathered or the way the disorder is defined and diagnosed?” (Grinker, 2007, p. 2). For this reason, Grinker (2007) focuses on

address[ing] the clear rise in the prevalence of autism—and, more precisely, the range of conditions now called *autism spectrum disorders*—by exploring the cultural factors that have changed our perspectives on children and mental disorders. (p. 4)

In very much the same way as Eyal et al. (2010), Grinker (2007) believes today's autism statistics are mostly accurate yet still do not point to an epidemic because the old rates were based on inaccurate and different definitions of autism. The premise of *Unstrange Minds* is to address the following: “Since rates cannot rise without diagnoses, it makes sense to ask how and why autism is getting diagnosed more. And since rates cannot rise without scientists to count the diagnoses, it also makes sense to ask how and why they are counting more cases” (Grinker, 2007, p. 3).

Grinker (2007) begins his discussion with Leo Kanner. Autism was not new, “Kanner gave it a name and made it a syndrome” (Grinker, 2007, p. 51). He then parallels this with Hans Asperger, explaining that Asperger's four original patients were different than Kanner's. Yet Grinker fails to discuss selection bias and how it shaped Asperger's diagnosis. He next discusses an article by Laura Wing. The problem with these three discussions is that the history jumps

from 1940s to 1980s, specifically a 1980s article by Wing. Grinker (2007) does not address all of the literature that came in between. He also provides an ahistorical analysis by not situating the literature within the time period.

In his next chapter, Grinker (2007) again points out

Neither Kanner nor Asperger truly *discovered* autism. They *described* it. Autism wasn't a new disorder, born in the 1930s. Like virtually all disorders it didn't emerge and get observed, described and named all at the same time. Kanner and Asperger got autism into the scientific literature and they did so at a time when psychoanalysis was still the dominant mode of psychological thought. (p. 65)

While Grinker attempts to argue that diagnoses such as autism are created, he does so in such a way that only explains and summarizes what Kanner wrote. Unfortunately, this section, as with most of the first half of the book, does not present analysis or argument about the cultural factors or implications that came into play as autism, the category, was being developed.

When Grinker (2007) begins to discuss the blame theme that almost wholly encompassed autism literature he does so in a summary fashion with little analysis. The intention of my thesis, in contrast, is to explore and theorize about psychoanalysts linking mothers to the cause of autism. For instance, while discussing mother-blaming, Grinker (2007) says:

Psychoanalysis didn't invent mother blame. Negative stereotypes of mothers have existed in many times and cultures...But it's only in the past century that American scientists, like Bettelheim and his predecessors, began to systematically exploit the concept of the bad mother. (p. 87)

Grinker brings up an important point about mother-blaming existing before – and I would add after – Bettelheim. However, he only discusses mother-blaming in the context of what it did to the child—not what it did to the mother. He discusses scientific studies that suggest the mother could not cause such injuries to the child as well as examples of mother-blaming in other countries where psychoanalysis soared; yet, nowhere in his discussion is a focus on the mother.

There was no discussion of what these theories meant for women or how these theories characterized women during a time when the idea of perfect mothering was at its height.

Gil Eyal's, the first author of *The Autism Matrix*, background leads him to research on how subjects and categories change. Much like Silverman (2011) and Grinker (2007), Eyal et al. (2010) describes the history of autism and how researchers created the diagnostic category of autism. However, Eyal et al. goes into more depth about how diagnostics changed depending on whether the researcher was arguing for natural or environmental causes. In *The Autism Matrix*, Eyal et al. (2010) argues "the current rise in autism diagnoses...should be understood as an aftershock of the real earthquake, which was the deinstitutionalization of mental retardation that began in the late 1960s" (p. 3). The authors believe that deinstitutionalization "scrambled" diagnostic categories as well as gave privileged parents the ability to "shop around" for diagnoses (Eyal et al., 2010, p. 3).

One of the strengths of Eyal et al. (2010) is their point that autism existed somewhere between mental illness and mental retardation. This insight helps explain how autism, even to this day, hovers between the medical and the psychological. Autism as a diagnostic category is made more complex in very different ways depending on whether it is being viewed as a medical disorder that is physical in nature or a more social psychological one – medical has a much greater chance of being organic. Furthermore, the perspective (medical or psychological) is important in autism's history because it altered who was writing the diagnostic category of autism and how they were writing it. Eyal et al. notes an expertise shift in the 1970s from psychiatrist to psychologist occurred with regard to examining and completing autism etiology and treatment.

According to the authors, autism was always exciting and profitable for researchers because of it was both mysterious and also lacked the stigma associated with mental retardation. This lack of stigma altered how autism affected upper-class families. While children with mental retardation were hidden away in institutions, the unknowns of autism allowed parents to see potential in their children and plan for ‘normal’ futures. Unlike Silverman (2011) who discusses class in relation to parent organizing, Eyal et al. (2010) argues the importance upper and middle-class families played in autism in relation to privilege; their privilege allowed them opportunities to seek out treatment and, therefore, very possibly skewed demographic information. This skewed selection bias is extremely important because it is what researchers used as evidence for their theories about behaviors of mothers.

One of the weaknesses of Eyal et al.’s (2010) argument is that although they did an sufficient job of showing “the very category of autism...emerged in the interstice between mental retardation and mental illness, as part of an attempt to switch them together into a comprehensive program for the surveillance of childhood” (p. 257) they did not address how autism affected others. Eyal et al. (2010) discuss how autism gave upper and middle class opportunities, such as a potential for cure and therefore a normal future, that mental retardation did not but they fail to examine how it negatively affected those families. Because it was not their focus, Eyal et al. (2010) left out a very important part of the past and future of autism—the mother. Neither Silverman (2011), Grinker (2007), nor Eyal et al. (2010) examined what roles the mother played in the writing of the diagnostic category of autism. Nor do they examine in depth the roles mothers played in diagnosis and treatment of autism. Finally, because they did not examine the mother’s involvement in autism, they did not situate the role of the mother amongst the changing time period for [white] middle-class gender roles. My analysis attempts to

fill in these large gaps by recognizing the influence changing gender and parenting roles had on both women and men and how these changing roles altered these mothers as well as the ones writing about these mothers—researchers.

B. Literature on Mother-Blaming

The lack of discussion of mother-blaming in histories of autism leads one to wonder if scholarship on mother-blaming discusses the history of autism. Although it does not at length, this literature theorizes mother-blaming as it is based in feminist theories and covers a discussion of other diseases and disabilities – both of which are applicable to autism. This secondary literature on mother-blaming informed my thinking during this project because reading about mother-blaming in all different aspects—from German measles to mothers who adopt—helped me realize that mothers are almost always were blamed, no matter what they did. Armed with this background information, wading through the preponderance of blame in autism literature became a lot less murky – it became a lot easier for me to discern how and in what ways the autism literature was blaming these mothers.

Leslie Reagan (2010), author of *Dangerous Pregnancies: Mothers, Disabilities, and Abortion in Modern America*, argues that

anxieties about reproduction—such as the fears surrounding German measles—have shaped national histories to a profound degree. Although today the significance of this epidemic has been largely forgotten, its legacies have been written into the U.S. social infrastructure; into law, medicine, science and social movements; and into contemporary politics. German measles became a catalyst for bringing about fundamental changes in the culture, public health and constitutional law. (p. 1)

Reagan (2010) examined how families learned about German measles from media representations and mass immunization campaigns put out through the government.

One of Reagan's (2010) insights that I draw from is her previously included statement that "infectious diseases have never been confined to the body, for diseases are only understood through culture and history" (p. 2). This argument purports that infectious disease – I would add even non-infections ones – are not only confined to the affected individual. Instead, society, culture, politics of science, and many other factors come in to play. From the way scientists decide what are and are not the symptoms, to the way the media portrays the disease, culture always plays a role in the disease's definition as well as reactions to said disease. My work shows that historically autism was not only confined to the child who had autism. A child's autism was understood through the cultural lenses of the time, in this case through traditional gender and parenting roles.

Ladd-Taylor and Umansky (1998), who will be discussed in greater detail below, argue the importance the role of the traditional nuclear family played in defining good mothering.

Ladd-Taylor and Umansky (1998) purport

over the past century, women classed as 'bad' mothers have fallen into three general groups: those who did not live in a 'traditional' nuclear family; those who would not or could not protect their children from harm; and those whose children went wrong. (p. 3)

Similarly, in her second chapter, Reagan (2010) discusses how German measles "threatened both 'the unborn child' and the postwar nuclear family" (pp. 56-57). Although they are discussing separate pathologies, Reagan's point also ties into Eyal et al.'s (2010) concept that autism complicated the white nuclear family in a way different from past disabilities such as intellectual disability. Reagan (2010) discusses how German measles reshaped views of abortion into a more respectable need of white upper and middle-class married couples. Eyal et al. (2010) discusses how the diagnosis of autism allowed upper and middle-class parents to plan for their child's future in ways mental retardation never allowed because of stigma and institutionalization. In

both of these cases, middle and upper class white parents were given the ability to reshape concepts that were originally highly stigmatized for their own purposes. These parents received this ability in order to uphold the traditional nuclear white family. Autism literature did not give such opportunities to the women in my thesis. As I will examine, the threat to the traditional nuclear white family via a more equal woman instead led to critiques of women's gender roles.

In *"Bad" Mothers: The Politics of Blame in Twentieth-Century America*, editors Ladd-Taylor and Umansky (1998) argue "that mother-blaming has varied widely in context, cause, and consequence over the past century. Moreover, [the essays they examined] reveal the extraordinary elasticity of the 'bad' mother label" (p. 2). *"Bad" Mothers*, which "examines who has been targeted, by whom, when, and why, and it probes the impact of the 'bad' mother label on individual women and their families" (Taylor & Umansky, 1998, p. 2), successfully shows various causes of mother-blaming and puts them in context. However, their book would have also benefited from a discussion of how the mother-blaming affected women, in ways other than in relation to their children. This is important because these women always seem to be defined in relation to their children. Although their book is about motherhood, defining women only in relation to their children makes women two-dimensional and denies the lived experiences of these women as important parts of their mother identities.

Chapter Eleven in *"Bad" Mothers* discusses autism's mother-blaming. *On Being the 'Bad' Mother of an Autistic Child* by Jane Taylor McDonnell (1998) attempts to answer, "why were professionals so ready to blame mothers for a childhood disorder such as autism?" (p. 226). She argues:

there are several reasons...For one thing, because these children often 'look' so normal and frequently have very good health, many experts on autism have resisted looking for an organic or medical explanation. And of course there has been a general tendency of twentieth-century environmentalists, as well as

Freudians, to trace aberrant behavior in children back to parents. There is another possible reason for this readiness to blame mothers for a child's autism, however, and that is the frustration that many well mentioned professionals feel when confronted by these children, who so often seem not to get better even with heroic efforts at treatment. (McDonnell, 1998, p. 226)

Although McDonnell (1998) makes valid points about children with autism often looking 'normal' in comparison to other disabilities, such as Down syndrome, she does not attempt to account for other disabilities, such as intellectual disabilities, medically related disabilities, or invisible disabilities, that people have and still look 'normal.' Although mentioning these types of disabilities would go against her argument, they would also strengthen her writing because it would show she acknowledges theories outside of her own, such as those that theorize mother-blaming as scapegoating. Furthermore, she failed to successfully prove her final argument that mothers were blamed due to the frustration of physicians. Certainly other incurable pathologies, such as cancer, exist that doctors and professionals do not blame mothers for. Perhaps these yet to be cured disabilities or diagnoses are blamed on other factors—such as the preponderance of blame the environment receives for cancer—but her argument is not about other forms of blame. I do not believe these researchers blamed autism on mothers because of their frustration with a lack of cure. I will spend the rest of my thesis explaining that the literature was a reaction to changing gender and parenting roles and therefore putting forth a new argument about the malleability of autism in order to insert the mothers.

One theme repeated in most chapters of *“Bad” Mothers* was that mother-blaming occurred when women defied gender stereotypes or traditional roles. Ladd-Taylor and Umansky (1998) note that mothers subject to blame were often scapegoats. However, not much discussion occurs about the periods of time when women were most vulnerable to scapegoating, such as the volatile periods around the major achievements of the first and second feminist movement. I

contend that there is a likely correlation between increased scapegoating and increases in the rights and roles of women.

Although there has since been some backlash against the professional as all knowing, some authors did a good job of providing evidence for the power of professionals regarding mother-blame. In *Hospitalizing Marcia Germani*, Emily Abel (1998) argues that case of Maria Germani “illustrates the burden that the growing faith in medicine could place on immigrant mothers, who lived and worked in unhealthy environments but were blamed when children fell ill” (p. 58). This chapter makes evident that scientists were viewed as experts. Similar to the scientific literature I reviewed, in the case of Marcia, paternalism was both upheld and glorified because of faith in medicine. Much like other women who existed at intersections of multiple identities, Abel makes clear that immigrant mothers are doubly disadvantaged by both their gender and their immigration status. Similarly, in *Mother Made Me Do It: Mother-Blaming and the Woman of Child Guidance*, Kathleen Jones (1998) argues that critiques of mothers benefited child guidance experts and social workers because their “guidance framed juvenile misbehavior as a consequence of pathological motherhood” (p. 101). This article successfully showed ‘the snowball effect’ of how professionals’ theories turn into a collective trend among researchers and professionals thereby influencing all following research. This pattern is very similar to what occurred with autism literature because mothers were first introduced in Kanner’s (1943) literature in the first subperiod and mother-blaming seemed to snowball after that in the second subperiod.

Perhaps two of the most important arguments with regard to mother-blaming are that by Su Epstein (1998) and Annette Appell (1998). In *Mothering to Death*, Epstein (1998) argues “whatever goes right in the child’s development reflects the ability of good *parents*; whatever

goes wrong reverts solely to the mother” in regard to mothers of sons who murder (p. 261).

Epstein brings up an important point that whatever goes “right” reflects the parents and whatever goes wrong reflects the mother. However, she should have discussed the gender interplay of female parent and male son. As will be discussed later in my thesis, this is important because women’s actions are seen as directly impacting men. For example, mothers were almost always discussed impacting a hypothetically male child. This literature tried to convince the reader that when the woman altered her gender and parenting roles she significantly negatively affected men.

Appell (1998) argues in *On Fixing ‘Bad’ Mothers and Saving Their Children* how society’s myopia “disrespects women and results in serious failures” by placing children in child welfare; “while waiting for their ‘bad’ mother to become ‘good,’ children are at risk for growing up without love, care and sense of belonging that a parent—even a bad one—can provide” (p. 377). Appell’s (1998) piece points out that bad mothers are the mothers who get caught. In the case of autism, receiving this diagnosis meant being caught insufficiently parenting—having a child with autism meant one was automatically framed as a bad mother. The cases she provides mirror her point about the failings of child welfare; however, it would have been beneficial if the author had explored why child welfare professionals felt compelled to behave in this way – to place the cases and professionals in context or infer causes at particular moments.

Contextualizing and inferring causes would have highlighted that these are larger systemic problems rather than problems with these particular professionals. Revealing that these problems are systematic rather than at an individual level would have reduced blame and created more room for discussion of the need for systematic change.

Because “*Bad*” *Mothers* presents mother-blaming through multiple lenses it helps readers understand how extensive mother-blaming was and continues to be throughout all types

of literature – widely ranging from subjects such as child welfare services to autism. Like Reagan (2010), the authors in *“Bad” Mothers* leave readers contemplating mother-blaming as being embedded within any historical event. Because of the magnitude it affected women, some historical areas, such as those that left long lasting impacts, need to be explored more than others. Because it was at one time literally defined by mother-blaming, autism is one such example.

C. **Methodology**

This project began in a true qualitative fashion – it was exploratory with no exact thesis. Inspired by my interests in disability studies, psychology and autism I started examining primary psychology journal articles of autism. Wanting to see if there were any trends in the literature parallel with the disability rights movement’s emergence I began looking at literature around the 1970s. Although I noticed no impact related to the disability rights movement another trend came to light. Mother-blaming was very apparent in article after article. However, as I read further in the literature—about 1980 and thereafter the mother-blaming theories disappeared. As a result, this time period concludes my periodization.

To determine where my periodization would begin—starting point of my examination—I looked at the earlier articles, such as the first article by Leo Kanner. Although Leo Kanner, who is considered the father of autism, produced the first paper on autism in 1943, the bulk of autism literature does not start emerging until the mid to late 1950s. That is why my periodization is from the late 1950s to the late 1970s. However, it was important to include Kanner because his work was considered so ground breaking in this field. In order to do so I created two subperiods. The first subperiod ranges from 1943 to 1955 and relates to the earliest emergence of autism literature. This literature introduced the mother as a player in the etiology. The second subperiod ranges from 1956 to 1980. During this subperiod there was a proliferation of mother blaming.

Once the periodization was set I gathered as many journal articles as I could find that fit my parameters—about autism (also called childhood schizophrenia), in psychology journals or related to psychology and fell within the periodization or was an early article by Kanner—through numerous techniques. The first technique implemented was multiple database searches. The next technique, which I based off snowball sampling, was completed in two different ways. The first way this snowball technique was used was by examining the references of articles for relevant articles. The next way this snowball technique was used was by manually searching through volumes of journals that previously discussed autism or as it was also known, childhood schizophrenia, in the past. As a result of these techniques I ended up with about 175 articles.

This literature was then read and informally coded with notes about themes. If it was discovered that certain journal articles were not relevant they were put aside and considered discarded from this project. Examples of literature that was considered irrelevant were journal articles such as Hanson and Gottesman's (1976) "The Genetics, If Any, of Infantile Autism and Childhood Schizophrenia," Lichstein and Schreibman's (1976) "Employing Electric Shock with Autistic Children: A Review of the Side Effects," and Ritvo et al.'s (1978) "Biochemical and Hematologic Studies: A Critical Review." These types of articles were originally read for two reasons: 1) because neuroscience and genetics are considered housed within psychology; and 2) for the possibility they contained even the slightest information about personality, mothers, fathers, or parenting. The majority of these types of articles ended up discussing purely physical science and quantitative numbers; for this reason, they were not analyzed.

After the literature was read and informally coded it was organized according to themes. From there I completed a textual analysis of this primary literature. While doing this analysis it was important to contextualize the articles within the time frame. For this reason, as a qualitative

researcher, I must point out the personal influences that I tried best to be cognizant of and remove from the analysis. My background in women's studies as well as my position as a disability studies student influenced my outlook and interpretations. I am also a woman who has benefited from things such as the second and third-wave feminist movements and experienced the changes of the American's with Disabilities Act (ADA).

As mentioned, the step after the informal coding of the literature was the analysis. From this analysis I discovered themes, which I will discuss throughout the entirety of this thesis. Because I consider them foundational themes I will first examine, in the rest of this chapter, the diagnostic categories of autism, how autism was thought to develop, childhood schizophrenia, and individual differences before moving on in the following chapters to the themes that impacted mothers.

D. **Interwoven: Diagnostic Categories**

Autism is neither the first nor the last diagnostic category or professional discourse to include mother-blaming. Those

women who did not fit the middle-class family ideal of breadwinning father and stay-at-home mother have borne the brunt of mother-blaming throughout most of American history. Wage-earning mothers, single mothers, slave mothers—in short everyone except middle-class whites—fall outside the narrow good-mother ideal. (Ladd-Taylor & Umansky, 1998, p. 3)

'Bad' mothers generally fell into three groups: "those who did not live in a 'traditional' nuclear family; those who would not or could not protect their children from harm; and those whose children went wrong" (Ladd-Taylor & Umansky, 1998, p. 3). The coupling between autism and mother-blaming worked so well because of autism's original association with parents. As Silverman (2011) notes, autism was "construed as a disorder of love. Researchers spoke of the

absence of ‘affective contact’ in children, others of the lack of bonding in parents” (p. 31).

Moreover, parents of children of autism

have never been far from expert discussions about autism treatment and autism research. They have been incorporated into theories of etiology and built into research programs as well as the daily practices of treatment. (Silverman, 2011, pp. 31-32)

Much mother-blaming autism literature was rooted in American Freudian and Neo-Freudian theory. Neo-Freudian theory, which developed as an extension of Freudian theory, explained childhood development in terms of stages. Famous Neo-Freudian theorist Erik Erikson (1959) explained that Neo-Freudian “stages in the development of the personality...bridge the [Freudian] theory of infantile sexuality...[with] knowledge of the child's physical and social growth within his family and the social structure” (p. 54). According to this theory each step holds a “potential crisis” (Erikson, 1959). For autism researchers and professionals who subscribed to these beliefs, crisis was no longer potential, it was realized when the child entered autism.

In Neo-Freudian thought, the first stage of personality development, which occurs through experiences in the first year, is trust or a healthy attitude toward the world and oneself (Erikson, 1959). Midway through the first year “the general tension associated with a more violent drive to incorporate, appropriate, and observe more actively,...the infant's increasing awareness of himself as a distinct person,” and “the mother's apparent turning away from the baby toward pursuits which she had given up during late pregnancy and postnatal care” lead to the “*crisis* of the oral stage” of development (Erikson, 1959, p. 62). This leaves the child with a sense of loss, abandonment and/or mistrust. These three feelings can result in a chronic state of mourning for the entire lifespan if combined with an inappropriate weaning of breastfeeding.

The next major stage occurs approximately from toilet training to age three; during this stage children are to learn a sense of autonomy. Erikson (1959) referred to this stage a “battle for *autonomy*” (p. 70) not only because of the developing muscle system that is required for bladder and anal control but also because

Western civilization, and especially certain classes within it, have chosen to take the matter more seriously. It is here that the machine age has added the ideal of a mechanically trained, faultlessly functioning, and always clean, punctual, and deodorized body. In addition it has been more or less consciously assumed that early and rigorous training is absolutely necessary for the kind of personality which will function efficiently in a mechanized world which says ‘time is money’ and which calls for orderliness, punctuality, and thrift. (p. 69)

In particular these “mass transformations in American life (immigration, migration, and Americanization; industrialization, urbanization, mechanization, and others) [were] apt to disturb young mothers in those tasks which [were] so simple yet so far-reaching” (Erikson, 1959, p. 65).

Around the 1950s “Freudian psychology was modified and adapted to the needs and tastes of the American population” (Silverman, 2011, p. 74). Some of this adaptation is apparent in Neo-Freudian ideals; indication of which can be noted in the above quote about disturbances of poor weak mothers. Further still, some of this adaptation is apparent in autism literature; indications of which, and reasons for, will be discussed in greater detail throughout this thesis.

E. **The Development of Autism**

According to prominent research during the second subperiod, 1956 to 1980, all children experience an autistic phase of life around two to three months of age (Roth, 1972). During this phase children exist on a borderline that can dramatically alter development; as a result, early life experiences are especially crucial (Rutter, 1979). In fact, according to researcher Michael Rutter (1968) the severity of the child’s autism was in response to and depended on the “extreme situations” alignment with critical periods (p. 9). During the borderline period, children live

between rising above autism altogether and withdrawing into secondary autism. Children who are on the borderline withdraw because they are trying to cope with stress and are taught no other way (McDermott, Harrison, Schrager, Lindy, & Killins, 1967). Examples of stress included “too much stimulation, too little stimulation, inadequate structuring of the environment, lack of families roles and identities, and lack of shared family pleasure” (Cantwell, Baker, & Rutter, 1979, p. 682). Moreover, researchers theorized that borderline children had trouble integrating and internalizing positive and negative relationships because the environment provided by the parents negated such things (Shapiro Zinner, Shapiro, & Berkowitz, 1975).

Evidence for autism’s critical periods were supported by deprivation studies such as psychologist Harry Harlow’s (1958), one of the fathers of attachment theory², experiment on monkeys and wire or cloth mothers. Psychiatrist at University of California Davis Irving Berlin (1968) cited another psychiatrist’s, Sander et al., study about newborn deprivation to indicate concerns with autism. As cited by Berlin (1968), in Sander et al.’s study one cohort of “normal” newborns was treated on a strict schedule while another cohort was handled “responsively” with sensitive nurses (p. 305). After ten days the first cohort looked “very much like brain-damaged babies” while the second were stable and not irritable (Berlin, 1968, p. 305). Berlin (1968) pointed to the “behaviors of these infants” in this study as strikingly similar to “retrospective description by mothers of the very early infancy of some autistic children” (p. 306).

1. **Secondary autism**

Although the child may be deprived and not be receiving appropriate feedback, the child still tried reaching out. The child’s response to acute distress was first to cry, which

² To read more about the formation of attachment theory, including the original author John Bowlby, see Bretherton, I. (1992). The Origins of Attachment Theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28(5), 759-775.

Rutter (1972) deemed the period of protest. If the parent made no attempt toward attachment, then the child went into the phase of despair, which included misery and apathy. Finally, the child lost interest and therefore not only remained “fixed at the earliest stage of development and makes no move toward attachment” but also detached from the parent and the world (Horner, 1975, p. 97; Rutter, 1972). Therefore, according to this research, the child withdrew because of frustration about their relationships with their cold and “interpersonally aloof parents” (McDermott et al., 1967, p. 554).

Withdrawal into secondary autism occurred as the result of an inability to form bonds with these parents deemed “affectionless psychopathy” (Rutter 1979), rather than a broken relationship. Unconsciously, the parents’ relationship with the borderline child is one in which “their denied aggressively tinged self-object representations” are embodied (Shapiro et al., 1975, p. 401). What caused these relationships to be so poor thereby causing autism? Why were these parents so troubling?

F. **Autism versus Childhood Schizophrenia**

The examination of childhood schizophrenia provides one such example of how the definition of etiology of autism was malleable. Originally in the late 1940s and up through the 1960s infantile autism was conceptualized alongside childhood schizophrenia because of children’s active withdrawal and difficulties with interpersonal relationships (Rutter, 1978). In fact, the first autism specific journal was *The Journal of Autism and Childhood Schizophrenia*. However, different researchers and professionals perceived these complications differently. While researchers (and the literature alike) considered the two terms synonymous, others categorized the two diagnoses as in the same family and sharing some of the same symptoms, but the two diagnostic categories differed because “an episodic course with remissions and

relapses is much more characteristic of schizophrenia” (Rutter, 1978, p. 151) and “the former [autism] may be viewed as a developmental arrest or fixation, and the latter [childhood schizophrenia] as a problem due to profound regression” (Ward, 1970, p. 351).

The two diagnostic categories were eventually separated in the late 1960s, and the concept of childhood schizophrenia abandoned³, because autism had different, albeit similar, symptoms and because schizophrenia developed during or after pubescence rather than the first three years of life (Rutter, 1978). However, prior links between the diagnostic categories complicated definitions of autism. Researchers and professionals argued over which symptoms were included in the diagnostic category of autism. A few researchers, most of who were editors for *The Journal of Autism and Childhood Schizophrenia* founded by Leo Kanner, fiercely advocated for his original criteria. The original diagnostic categories of early infantile autism were:

1. The autistic child is always aloof (as opposed to a withdrawal from established contact).
2. The autistic child looks normal, alert, and expressive.
3. Motor coordination seems normal with quick, skillful movements.
4. The child avoids eye contact and visual or auditory responses to others; thus, the child appears to be deaf and blind to people.
5. There is no physical reaching out from infancy.
6. The child does not initiate sounds or gestures (e.g., waving ‘bye-bye’).
7. There is a failure to use speech for purposes of communication.
8. The child has a marked facility with objects (in contrast to his response to people and to language).
9. Psychometric performance indicates that cognitive potentialities are masked by the basic disorder. The appeal of form boards and pegboards yielded evidence of normal or superior performance.
10. There is an obsessive desire to maintain sameness.
11. Bedwetting, thumbsucking, nailbiting, and masturbation are rarely associated with early infantile autism.
12. The rate of occurrence is less than 1% in the general population. (Ward, 1970, p. 350)

³ The *Journal of Autism and Childhood Schizophrenia* later changed names to the *Journal of Autism and Developmental Disorders* in 1979 to reflect these changes (Schopler, Rutter, & Chess, 1979).

In a manifesto titled “On Confusion in the Diagnosis of Autism” current American editor of *The Journal of Autism and Childhood Schizophrenia* Eric Schopler (1978) remarked

this confusion has often led to errors in sample selection, needless frustration among clinicians and investigators, and unnecessary misinterpretation of important research. The confusion can be traced to at least three sources. The first can be ascribed to inexperience in clinical diagnosis or to lack intellectual and scholarly rigor. This is most frequently found in, but by means limited to, young students, who have not yet had the time to become acquainted with the kinds of children referred to, nor with the knowledge that has been accumulated about them during the past three decades. This source of confusion can be reduced through experience with, autistic children, careful observation, and familiarity with the relevant literature. (p. 137)

The edition of the journal continued with “Diagnosis and Definition of Childhood Autism” by European editor Michael Rutter (1978) who laid claims that “any account of the definition of autism must start with Kanner’s (1943) careful and systematic observations on 11 children with a previously unrecognized syndrome” (p. 139). Rutter (1978) continued citing Kanner’s original twelve diagnostic categories of early infantile mentioned above. Those twelve attributes constituted the written signs and symptoms of autism, especially for those psychiatrists, psychologists and psychoanalysts involved in the *Journal of Autism and Childhood Schizophrenia* who allowed the journal to reflect their “sharp divergent approaches to the disorder” (Silverman, 2011, p. 39). “The children that were most useful to researchers were ‘pure types,’ those who expressed the social, behavioral and communicative deficits in autism without the complication of comorbid medical or genetic conditions or impairments so severe as to render testing impractical or impossible” (Silverman, 2011, p. 31). These ‘pure types’ enforced the belief that autism was social and psychological over medical; thereby increasing the potential for causes that were deemed not natural, such as improper mothering.

G. Individual Differences

Primary and secondary phases of autism etiology placed “most weight on ‘parental perplexity’ as the main etiological influence of a psychogenic nature” (Cantwell, Baker, & Rutter, 1978, p. 275). However, this was problematic because of differences between children; according to Silverman (2011) “such pure types did not always reflect the needs of clinicians and parents—who must treat children of all types—or the natural history of the disorder in human populations” (p. 31). Complicating parent-blaming was the fact that not all children of ‘bad’ parents were diagnosable as having autism. Of the 131 siblings Kanner (1954) studied, 117 were defined as “normal.” In a twin study completed by Chapman (1957) only one twin out of twelve developed autism. Inexperienced parenting assumed of parents of first children could be accounted for as could being too busy for this particular child because he was a middle child. There was no evidence that they were perfect parents but problems with the aforementioned would have resulted in more cases of autism in their family if parent-blaming theories were to be believed. Instead, “only one” child “had difficulty in making an adequate social adjustment” (Chapman, 1957, p. 621). Some other researchers such as Brown (1978) argued “a high degree of emotional disturbance was found in the older siblings of these children, suggesting that parents may have had difficulties with child rearing in general” (p. 472). These parents were painted as not using an attachment parenting style, as inspired by Bowlby’s 1950’s attachment theory, that purported “to thrive emotionally, children need a close and continuous caregiving relationship” (Bretherton, 1992, p. 676), or having an authoritative parenting style⁴. Instead, these parents used an authoritarian child rearing style in which their strict behaviors influenced

⁴ To read more about parenting styles, including authoritative, see Bowlby, J. (1969). *Attachment: Volume One of the Attachment and Loss Trilogy* (Vol. 1). London: Hogarth. or see Lamborn, S. D., Mounts, N. S., Steinberg, L., & Dornbusch, S. M. (1991). Patterns of Competence and Adjustment among Adolescents from Authoritative, Authoritarian, Indulgent, and Neglectful Families. *Child Development*, 62(5), 1049-1065.

their other children's behaviors but affected them less than the child with autism. Introducing individual differences and intertwining them in etiology accounted for this gap in their theories.

First subperiod Cornell University Medical College researcher J. Louise Despert (1951) used the concept of individual differences to explain the mother's behavior. Despert (1951) explained these mothers could also have "relatively normal" children "but it must be remembered that a mother biogenetically identical for all her children, may nevertheless psychogenetically differ widely from one child to other" (p. 345). However, most later researchers, such as Bruno Bettelheim, applied the concept of individual differences to the mother's children. Bettelheim (1967) used the reasoning that children had different sensitivities and reactions to explain why some children were more susceptible to becoming 'autistic.' Bettelheim believed that the child's feelings of helplessness toward the world evolved to become the child "spontaneously" reacting towards the maternal attitude, which in turn caused autism. Again, these theories allowed for individual differences where some children 'developed' autism while other siblings did not.

Indiana University School of Medicine professors McAdoo and DeMyer (1978) purported "deviant parents exacerbate psychological abnormalities in children with special biological vulnerabilities," and these parents fail "to provide adequate support for the biologically vulnerable infant because of inadequate child-rearing practices" (p. 251). Tying symptoms (read: problems) to developmental issues and predispositions, made it possible for slightly different representations of symptoms in the syndrome to be accounted for and therefore they were still considered part of autism's etiology rather than yet another developmental disorder. Yet, this was accomplished without centering on individual differences. Focusing on a predisposition did not align with researchers theories of nonorganic etiology because these

theories would have argued for an innate rather than an environmental cause, therefore, lessening the possibility for mother-blaming. For this reason, individual differences that made the definition of autism flexible were carefully interwoven through the preponderance of this literature. Researchers created examples of etiology accounting for individual differences such as because ‘his mother provided less auditory stimulation his language deficits were severe.’

H. **Conclusion**

This introduction chapter provided background about how researchers thought autism formed in children as well as how autism transformed from childhood schizophrenia to its own diagnosis. My explanation of this early malleability serves to provide a foundation for the inclusion of the mother in autism literature. Chapter Two will explore how the acceptance of psychoanalysis was used in autism literature to critique the changing gender and parenting roles occurring during the second subperiod–1956 to 1980.

Chapter Three goes into further depth about mother-blaming by focusing on a case study of specific famous researcher, Bruno Bettelheim. According to Silverman (2011), Bettelheim was “the best known among researchers who located the cause of autism in the family environment” (p. 41). He also was one of the first, and one of the most prominent, researchers to bring these arguments to the public rather than sharing them within the research community. Silverman (2011) comments, “Bettelheim’s great literary and personal appeal reflected the culture of the Cold War America, as well as mid-century beliefs about childhood and about the forms of emotional labor called parenting and therapy” (p. 63). Bettelheim played off the time period’s fascination with Freudian and Neo-Freudian notions and created literature in reaction to these cultural changes. Bettelheim is the most pertinent example of a researcher who included mother blaming in autism’s etiology. Like many other psychologists, he integrated notions of

gender and parenting into psychoanalytic diagnostic categories of autism. However, unlike most other psychologists, his intended readership was the public. Doing so increased both his prominence and celebrity.

Finally, feminists during the second subperiod (1956-1980) did not produce much literature directly related to autism. However, because of the prevalence of mother-blaming in autism psychology literature, I conclude with feminist critiques of psychology as a whole because they apply to the mother-blaming that occurred within this field. I also provide a brief discussion of how autism changed from mother-blaming to mother-warrior mentality. Regardless of the criticism and lack of credibility given by researchers, mothers continue to serve as intimate caretakers doing the very same things that shaped Kanner's original 1943 case stories on infantile autism—what Reagan (2010), Silverman (2011) and I define as producing scientific knowledge.

II. “AND I LOST HIM:” MOTHER-BLAMING IN AUTISM LITERATURE

A. Introduction

Professors of nursing Debra Jackson and Judy Mannix (2004) purport mother-blaming is the sexist bias toward studying and blaming mothers while ignoring fathers. Moreover according to sociologist Harriet Engel Gross et al. (1979) not only does mother-blaming create disparities of responsibility between partners, it also serves as a tool to “deny women access to an equal share in the positions of power” by making them “*personally* responsible for child rearing” (emphasis original; p. 702). Mother-blaming makes women the natural sole caretakers and yet women must serve as both the sole caretakers and the problem. According to Jackson and Mannix (2004) “it is easier to blame individual parturient women for causing harm to their unborn children than to consider the role played by societies and governments for policies that are not friendly or supportive to women and, especially, women as mothers” (p. 151).

Because of women’s position as second-class citizens⁵ and because of gender inequality due to factors such as unequal rights, caring dimensions, and employment inequality, it is not surprising that Jackson and Mannix (2004) purport most mother-blaming ideas come from “biomedical discourses...entrenched [in] male dominated discourses” (p. 156). Autism literature during its second subperiod—1956 to 1980—mirrors these ideals, policies and critiques. Throughout the late 1950s to 1980, blame for autism was placed on the mother, reflecting the dynamics of gendered roles of parenting during this time period. As mentioned in the previous chapter, a focus on mothering had powerful implications during this period of remodeling

⁵ To read more about women as second-class citizens see: Jones, K. B. (1990). Citizenship in a Woman-Friendly Polity. *Signs*, 15(4), 781-812. To read more about gender inequality due to caring dimensions of welfare see: Knijn, T., & Kremer, M. (1997). Gender and the Caring Dimension of Welfare States: Toward Inclusive Citizenship. *Soc Pol*, 4(3), 328-361.

femininity and motherhood. Yet, the mother's role in autism's etiology has not been discussed outside of frameworks other than the medical model—a model that individualizes disabilities and defines them as problematic instead of as evidence of natural human variation. I argue that the psychological and psychoanalytical discourse of research literature from late 1950 to 1980 of mothers of children with autism predominantly critiqued changing gender and parenting roles; researchers inserted mothers and their behavior to ultimately take the blame for autism. I examine the different ways psychologists discussed the etiology of autism and why these definitions became malleable.

B. **Kanner**

The first subperiod, which ranges from 1943 to 1955, introduced the mother as a player in the etiology of autism. The bulk of this literature came from Leo Kanner's writings. Kanner, who was the first to name autism with his article "Autistic Disturbances of Affective Contact" in 1943, was considered the father of autism. Not only was Kanner the first to write about autism, his writings were also the first to establish mothers as a concept in autism. Like good sons [and a few daughters], many researchers looked up to Kanner accordingly and used his original diagnostic criteria and case studies to develop their own studies and theories. Using Kanner's early articles as a basis also meant that much of the literature that followed also included mothers. For this reason, it is important to examine some of the concepts and themes that existed within this early first subperiod literature before moving on to analyze the second subperiod literature.

1. **Personality and gender**

In the first subperiod couples with children with autism were portrayed as odd and different. One of the first ways this was achieved was through Kanner's descriptions of personalities. Although Kanner and Eisenberg (1955) found most working parents were

“competent in their chosen vocations,” they were “were cold, detached, humorless perfectionists, more at home in the world of abstractions than among people, dealing with their fellow men on the basis of what one might call a mechanization of human relationships” (pp. 228-229).

Moreover Kanner continued, “the vast majority of parents...declare outright that they are not comfortable in the company of people” (Kanner, 1949, p. 421). According to this research, these parents, “reared sternly in emotional refrigerators,” learned at an early age that the way to gain approval was by an “unconditional surrender to standards of perfection” (Kanner, 1949, p. 423).

These mothers were specifically detailed for having peculiar personality traits because these traits and/or behaviors defied traditional gender or parenting roles. Instead of being nurturing and warm as females should be, these problematic women were cold and distant. For example, Kanner detailed a mother that “does not bother to look back” when the “child trails forlornly behind [her]” as they came up the stairs (Kanner, 1949, p. 422). Trails forlornly was intended to indicate the child’s need for maternal warmth and yet, the mother “does not bother” to attend to those needs. Even more problematic is that these portrayals were not atypical of the profile. Instead, Kanner (1943) purported that among mothers of children with autism, very few were warmhearted. Another mother cited by Kanner “kept moving away from [her son with autism] as though she could not bear the physical proximity” when they sat down on the sofa (Kanner, 1949, p. 422). Again, here the woman strayed away from expected gender roles by moving away from the child instead of drawing him near and providing a comforting environment.

Women’s coldness needed to be reinforced not only through child rearing but also through sexual being. Despert (1951), who was also writing in the 1950s, thought it was pertinent to include information about one mother’s cold sexuality. Despert (1951) said,

she did not experience any orgasm until after the birth of her second child, that is, after eighteen years of marriage...several months after her marriage she consulted a physician, who examined her and reported her as being still a virgin, and advised her to relax. (p. 338)

Women's sexuality was a complicated issue, especially at a time when politicized women were voicing their opinions on sexual pleasure versus wifely obligation⁶. However, included in this quote is imagery that mirrored stereotypes of frigid (cold) women⁷. Women were not to be uptight during sex; they were to instead submit to their husbands. Because this mother did not fulfill her gender role, Despert criticized this mother.

These odd personalities were also reflected in the relationships between couples. Because of this, according to Kanner (1949) even some of the happiest marriages were cold and formal in which there appeared to be a lack of outward affection with their partner. In addition, Kanner (1943) regarded three of the marriages he originally examined as “dismal failures” (p. 250). In these cases, these dismal failures—“bad” marriages—provided more evidence of how parents affect their children; the bad marriage explained the disability. According to Kanner (1949), whose views on marriage and parenting aligned with those typical of the 1940s and 1950s, “the children did not seem to fit into their established scheme of living” (p. 424). However, Kanner (1954) claimed a child “was an accepted part of the parents’ conception of matrimony” (p. 383). When one couple “had two children, a boy and a girl, they felt that they had done their duty by society and posterity” (Kanner, 1949, p. 424). Eisenberg and Kanner (1956) purported children were less about desire and more about “childbearing as part of the marital contract” (p. 563).

⁶ To read more about the sexual revolution that was part of the second wave feminist movement see Brownmiller, S. (1999). *In Our Time: Memoir of a Revolution*. New York, NY: Delta.

⁷ For more about stereotypes of sexually frigid women see Herbst Lewis, C. (2010). *Prescription for Heterosexuality: Sexual Citizenship in the Cold War Era*. Chapel Hill, NC: University of North Carolina Press.

This indicated the strong societal pressures couples felt in the late 1940's and 1950's with regard to having children. Children were essential to the traditional family structure during this time.

These traits and relationships were significant because of the parents' role in autism's etiology – such traits affected the children. If the parent was cold, the child did not properly learn to bond. If the parent was strict, the child's natural growth was hindered. Researchers believed the parent's personality “governs the nature of the response to the sick child's needs and demands” (Kanner & Eisenberg, 1955, p. 229). Moreover, because

there is an insistence on considering the parents, and more especially the mother, as the basic source of pathogenicity; the assumption is that a healthier maternal attitude would have precluded the psychotic development of the child. (Kanner & Eisenberg, 1955, p. 229)

It was also thought possible that the child, “endowed with an innate disability to relate himself to people, is further influenced adversely by the personality deviations of the parents and their resulting manner of handling him” (Kanner & Eisenberg, 1955, p. 229). Ultimately it was these parents' personality deviations and inabilities that hindered the children. Ultimately autism was the parents' fault, especially the mothers, since she was the main caretaker.

In order to exemplify how personalities of the parents, or in this case mothers, affect these children, Kanner (1943) cited a mother who recognized she could not provide adequate transitions with her child and therefore put him into a foster home. He pointed out that soon after placement, the foster mother was able to get the child to say goodnight. By comparing the foster mother to the child's biological mother, an intentional and blatant causality occurred. The presentation of the case implied that because the child was suddenly able to say goodnight to the foster mother all other causes of the child's autism could be ruled out; the mother was the main differing factor. Not only was it implied that the mother caused autism in this example, but she

also continued to harm the child to the extent that he could not develop out of it by first forcing him/her into secondary autism and then preventing treatment.

2. 1950s ideals

Over 70 out of the 100 of the mothers cited by Kanner (1954) “had been active in a variety of endeavors and some continued their occupation” even after they were married (p. 382). In one of Kanner’s widely cited articles

there were 17 secretaries, 16 teachers, 6 business women, 6 librarians, 4 artists, 4 social workers, 3 writers, 8 nurses, 3 telephone operators, 2 psychologists, and one each a physician, a lawyer, a chemist, a Ph.D. in the humanities, a physiotherapist, and a laboratory technician. (Kanner, 1954, p. 382)

Of the aforementioned jobs, almost three quarters could be considered women’s jobs. These “pink collar” jobs were considered women’s work because of their relation to gender stereotypes such as nurturing, caring and supporting⁸. Women were considered secretaries and telephone operators because of their “natural” abilities to listen and follow instructions rather than lead. Women made better teachers, nurses and social workers because of their “feminine characteristics” such as nurturing, passive, comforting and being good at childcare. Gender roles dictated what professions women were excluded from. Women were not considered ruthless enough to be in the business world. They were not considered smart enough to be doctors, lawyers or chemists. If men were leaders, women were followers. Ideally these professions afforded authority and power, of which women were not capable of handling and therefore were

⁸ To read more about gender roles as they were historically seen as natural see: Schiebinger, L. (1993). Why Mammals are called Mammals: Gender Politics in 18th Century Natural History. *American History Review*, 98(2), 382-411. To read more about gender roles, especially in relation to the work force and pink collar jobs see Bose, C. E., & Rossi, P. H. (1983). Gender and Jobs: Prestige Standings of Occupations as Affected by Gender. *American Sociological Review*, 48(3), 316-330. and Milkman, R. (1982). Redefining "Women's Work": The Sexual Division of Labor in the Auto Industry during World War II. *Feminist Studies*, 8(2), 336-372.

not worthy of obtaining. According to traditional gender roles women best fit within the domestic spheres.

Kanner's original case studies occurred at the height of idealization of the perfect family—idealization of domesticity for women. During this time period some women attempted raising their children in a more scientific fashion as motivated by the mothers' need for the perfect child, an ideal that rose to prominence in the 1950s⁹. One mother was portrayed as having such a “firm determination to rear ‘a perfect baby’” that she left her daughter “Patricia alone and give her no more attention than was deemed necessary for obsessively regulated feeding and change of diapers” (Kanner, 1949, 424); this mother used precise scientific methods to achieve this goal. Another example was a mother and psychology graduate student who attempted to raise her children “scientifically” by minimizing human contact and keeping them on a schedule (Kanner & Eisenberg, 1955, p. 561). Description, such as by Kanner (1943), consisted of mothers being obsessed with their children to the extent that they took obsessive notes preoccupied by details and peculiarities. This reframed parenting from nurturing to scientific or from stereotypically female (nurturing, loving) to realms typically male (science). According to Kanner (1949) demands because of parental “personalities, attitudes, and behavior,” such as the ones that attempted to rear the perfect child, produced effects on the children. Almost as if they were trained animals performing routine tricks because of their detailing rearing, Kanner (1949) theorized that some children with autism had impressive memory feats with names, watches, maps or calendar dates in order to meet this need for parental approval.

⁹ The need for the perfect child developed out of an “Apollonian” motif of childhood in which the child is born angelic and innocent; “they are to be nurtured, protected and enabled...Adults were responsible for providing the environment for children’s own natural goodness and individuality to flourish” (Murphy, 2007, pp. 107-108). To read more about Apollonian and Dionysian motifs and the parenting styles they inspired see Murphy, E. (2007). Images of Childhood in Mothers' Accounts of Contemporary Childrearing. *Childhood*, 14, 105-127.

Existing in the [traditional/stereotypical] female realm meant women were not credible in the male scientific realm. For example, one mother kept her child home from school because she thought he had a fever. However, Kanner continued to point out that this belief was contrary to the pediatrician's (expert) opinion (Kanner, 1943). These women were especially not credible when they held scientific professions—those who dared enter the workforce and do so in a traditionally male field. For example, when Kanner discussed a mother who was a psychiatrist by trade the language Kanner used to describe her as such was that she “liked to call herself a psychiatrist” (Kanner, 1943). This quote questioned the competency of the mother; it questioned her abilities to mother as well as her abilities to truly be an expert.

All of the aforementioned concepts and themes reappear in literature that occurred in the second subperiod (1956-1980). Similar to the first subperiod, the second subperiod, reveals that women were still noted for odd personalities because they acted outside of traditional feminine behaviors. Also in both subperiods, there were noticeable critiques of women because of their entrance into traditionally male dominated job markets, especially those fields that were deemed more masculine such as science. But there were also some new trends that emerged in the second subperiod. For example, women were noted for coming from higher socioeconomic statuses, having higher IQ scores, and having more education. Original first subperiod themes were also expanded so that women were blamed for anything they did—women were weak, were controlling, were cold and rejected their children while children get in the way of their aspirations and were a sign of failure. However, before moving on to the second subperiod, it is important to detail the changes that were occurring throughout the nation that also impacted a role in this literature.

C. Roles and Gender

Because I believe many researchers critiqued changing gender and parenting roles during this time, it is important to explore how such roles changed. World War II, 1939 to 1945, provided foundations for these transitions. While America's husbands were off at war, women, including white middle-class ones, were employed in order to keep the country running. According to American social historian David Gerber (1994) upon the veterans' return, women were expected to resume their place in the household and to help re-domesticate returning soldiers. Having women adhere to prescribed gender roles was especially important for disabled veterans who felt emasculated as a result of their acquired disabilities. Cultural literature, television and film enforced domestic order of traditional white, middle-class, and heteronormative families. All of these media outlets inspired the 1950s ideal¹⁰ of suburbia and blossoming traditional families.

Biological notions of sex were linked with gender identity in that social ideals were seen as "natural." Women were generally seen as submissive, delicate, warm, nurturing and emotional, while men were strong, intelligent, and physical. Overall they existed as poles with no gray area. As a result, gender roles for white, middle and upper class women included cooking, cleaning, and caretaking. She provided a warm, comforting home for her husband—the breadwinner—while she had dinner prepared by the time he got home from work. Women's gender roles were also intertwined with parenting roles. The mother was typically the caretaker of children because of her place in the home and her "natural" nurturing demeanor.

¹⁰ Obviously many women existed outside this 1950s ideal of June Cleaver. To read more about these women see Meyerowitz, J. (1994). *Not June Cleaver: Women and Gender in Postwar America, 1945-1960*. Philadelphia, PA: Temple University Press.

1. **Children, kitchen, church as scientific law**

Along with the increase in numbers and politicizing, the 1970s saw a rise in feminist literature, publications and newspapers (Brownmiller, 1999). One such publication was *Kinder, Kuche, Kirche as Scientific Law: Psychology constructs the female* by Naomi Weisstein (1968), who had a Ph.D. in psychology and was a psychology professor at Loyola University. The paper, which translated to “Children, Kitchen, Church as Scientific Law,” boldly argued that “[p]sychology has nothing to say about what women are really like, what they need and what they want, especially because psychology does not know” (Weisstein, 1968, pp. 1-2). Weisstein took prominent psychologists such as Sigmund Freud and Erik Erikson head on, criticizing their “absolute” beliefs about the natures of women. Weisstein argued that the two main reasons psychology failed to understand women and how they acted were that clinicians and psychiatrists made up myths without evidence—besides citing their years of clinical experience—and because personality theory examined inner traits rather than social context. As we will see, some autism researchers, such as Bruno Bettelheim, cited only their personal experience as evidence for their theories. Weisstein (1968) concluded critiquing:

Until psychologists realize that it is they who are limiting discovery of human potential, by their refusal to accept evidence, if they are clinical psychologists, or, if they are rigorous, by their assumption that people move in a context-free ether, with only their innate dispositions and their individual traits determining what they will do, then psychology will have nothing of substance to offer in this task.
(p. 6)

Finally, in alignment with feminist theory, she purported, “It is clear that until social expectation for men and women are equal, until we provide equal respect for both men and women, our answers to this question will simply reflect our prejudices” (Weisstein, 1968, p. 6). Weisstein’s argument that psychology would never truly understand women until it explored its own biases applies to the literature on autism. Researchers did not examine the factors that contributed to

their interpretations, such as their privilege and experiences as mostly white upper/middle class well-educated men. This possibility of physician bias will be further in greater detail below.

D. **Parent Demographics**

While attempting to discover the etiology of autism, prejudices as well as ideas and theories about critical periods and secondary autism influenced research studies to focus on parents and their demographics in the second subperiod. Parents of children with autism were found during this time to have a higher socioeconomic status (Schopler, Andrews, & Strupp, 1979), have higher levels of intelligence (Florsheim & Peterfreund, 1974), and have higher levels of education (Hendrickson Lowe, 1966). Furthermore, similar personality traits were often discussed as a parent demographic. All of these factors related to malleability because they made it possible for researchers to define what traits and/or characteristics related to autism's diagnostic category. In doing so it also became possible to include mother-blaming in any way the researchers saw fit.

1. **Socioeconomic status**

The focus on socioeconomic status was inspired by Kanner's first case studies of autism, which included SES (Schopler, Andrews, & Strupp, 1979). Along with higher socioeconomic statuses, parents were noted for being significantly more likely to have higher occupational status and work in management positions (Cantwell, Baker, & Rutter, 1979). In order to determine such professors Cantwell and Baker from the neuropsychiatric institute Center for Health Sciences at University of California and researcher Rutter from the department of Child and Adolescent Psychiatry at the Institute of Psychiatry in De Crespigny Park London compared 15 children (and their families) with autism with 15 "children with developmental receptive dysphasia," who were used as a control group "because their language deficit most

closely approximate[d] that of autistic children” (Cantwell, Baker, & Rutter, 1979, p. 316); the researchers were ultimately testing communication. Cantwell, Baker, and Rutter noted a resulting higher socioeconomic status and likelihood in management positions among families in their study. This information was treated as demographic data though and no attempt to address possible selection biases.

According to Anthony (1958), there was “a tendency for primary mothers,” which he defined as mothers of children who were in the first stage of autism, “to be ‘self-righteous’ and for ‘self-righteous’ mothers to be middle-class” (p. 220). This summary was derived from his “observation of nearly one hundred patients” (p. 211) as well as a 51-item questionnaire about child rearing behavior and attitudes. When mothers of children with primary or secondary autism completed each question on the questionnaire they were asked if they felt what they did was right, wrong or if they were uncertain. According to Anthony (1958) these answers “could therefore distinguish three types—a ‘righteous’, a ‘guilty’ and a ‘perplexed’” (p. 216).

This focus on socioeconomic status as a key part of autism, however, did not come without dissenting findings. Researcher Lorna Wing’s (1978) United Kingdom subjects were from a predominantly working class suburb of London named Camberwell (population 155,000). In Wing’s (1978) study, children below age 5 who were suspected of or had abnormal development were reported to the local health authority by their pediatricians, clinics, hospitals, schools or day and residential services “for mentally handicapped or disturbed children” (p. 30). The 145 children under 15 years old registered were then screened until 25 children were found to have “at least one autistic feature” (Wing, 1978, p. 31).

Moreover, a very small number of studies found no link between parent SES and autism, which led psychologists and researchers from the University of North Carolina Chapel Hill Eric

Schopler, Carol Andrews, and Karen Strupp (1979) to conclude that there was no exclusivity to higher SES. Schopler, Andrews, and Strupp (1979) were led to this conclusion by actually analyzing following selection factors: “age of onset...age at admission to treatment...normal cognitive potential...complex rituals/maintenance of sameness...distance traveled for treatment...[and] availability of services” (pp. 146-147). After their literature review Schopler, Andrews, and Strupp realized these factors were potential biases that altered the results. The subjects in Schopler, Andrews, and Strupp’s study included 522 children from a TEACCH (Treatment and Education of Autistic and related Communication handicapped CHildren) program at in North Carolina between 1966 and 1976. The results of their study “demonstrate[d] that certain SES selection factors can produce samples of autistic children who are predominantly from higher social class families” (Schopler, Andrews, & Strupp, 1979, p. 148). Moreover, four of the SES selection factors mentioned above “predicted significant social class differences in [their] sample” (Schopler, Andrews, & Strupp, 1979, p. 148).

One such example of literature that did not mirror higher SES effects was pediatric neurologist Coleman’s (1978) anonymous questionnaire. Coleman (1978) found median yearly incomes of \$15,000-20,000 for families with autism, with 10% earning over \$25,000 a year and 44% earning less than \$15,000 a year. In control families¹¹, the median yearly income was \$20,000-\$25,000, 25% earning over \$25,000 a year (Coleman, 1978). During this same time, 1973, the U.S. Census Bureau reported the median average come was \$12,051 (Coleman, 1978).

¹¹ It should be noted that Coleman (1978) does not specify how many subjects were used as control families or what was used as control criteria. This information would be useful in the comparison of control families and the participants used as his main subjects.

The link between a higher socioeconomic status and autism was noted as a result of increased likelihood of early treatment. While analyzing 21 follow-up studies¹², Lotter (1978) found that “four sources of records could plausibly be distinguished: hospitals, mainly outpatients; hospital inpatient units; children’s clinics; residential schools” (p. 476) thereby indicating that parents of children discussed in this literature were already seeking treatment. Coleman (1978) reported their subjects “came to the clinic from all over the eastern seaboard of the United States. A few children were brought from as far away as California and Michigan” (p. 187). Not only did parents of higher SES have greater access to services due to their ability to pay for services but they also were able to bring their children further to do so (Schopler, Andrews, & Strupp, 1979).

Although he was a proponent of parent blame, Bettelheim (1967) thought Kanner’s original findings of higher SES were due to selection bias because the parents had the means and education to come to Kanner from all over the world. Furthermore, although they did not specifically discuss selection bias in this literature, Schopler and Rutter (1978) pointed out that “health and education services [were] determined in part by people’s ability to pay for them, rather than by individual need” (p. 515).

It is the researchers responsibility to at least try to acknowledge all potential biases if they could not be controlled for. These biases were hardly explored or commented on in this literature. I believe not doing so left more space to define certain demographic information, such as SES in this instance. That is, not doing so affected mother-blaming by allowing researchers to purport

¹² Lotter (1978) found 25 follow-up studies and from there removed 3 because the results were reported unsystematically, because it was reported in case descriptions and another because it only included successful outcomes. These 21 then became his ‘subjects’. These reports included 1380 children (Lotter, 1978). Lotter (1978) believed his comparison study was important because of the varied definition of autism and the small number of afflicted children.

that these groups had higher a SES and link them with other theories about behavior without having to explore alternatives and outliers. Linking these groups with higher SES meant also linking them with stereotypes of what higher SES women looked like – cold and demanding; therefore, easily creating opportunities for mother-blaming.

Another factor that complicated the link between SES and disability was intellectual disability—previously known as mental retardation or feeble-mindedness. According to Eyal et al. (2010), feeble-mindedness “pose[d] a risk to society” because it “threatened the stability and functioning of the middle-class family, drained its resources, and prevented it from making its promised contributions to societal health and wealth” (p. 89). According to Eyal et al. (2010), whereas people labeled feeble-minded or mentally retarded were seen as having no future, autism gave middle and upper class parents’ hope for cure and resolution. Autism was potentially curable and therefore not as potentially damaging to images and statuses of these families.

Finally, physician bias was an additional confounding factor with regards to higher parent SES and autism. Since physicians typically examined upper or middle classes, they could also provide a bias toward upper or middle class results. Their ideology about how normality was defined may have been affected by what they typically experienced. As a result, opinions on normality may have been based on stereotypes for classes they were not as familiar with. How these physicians defined normality was significant because some of the diagnostic methods used included recognizing activities and/or traits that existed outside of the social norm. Therefore, if the professional had different norms for different classes, these selection factors could have dramatically altered whom they diagnosed (Wing, 1980). Risks to society and the potentials for cures discussed above in combination with these physician biases led children from working class families and children of color to be diagnosed as having mental retardation or behavior

disorders¹³ while white children from upper or middle classes were diagnosed as having autism. With children from working class families and children of color out of the way mother-blaming specifically targeted the white mothers it was aimed towards. These children that existed ‘outside the norm’ were removed from this malleable literature in order to blame the appropriate mothers—those white upper/middle class ones.

2. Intelligence

Parents of children with autism were deemed more intelligent. In one of Kanner’s (1954) original articles he claimed, “the autistic children come from intelligent, sophisticated stock” (p. 381). Kanner (1954) was so confident in his findings he continued saying, “to this day, we have not encountered any one autistic child who came from unintelligent parents” (p. 382). Research by researchers at the Henry Ittleson Center for Child Research Florsheim and Peterfreund (1974) found an “unusually large portion of parental IQs fell within the superior range” (p. 67). Florsheim and Peterfreund (1974) determined this by giving the Wechsler-Bellevue Intelligence Scale to 48 mothers and 43 fathers of children who had children at the Ittleson Center for Child Research and volunteered for the study. They then compared the whole group as well as “mothers with fathers, and parents of different socioeconomic groups” (p. 65). IQ scales such as the Wechsler-Bellevue Intelligence Scale measure results around the mean in a bell curve fashion. The mean is formulated by averaging scores (standardizing) of a certain amount of people, in this case a stratified sample of 1700 (Wechsler, 1955), and adjusting the

¹³ Since no African American children were mentioned in this literature they were obviously being placed elsewhere. For more information about African American children who were diagnosed with intellectual disabilities see: Moorhead, P. S., Mellman, W. J., & Wenar, C. (1961). A Familial Chromosome Translocation Associated with Speech and Mental Retardation. *The American Journal of Human Genetics*, 13(1), 32-46., Pasamanick, B., & Knobloch, H. (1958). The Contribution of Some Organic Factors to School Retardation in Negro Children. *The Journal of Negro Education*, 27(1), 4-9.; Kugel, R. B., & Reque, D. (1961)., or A Comparison of Mongoloid Children. *JAMA: The Journal of the American Medical Association*, 175(11), 959-961. For more information about a mother whose son was diagnosed with a behavior disorder because they were African American see Simpson, D. (Writer). (2003). *Refrigerator Mothers*. In J. J. Hanley (Producer): Fanlight Productions.

test accordingly so the average IQ will be 100. Therefore, the results of these parents' scores were always automatically being compared what is deemed normal or average; when an intelligence score is higher than 100 it is above average compared to normal¹⁴. Furthermore, by doing so, it was determined by Florsheim and Peterfreund (1974) as well as by Lotter (1966) that mothers of children with autism were not only more intelligent than mothers with similar SES and education levels but also more so than mothers of children without autism regardless of their social class or education. As will be discussed in greater detail below, this higher intelligence relates to mother-blaming because of stereotypes of need for achievement and control from the mother.

Similar to socioeconomic status, researchers opinions dissented with regard to higher intelligence of parents of children with autism. Although Florsheim and Peterfreund (1974) reported significantly higher intelligence in mothers of children with autism, the range of full scale IQs in their study was between 65 and 135. This ruled out exclusivity—mothers of children with autism did not exclusively have high IQs. Instead, these women ranged in intelligence. Levine and Olson (1968) argued that researchers' evidence was “based upon a verbal description, or upon an inference from the parent's occupation” (p. 215). They found their quantitative study, which examined parents of “all of the case records of children diagnosed as ‘early infantile autism’ on the children's service of a large state mental hospital” (Levine & Olson, 1968, p. 215). They did not support assertions of uniformly high intelligence levels (Levine & Olson, 1968). Similarly, Wolff and Morris (1971), whose subjects were seven sets of parents who belonged to the Dallas Society for Autistic Children, found varied IQs, which were generally in the average

¹⁴ For more information see Wechsler, D. (1955). *Manual for the Wechsler Adult Intelligence Scale* (Vol. vi). Oxford, England: Psychological Corp. or Wechsler, D. (1958). *The Measurement and Appraisal of Adult Intelligence* (4th ed.). Baltimore, MD: Williams & Wilkins Co.

range and not significantly exceptional. Their “results did not seem to warrant any depictions of these sets of parents as exceedingly brilliant people” (Wolff & Morris, 1971, p. 160). In their article Cantwell, Baker and Rutter (1978) critiqued these selection factors. They believed high intelligence findings related to “two possible artifacts” (p. 279). Cantell, Baker, and Rutter (1978) believed the first of the two artifacts, “the relative social class/IQ superiority could be due to a bias in referral policies. This bias [could] be eliminated only through the use of total population statistics” (p. 279). While the second artifact, “the supposed intellectual superiority could be a consequence of biased clinical perceptions (Cantwell, Baker, & Rutter, 1978, p. 279). Both biases theorized by Cantwell, Baker, and Rutter help highlight the researcher bias that interlaced autism literature and skewed the results and the analyses of the studies. Some researchers reported significant findings of higher IQ because of their idea of what this type of mother would look like in order to blame her. Instead, these significant statistics could have been the result of referral bias and/or class bias.

In addition to the aforementioned biases, evidence for higher intelligence was often determined solely by IQ tests, which were notoriously problematic. IQ tests, such as the earlier models of The WAIS (1955), WISC-R (1974), Stanford-Binet Form L-M (1953), Slosson Intelligence Test (1971), Peabody Picture Vocabulary Test (PPVT; 1959), and Cattell Culture Fair Intelligence Test (1959), were criticized for being biased against people who are not white upper or middle class males and written “in the language of the dominant culture” (Zoref & Williams, 1980, p. 319). These underwritten biases in the IQ tests, along with possible selection factors, further undermined the aforementioned links between higher intelligence in parents of children with autism. Both IQ tests and selection factors provided researchers with a self-fulfilling prophecy that favored higher-class, more educated parents of subjects. These

researchers tied parents' behaviors to their [higher] intelligence, which will be detailed greater with mothers below; these IQ test results that matched these profiles thereby increasing malleability in order to write in mother-blaming to this literature.

3. **Education**

Because of the usual correlation between higher SES and levels of education it is not surprising that researchers found greater levels of education for parents of children with autism (Hendrickson Lowe, 1966; Ritvo et al., 1971; Sewell & Shah, 1967). In fact, 87% of the parents of children with autism studied by Hendrickson Lowe (1966) had at least a high school education. Fathers were more likely to be higher educated and have professional occupations than those fathers used as comparison groups in their study (fathers of children with chronic undifferentiated schizophrenia and other diagnoses of emotional disturbance). Hendrickson Lowe used chronic undifferentiated schizophrenia and other diagnoses of emotional disturbance because of their similarities to autism. However, critiques of fathers' higher education tended to focus on links with certain personality types; both of which will be described in greater detail below. Mothers of children with autism were statistically significantly more educated than mothers of children with other disabilities, such as chronic undifferentiated schizophrenia. Critiques of higher levels of education related to motherhood because researchers were critiquing women who delayed motherhood to further their education as well as women who were furthering their education to achieve higher positions in the workforce. In order to bridge the gap to jobs that were less traditional for women—those that were not pink-collar—women needed higher education levels. Women could only reach male-dominated professions such as scientist, lawyer or psychologist by seeking the education levels they required. For this reason, education and intelligence as well as time became crucial factors for these researchers in figuring out the

etiology of autism. These crucial factors for women were detailed significantly in this body of literature. Below, I go into more detail about how these each of these factors was being critiqued and for what purpose.

4. **Personalities and relationship between the couple**

According to Roth (1972), and tying back in to Kanner's original writings, parents lacked awareness and had heightened levels of peculiarities compared to 'normal' adults. For example, one parent was cited as showing "gross hypochondria traits together with a decidedly odd pressuring style of social interaction" (Cantwell, Baker, & Rutter 1979, p. 685).

Not just parents' personality types and oddities caused the child to retreat into secondary autism. The language used by researchers to describe the relationships between the couples highlighted their judgments. For example, Shapiro et al. (1975) described a Mrs. and Mr. Blackwell saying "she [Mrs. Blackwell] protects her fragile generosity by not making any real demands on him [Mr. Blackwell]" (p. 404). Shapiro et al. (1975) continued "Mr. Blackwell experiences his wife as someone who cannot make it without him" (p. 405). The language "protects her fragile generosity" implied that she sees her own stereotypes of passivity. According to Kaufman et al. (1957) marriage among parents of children with autism "seems mostly a convenient arrangement for meals and laundry...Efforts to make day-to-day family decisions a matter of joint concern are resented as unwarranted intrusions" (p. 722).

5. **Relationships with their parents**

Perhaps the above traits were a result of the parents' own childhoods; researchers portrayed a cyclical generational pattern of strict relationships. While discussing the Blackwell couple, Shapiro et al. (1975) said, "Mrs. Blackwell was the last child of a strict, Midwestern Catholic farming couple. She remembers often being told from her 'cold withdrawn mother' that

she was an unwanted child” (p. 403). Shapiro et al. (1975) continued, “Mr. Blackwell...also was unable to obtain the necessary emotional supplies...[because of] distant parents” (p. 402).

Presenting these behavioral problems as between generations of parents not only helped to further pathologize parents of children with autism but it also magnified the threat of these parents toward the child. These intergenerational traits seem to infer that these incorrect behaviors must be stopped and prevented, otherwise they would get worse and affect the child¹⁵.

To do so, these traits and behaviors were discussed in depth, especially when it came to the mother.

E. **Mothers**

In the late 1950s to the late 1970s, the second subperiod, autism was portrayed as a result of social factors, upbringing and lack of prevention rather than about physical causes. Where was this blame for autism targeted and who was receiving it? Since during this time mothers served as the primary caretaker, parental blame was solely placed on her. It was the woman’s job to raise the children, therefore it must be the women’s fault if something went wrong. In fact, out of the 125 articles examined by clinical psychologists Paula Caplan and Ian Hall-McCorquodale (1985), not a single one discussed the mother as having a healthy or positive relationship with the child. However, it was not simply relationships that were deemed negative according to researchers; it was the mother herself. The mother was blamed for rejecting the child and

¹⁵ For example, during the extensive time Shapiro (1975) focused discussion on the parents he said: “Critically, frustrating interactions with her [Mrs. Blackwell’s] parents about her expression of dependent longings led to a denial of her dependency and an unconscious association of dependent needs with feelings of ‘badness’. Her reconstruction of her early life presents an unrelieved picture of deprivation, a picture which provides defensive justification for her subsequent repudiation of her family” (p. 403). Highlighting on this cycle Shapiro (1975) leads one to focus the pathology on problematic parent-child relationships that lead to personality defects, which alter how she receives and treats her own child.

constraining him/her, being inadequate, being destroyed and weakened by the child, and finally, being motivated for such behavior because she was limited by him/her.

Discussion of the mothers' inadequacies were rooted in stereotypical gender and parenting roles. While researchers were evaluating these women, they were passing judgment on those who dared to extend beyond gender and parenting roles by working outside the home instead of defining their existence as only child rearing and household care. For example, Bettelheim (1967) discussed a mother who he said, "felt trapped in her marriage, resented husband and child [and] thought of leaving them both" (p. 158). "Finally" he said, she eventually went back to work, which Bettelheim (1967) theorizes was partially "to forget it all" (p. 158).

Under the guise of protecting the child, with the aid of authority, professionals and researchers were able to create schemas of motherhood. The majority of these schemas included childrearing. However, the ideal version of childcare went beyond physical rearing to include nurturing, feeding—preferably by first breastfeeding and then home cooked meals—providing a clean home for the child, and discipline, albeit slight because the husband was deemed the ultimate decision maker and enforcer. According to most autism researchers and professionals during this second subperiod, having the most normal (read: best) babies could only be achieved by the following said schemas. In doing so, balance was important—mothers could neither be too smothering nor too aloof. There had to be a balance between being warm and nurturing to the child while still allowing for some independence and development. A mother should not act outside of these schemas, whether purposely or unintentionally, otherwise consequences such as autism could exist. Specific characteristics led her to behave and parent in an incorrect fashion. In order to try to find the etiology behind problems, these traits and characteristics had to be detailed.

1. Demographics

As discussed above, researchers purported that these women had higher intelligence as evidenced by IQ scores. These findings were consistent even when women only worked in the home. In fact, Wolff and Morris (1971), described above, found that most had IQs higher than their mates. In addition to higher intelligence levels, these women were more likely to be an older age on average, be white, have higher education levels, and work prior and after motherhood. These demographics aligned with stereotypes of mothers as cold, demanding and controlling. Researchers were then able to blame these mothers for their poor parenting because of these personality traits. For these reasons, it was the crafting of the demographics that was important to write in the mother.

a. Age

In addition to being white and upper/middle class, women studied were significantly older than average. Researcher from University of Goteborg Christopher Gilberg (1980) determined that the mean age of mothers with children with autism was 30.7 years, while the mean mothers in the general population was 26 years. This number was determined by collecting all of the records of children diagnosed with autism in the region of Göteborg (Sweden), noting the maternal age at the time of birth and comparing it to “corresponding figures for mean maternal age in the general population... for each relevant year from the Swedish Central Bureau of Statistics” (Gilberg, 1980, p. 294). Then, “the number of autistic children born to mothers in different age groups was [also] compared with the total number of births to mothers of comparable age” (Gilberg, 1980, p. 294). Eighty percent of those studied were older than average, leading Gilberg (1980) to determine that mothers 35 years or older had children with autism nine times as often. Older maternal age within samples had important implications

because I believe it served as another method to blame the mother. Waiting too long to have children disregarded scientific ‘rules’ about increased risk and disability.

These scientists and medical professionals used risk—meaning for them, a predisposition to disability—as the perfect threat against changing roles. They were able to do so because of commonly held notions about disability. Prior to the emergence of the disability rights movement’s in the 1970s, people with disabilities were mostly seen as pitiful, charity cases, inhuman, contagious and disgusting. In alignment with these stereotypes and portrayals, people with disabilities sometimes made people uncomfortable and were sometimes seen as outcasts. However, people with disabilities had few options in society because of the way society was organized to oppress them and because of the medical professions’ tendency to individually pathologize their bodies.

Similarly, with the strict focus on birthing and maternal age, women’s bodies were medicalized¹⁶. Coincidentally abortion also “became the first feminist cause to sweep the nation” starting in 1968 (Brownmiller, 1999, p. 102; Freeman, 1995). The timing of abortion rights, including *Roe v. Wade*—one of its defining moments—which was decided in 1973 (Freeman, 1995), corresponded with autism literature on older maternal age. Both dealt with women’s rights to their own bodies and traditional gender roles. In the case of autism, the narrow time frame of when women’s bodies were best for birth was shaped by medical professionals and researchers whose knowledge and experience was situated amongst traditional gender and parenting roles. For this reason, waiting too long to have the first child was seen as an act of defiance against traditional gender roles. Ignoring these suggestions were synonymous with

¹⁶ For more information about doctors’ medicalization of women’s bodies see feminist theorists Ehrenreich, B., & English, D. (1978). *For Her Own Good: 150 years of the experts' advice to women*. New York, NY: Anchor.

ignoring their authority. Women were instead defining themselves as experts and decision makers about their own bodies.

The threat of increased risk of disability, or women controlling their own bodies, was not the only reason why older women were critiqued. If women—white middle and upper class women specifically—were entering the workforce in greater numbers they were doing so by delaying motherhood. In order to advance in the workforce and have greater opportunities, these women were continuing to further their education, which could also delay motherhood. Furthering education and workplace opportunities were not only time consuming but also went against gender roles that stated a woman's place was in the home. Dictating that women have children younger limited the possibility that they were employed outside of the home and reduced the amount of time they had to do so and to increase their education.

b. **Race**

The women examined and discussed were exclusively upper/middle class mothers. Furthermore, similar to exclusivity in relation to class, the only racial makeup that existed in this autism literature was white mothers. Unlike intellectual disability, which was also studied in middle class African American populations (Andrew, 1968; Kugel & Reque, 1961; Moorhead, Mellman, & Wenar, 1961; Pasamanick & Knobloch, 1958), autism was strictly seen and studied as a white disability¹⁷. In the 1960s and 1970s a person of color could not have

¹⁷ One exception is Victor Lotter's (1978) literature on childhood autism in the indigenous populations of developing countries in Africa. However, like much other autism literature, the article on childhood autism in Africa by Lotter (1978) is also biased and highly problematic because it is discussed from a highly Westernized perspective. Therefore, even when including this article, views of race in autism literature were still skewed.

autism. An African-American mother who asked her doctors in the 1960s if her son had autism exemplified this in the following commentary¹⁸:

[The] next time I was at the doctor I asked if they thought Steven had autism. They said 'no.' We did not fit the mold—which is white, upper/middle class and very, very bright...it was really not a negotiable issue. According to my doctors my son could not be autistic. I was not white and it was assumed I was not educated and therefore, he was labeled emotionally disturbed. (Simpson, 2003, n.p.)

She continued discussing that because her son could not have autism, it was not even possible for her to be blamed for the cause of her son's behavior (Simpson, 2003).

The inclusion of African American women in this literature was not necessary for researchers to critique changing gender and parenting roles. Gender and parenting roles were changing for the exact group that autism literature was targeting. Work place entry was only a new phenomenon for middle and upper class white women. In fact, research by labor stationer Ruth McKay (2007) found that “women in a middle-class black community in Baltimore, Maryland, in 1960 were found to exhibit labor force characteristics associated with white women in the late 20th century” (p. 3). McKay's (2007) study found 82% of black mothers with five-year-old children were in the labor force. Despite these realities, professor of politics and African-American Studies Melissa Harris-Perry (2011) purports “second-wave white feminists failed to understand that their concerns with workplace entry were not shared by black women, who had long been wage earners” (p. 85). Instead, according to Harris-Perry (2011), for black women, the iconic stereotype of Mammy, the “figure of acceptable black womanhood,” positioned black mothers as not only employed but also employed mostly in domestic spheres (p.

¹⁸ Although including women's voices, especially women who were so marginalized, examining their responses is a good idea but is unfortunately outside of the scope of this project. This thesis is an historical analysis of psychology journal articles by researchers and professionals – my focus was very much on these ideas within the scientific field of psychology. One could write another paper on how women responded to this literature or how they responded to how they were treated. However, I would caution even doing so because the best method I could think of would be to examine biographies written by mothers and these biographies come from a place of privilege, access and presentism. I have included this quote from a documentary to highlight a black mother's perspectives on the racial disparities and how a black child could not have autism.

77). Harris-Perry (2011) argues Mammy¹⁹, a myth that still looms today, “represented a maternal ideal, but not in caring for her own children. The love, doting, advice, correction and supervision were reserved exclusively for white women and children” (pp. 72-73). Although these spheres were white ones instead of their own, the images deployed notions of domesticity nonetheless. Including black mothers in their criticisms would have meant possible restructuring myths about these women. Restructuring myths would have required acknowledging preconceived notions of what it meant to be black versus what it meant to be white. This might have also included acknowledging one’s own racism or aversive²⁰ racism. Furthermore doing so would have required acknowledging the biases and stereotypes for black women, who existed at the intersection between a minority/outsider gender and minority/outsider race. For these reasons, the following inclusion of the word mother or mothers meant to imply white upper/middle class mothers.

2. **Mother as failure**

The above demographics served to amplify key themes researchers used to critique women. One such example was the mother’s failure; although autism was thought to occur because of the child’s withdrawal, literature maintained the child’s innocence and they were not blamed. Instead, it was the mother who caused autism because of inadequacies and failures in parenting. For this reason, according to Gross et al. (1979), “the mother-child bond is minimized or, when affectively intense, is seen as pathological” (p. 702). Development of the child depended strictly on the mother’s child rearing practices. The likelihood that the child

¹⁹ Mammy imagery that depicted African American women who worked as domestic servants as jolly, asexual, grandmothers with no needs or desires spawned after the end of slavery (Harris-Perry, 2011). For more information about Mammy imagery’s creation, especially in regard to white guilt, see McElya, M. (2007). *Clinging to Mammy: The Faithful Slave in Twentieth-century America*. Cambridge, MA: Harvard University Press.

²⁰ For more information on aversive racism see Gaertner, S. L., & Dovidio, J. F. (1986). The aversive form of racism. In S. L. Gaertner & J. F. Dovidio (Eds.), *Prejudice, Discrimination and Racism: Theory and Research* (pp. 61-89). Orlando, FL: Academic Press.

would “seek autistic situations and satisfactions” was increased by “the mother's failure to stimulate, respond to and promote efforts of the infant” (Roth, 1972, p. 186). The mother determined the quality of interactions leading the interactions to be dependent on her (Horner, 1975; Rutter, 1972). Disturbance in the relationship with the mother was a crucial variable because the child and parent must play active roles in order for bonding to occur (Rutter, 1972, 1979).

According to Rutter (1979), this issue represented the concept of sensitive responsiveness. Originally described by Bowlby (1969), “the concept of sensitive responsiveness reflects the general shift of view from parenting as doing things to the baby to parenting as a process of reciprocal interaction—an active dialogue between parent and child” (Rutter, 1979, p. 286). According to Rutter (1979) sensitive responsiveness was necessary to “foster secure personal bonding” between mother and child (p. 286). In this case, sensitive responsiveness did not originally occur with the mother because she viewed the baby as an object to do things to instead of as a relationship beneficial for both parent and child.

According to researchers, despite mothers’ inadequacies, the child still attempted to engage the mother. First, the child cried as a signal to summon the mother to its needs (Roth, 1972). The child kept trying to get the mother’s attention by alternating between “reaching out, angry disappointment and defensive attachment” even if the mother was not predictable or adequate (Horner, 1975, p. 98). According to Horner (1975) because a continuous, uninterrupted affectionate relationship was the best condition for learning language and communication, non-verbal and verbal, in early childhood, when this environment was not provided disturbances could be associated with maternal failure at developmental stages or during transition periods.

These inadequate maternal failures aligned with some of the stereotypes of the demographic data discussed above, especially those that went outside of gender roles.

3. **General mother-blaming**

Not only were these mothers failures, literature blamed them for almost everything they did. Ubiquitously interwoven with the research literature on childhood and mothers were pejoratives and blame-filled perspectives that implied insanity. This stemmed from Kanner's original case studies of autism, which included a multitude of aforementioned attitudes (Kanner, 1943). Kanner's original case studies occurred at the height of idealization of the perfect family—idealization of domesticity for women. With the end of World War II came a return to family values and the baby boom. As mentioned earlier, the perfect family required the perfect mother, one that neither did too much or too little. If mothers were not perfect, they were considered failures and worthy of blame for shortcomings in the family.

a. **Mother as weak**

Although the ideal of the perfect American family became more lax in the years that surpassed the 1950s, even in the 1970s, American society continued to associate masculinity with everything strong and powerful. In alignment with stereotypes of femininity, researchers presented mothers as weak. According to Roth (1972) mothers were especially vulnerable to stress. Roth portrayed the infant as a “mother destroyer” in alignment with views of disability as a problematic issue. According to this theme, as a result of discouragement and her weakness, mothers, who were prisoners in their homes, experienced burn out. For this reason, Roth purported that mothers need to be treated along with children. Treatments for mothers will be discussed in greater detail below.

Similar to depictions of women and their mental health status, depictions of women as weak and helpless, such as those by Roth, D.S.W. (Doctor of Social Work, 1972) as having “immaturity in the form of a child-like dependency...vulnerability to rejection” (p. 183) and a “weak ego” (p. 185), aligned with portrayals of women as children because of their inadequacies. These attempts to discredit mothers deemed them incompetent, especially when they held positions of power or traditional male roles, such as employment as a scientist as mentioned above. In this case, depictions noticeably parallel the infantilization of mothers with the infantilization of people with disabilities. In this research, although both groups were historically treated as such, infantilization between the two groups differed slightly. When people with disabilities are infantilized, they are typically viewed as wholly incapable. For example, with the infantilization of people with intellectual disabilities usually comes the removal of their sexuality. Because society deems people with intellectual disabilities as child like, there is an assumption, historically and present day, that they have no sexual wants or needs. This typically results in policies and procedures that ignore personhood and are instead arranged to suit the wants and needs of society’s projection of a person with an intellectual disability (Murphy & O’Callaghan, 2004).

When these ‘poor’ and ‘weak’ mothers were infantilized, they were portrayed as incapable as well as blameworthy. In order for one to be blamed there has to be an implied sense of action (by the mothers). According to these researchers, these mothers were clearly participating in something that made them worthy of blame. For example according to Cantwell, Baker, and Rutter (1977) mothers had a high “number of ‘patterns of failure’ ...including failure to stimulate the child's interest in communication, failure to maintain a flow of communication, failure to reinforce normal communication, and failure to cope with deviances in communication”

(p. 315). Directly blaming the mother meant the behaviors that deserve blame were at the core of the personalities of these women. For this reason, although both people with disabilities and these mothers were infantilized, their characterizations occurred in very different manners.

b. **Mothers as cold**

Mothers were not only made to seem atypical by means of insanity, they were also described as cold. A few steps shy of abandonment, the coldness portrayed representations atypical of good mothers—atypical of women. These mothers were supposedly purposefully distant from their children because they lacked ‘genuine warmth.’ As evidenced by the assumption of ‘genuine’ (read: ‘natural’) warmth, researchers suggested that these women deviated from gender roles. In typical gender roles, women existed to be first and foremost nurturing and warm. Deviation from gender roles was interwoven with bad mothering because women defied their gender roles as well as their children.

If women rejected their female gender roles, men’s roles—which needed to be the antithesis to women’s—would be redefined as well. These women’s gender and parenting role deviations in the 1960s and 1970s would mean a radically restructuring the family, work and government. They were also a threat to researchers who believed traditional roles were necessary to prevent autism. Although women were simply aiming for gender equality, this meant men would lose some control and unearned privilege. These fears and threats of lost power led to the fear that women wanted to switch roles altogether and be the dominant sex. Mothers who were not as warm as gender roles dictated created consequences such as loss of unearned privilege to researchers for the aforementioned reasons.

c. **Rejection of children**

Contrary to gender roles, researchers often cited mothers for rejecting their children. Quotes such as “if Johnny were more pleasant to be with, it would be easier to care for him” (Sullivan et al., 1979, p. 117) implied that the mother was not drawn to her child and therefore rejected him. Besides deviance in mothering roles, stereotypes about disability interact here. By relating Johnny’s pleasantness with his disability the quote implied that people were not drawn to a person with a disability. Autism complicated the mother-child relationship. Instead, the child’s inability to bond meant that s/he existed in an object-like state. Mothers could move the object or do things to the object, but they could not have a relationship with him/her. The child’s mother, whom it was assumed should be naturally drawn to her offspring, could not possibly bond with the child because of autism. This left the mother wanting to reject her child.

Furthermore, rejecting her child was easier because researchers discussed these children not as just having autism but by being solely embodied by it. By making their identity wholly encompassed by their disability, their personhood was at risk. Typified by their disability, the literature portrayed the child as a problem to find a solution for. The child existed mainly as a physical manifestation of the disability autism. Disability here was synonymous with a problem. Instead of representing natural human variation, these children were embodiments of pathology.

Accordingly,

it would seem that the mother who has an atypical child goes through the motions of motherhood to satisfy the external view of what is needed, though without the whole commitment of the personality, the depth and freedom of love feeling, or the sensitivity of more normal mothers. There may be temptations to flee, to abandon child and family, to abuse or annihilate the child. (Roth, 1972, p. 185)

Roth specifically discussed these temptations because of the child's autism. In alignment with its medical model focus common of the time, this literature centers on the limits, burden and stress of having a child with a disability.

d. **Controlling**

The implications of the value of children were compounded because mothers were portrayed as “more ambitious, perfectionist, controlling, and demanding of conformity” because they were thought to be from higher SES backgrounds (Jacobs, Spilken, Norman, Anderson, & Rosenheim, 1972, p. 49). These inferences relied on biased perceptions of not only gender roles but also of class. Because of incorrect assumptions²¹ and overrepresentations of race, class and race were and are often seen as correlated—poverty was associated with people of color, especially African Americans (Gilens, 1996). As a result, it makes sense that working class women of color were not the targets of critiques.

In addition to rejecting their children, according to Sociologist Sara Ryan and Psychologist Katherine Runswick-Cole (2008) white middle class mothers were portrayed as constraining their children's lives, opportunities and aspirations. Mothers asked more questions, were more “‘intrusive’ and more discouraging of self-motivated behavior” (Cantwell, Baker & Rutter, 1977, p. 314). Jacobs et al. (1972) discussed one such example: a mother dragged her son “around with her a great deal...she refused to let him play in a football league even after she bought him the uniform and was actually on the playing field” (p. 53). Were these mothers' posing restrictions on their children's lives a result of rejection or did the researchers provide examples contrary to it? While beginning to examine the aforementioned example one would

²¹ People of color, especially the single black mother, were and are represented as “lazy, dishonest and irresponsible” (Harris-Perry, 2011, p. 114). This has to do with discrimination and systematic structural oppression rather than personality traits. For more information, see Harris-Perry, M. V. (2011). *Sister Citizen: shame, stereotypes, and Black women in America*. New Haven, CT: Yale University Press.

first think that the mother did not want her son to play football because of the risk of injury. Using this logic the mother was simply worried about the son's well being and therefore providing a form of care with this type of restraint on him. However, Jacobs et al. (1972) also detailed that the mother first purchased the equipment for her son, let him enter the playing field and then decided he could not play. These embellishments no longer simply portrayed care; instead, they acted as rhetorical devices where readers were led to imply other motivations like demanding and controlling, both of which related to stereotypes of high achieving women.

Literature led readers to question the mothers' motivations again when mothers were shown to be very smothering and suffocating. Although suffocating is the opposite of rejection (refrigerator mother), it still conveyed the mother as demanding. For example, one mother cited was so smothering that she would get up at night at her daughter's slightest whimper (Shapiro et al., 1975). Simultaneously with suffocating, mothers were also characterized as extremely controlling. Another mother discussed by Jacobs et al. (1972) "was 'compulsively clean' and constantly bathed *S* and admonished him to stay clean" (p. 53). Although they could be seen as opposites, these portrayals of controlling mothers worked with portrayals of cold rejecting mothers because they highlighted how any deviation from the perfect mother script warranted criticism. Along with blame, these two portrayals of controlling and cold rejecting also made room for malleability.

e. **Child gets in the way**

Because education amongst the mothers was notably high in autism cases, readers of the literature were left with the impression that her child got in her way and limited her aspirations. As a result, even as higher education and labor market participation became more common for white upper and middle class women in the 1970s, there was an impression "that

women find nothing but economic dependency, boredom and mental stagnation at home, while they can find true fulfillment and autonomy only by holding down a job” (Gross et al., 1979, p. 715). These conclusions aligned with those described above in which professionals critiqued women for their increasing numbers in the workforce and in education. The belief that women would prefer the historically male role was not a coincidence. These ideas again serve as a critique of the aspirations of these upper middle-class white women.

Similarly, the child was problematic because it got in the way and the mother could not be rid of the problem it posed; because of her inability to solve this problem, the child was therefore a sign of failure. The mother’s disappointment increased because, unlike parents of children with intellectual disabilities or Down’s Syndrome, parents of children with autism were told by professionals to plan for their child’s future and therefore many developed unrealistic expectations that the child would overcome autism (Sullivan et al., 1979). As a result, the mothers’ “conscious awareness of [their] devalued self image” could be avoided by projecting and “disdaining” their child (Tourkow, 1975, p. 247).

F. **Fathers**

Although most research about parents discussed mothers exclusively—five times more in fact according to Caplan and Hall-McCorquodale (1985) —information about father’s relationships with mothers featured in these discussions. Detailing these relationships portrayed not only what researchers believed, but also what they wished to convey these impressions upon the readers, who were other researchers. The discussion of fathers highlighted mother blaming; they implied that it was not just that the husband viewed the wife through a misogynistic lens, but instead that it was the wife that was in some way to blame.

Among the paltry amount of literature on fathers of children with autism, it was frequently detailed that these fathers worked incessantly. In fact, Kanner (1949) went so far as to call fathers “bigamists” because they were “wedded to their jobs” (p. 422). Along with workaholic tendencies, literature often noted fathers noted for their professional and scientific behaviors. Out of 100 fathers studied by Kanner (1954), 96 were high school graduates. Of these, 74 graduated college and 88 had postgraduate training (Kanner, 1954). Fathers included in the original case studies by Kanner (1943) had professions that included lawyer, professor, engineer, chemist, and psychiatrist. Perhaps because of his profession or just his demeanor, the child was the father’s experiment, who could be disregarded when not wanted (Kanner, 1949). One such example discussed was of a father who was so determined to see his son walk alone at three months that he picked the child up and moved his legs. Furthermore, Kanner (1943) noted a father who “sent a thirty-three-page typewritten history” which was much like an “obsessive[ly]” detailed scientific study (p. 217).

One of the very few studies exclusively focusing on fathers by Kaufman et al. (1957) described 85 of 100 fathers as detached and humorless, perfectionist to an extreme, inadequate fathers and husbands, and allowed their work to take precedence over family life. As opposed to mothers, researchers portrayed fathers not as “nervous and insecure but [as] appear[ing] to be limited and constructive” (Jacobs et al., 1972, p. 49). The following excerpts from case studies by Kanner also detailed these traits. In Kanner’s (1943) case studies Donald’s father was described as “hard working...[having] two breakdowns...very absorbed...mildly obsessive” (p. 218), Virginia’s father “never liked children” (p. 230), Herbert’s father was “a man of unusual intelligence...restless...not interested in people” (p. 232) and Alfred’s father “doesn’t get along well with people” (p. 233). Along with these atypical traits, fathers’ interactions with their wives

were criticized as well. For example, a case study by Kaufman et al. (1957) described one husband as “rarely show[ing] any affection or awareness of [his wife’s] presence, except in bed, when he would on occasion from his lethargy, make love in an inept fashion, and roll over to having her unfulfilled and resentful” (p. 719).

Regardless of these detailed peculiarities, researchers did not place blame upon fathers. They were removed from the discussion on etiology and ‘the cure’ because different notions of applied to them. If women were the natural caretakers and if men were the antithesis of women, critiquing fathers on their lack of parenting skills was improbable. One could not be critiqued for something one did not have to do in the first place. Fathers were not natural caretakers—the child was the wife’s responsibility—therefore lacking paternal feelings was viewed as unproblematic. This is why it was okay when a father “boasted that he never ‘wasted time’ talking to his patient’s families” (Eisenberg, 1957, p. 717). According to Jackson and Mannix (2004) mother-blaming prevented equalized relationships between parents.

Despite their lack of roles in parenting, researchers included commentary of father’s peculiar male traits because researchers still wanted to maintain roles. Although most of these fathers were not threatening to parent roles because of their avoidance, they still threatened gender roles. Portrayals of “unassertive men who handled conflicts by repression, avoidance or retreat” (Jacobs et al., 1972, p. 49), were atypical of men. To be masculine was to be in control and assertive, especially in times in conflict. I do not mean to imply that researchers were viewing or portraying fathers as feminine, but they were certainly describing them as peculiar because of these non-conformist traits. Atypical traits such as “repression, avoidance or retreat” contributed to why they were deemed inadequate fathers. Because these fathers did not always align with stereotypes of males these fathers required some detail in autism literature. This focus

on father as the antithesis of main caretaker, especially because of his distant scientific demeanor, also contributed to mother-blaming by highlighting how it was the mother who was primarily interacting with the child—it was the mother that was primarily affecting the child.

G. Treatment

The aforementioned literature on the etiology of autism informed the development of methods to treat and cure these children²². According to Roth (1972), not only did the child need to be treated, but the mother did as well. Therefore, ideas about mothers and blame also tied into what researchers thought were proper techniques for treating and curing these children. For example, Hemsley et al. (1978) supported treatment methods for children but believed “it was soon evident to therapists, and later confirmed by systematic studies...that the gains were often lost after the child was discharged home” (p. 380). In order to account for this in their study, Hemsley et al. (1978) tried to treat the children and parents in the home through reinforcement techniques. Their participants included 16 boys with autism “who were not already receiving adequate treatment; and who lived within a range which made home visiting feasible” (Hemsley et al., 1978, p. 384). An additional 14 boys with the same criteria were chosen as a control group except these boys were “chosen on the basis that the families were *not* in treatment or were receiving some different form of treatment” (Hemsley et al., 1978, p. 384). In this study, treatment was issued to the child by having parents practice their child’s comprehension skills or self-concepts. Therefore, although the child was the one receiving the official treatment, the mother or parent was still receiving a treatment through her education of these techniques and how to administer them properly. Treatment was then measured by changes in behavioral

²² It should be noted that this literature does not discuss how it was determined if children were incurable or not. My guess is that since most of these researchers subscribed to nonorganic theories they believed it was curable to a certain extent – or autism could be lessened – by attempting to counteract the forces the mother imposed upon the child. In much the same way, the literature does not explicitly state how the treatments were deemed successful. The researcher deemed, perhaps not so objectively, any change as progress and success.

measures and language measures of the child. Hemsley et al. (1978) deemed their study a success because of statistically significant long-term gains.

While Hemsley et al. (1978) treated the mother in order to treat the child, not all research used the same methods to change the mother's behaviors. More often than not, mothers were treated as the patients that required true treatment. According to Schopler (1978) "parents were regarded and treated as patients, with the expectation of changing their personality and improving their psychopathology" (p. 414). This was done despite "empirical evidence for this view of autistic children and their parents was lacking...Instead it was based on theoretical views derived from psychoanalytic theory and administrative considerations" (Schopler, 1978, p. 414). This type of researched worked under the theory that once the mother—the problem—was fixed the child would be fixed accordingly. Claiming the mother as the problem again serves to blame her for the child's autism.

Not unlike other aspects of autism literature, curing the 'parents' actually referred to the mother. Treating the mother resulted in increased 'mothering' behaviors. After Hemsley et al. (1978) provided treatment for a mother for 18 months. This form of treatment was not directly for her 'neuroses' like typical psychotherapy but trained and modeled parenting to her in ways that removed her 'neuroses' from the mothering. She went from "passively watching" to "actively directed the child's activities, physically prompting him, using gestures herself, and correcting his mistakes" (pp. 396-397). Not only did mother's mothering capabilities improve, the children's skills did as well.

As early as the 1950s, researchers aimed therapy at mothers of children with autism in order to try to teach these women skills that would allow them to embody the perfect mother. Therapy for these mothers included an advanced, one-on-one child rearing class for those at high

risk. After these mothers were re-molded, they were thought to be able to rear perfect children. For example, after “therapeutic emphasis was placed on the mother” Kanner and Eisenberg (1955) noted the mother-child relationship positively increased, as did the child’s communication, educational achievements and social opportunities (pp. 234-235). Kanner and Eisenberg (1955) finished this discussion by noting that “his latest IQ was 91” leaving one with the impression that it had improved as well (pp. 234-235). Since mothers were the cause of autism, researchers thought that treating them led to increased capabilities of their children.

However, some researchers, such as researcher and Neo-Freudian Bruno Bettelheim (1967) did not agree that mothers should be treated; he felt they did not deserve it. This was not because he did not believe they played a major role in causing autism. Instead, he argued that treatment efforts that included the mother were problematic because they removed the child’s autonomy as well as relied on the mother, who “kept him from developing normally in the first place” (Bettelheim, 1967, p. 408). Moreover, Bettelheim declared that the mother did not deserve the mother-child relationship anymore because of her prior sins against the child. He wanted to take the mother out of the therapeutic equation because the mother did not deserve to be fixed and “it is erroneously assumed that any mother-child relationship is so valuable that it must be salvaged, even when it is damaging to the child” (Bettelheim, 1967, p. 408).

According to those who thought like Bettelheim, women either did not deserve to be treated or could not possibly be fixed. For this reason, some researchers declared that these women’s inadequacies meant the best possibility for cure was to remove the children from the home. Despert (1951) exemplified this with the inclusion of a four-year-old boy who “always had feeding difficulties at home” but “ate well” after placement in a hospital setting (p. 339). These children did not just need a change in environment; they specifically needed to be away

from their mothers. It was “evident to therapists, and later confirmed by systematic studies (Browning, 1971; Lovaas, Koegel, Simmons, & Long, 1973) that the gains were often lost after the child was discharged home” (Hemsley et al., 1978, p. 380). Their theories required that just as these researchers noted the mother’s involvement in the etiology of autism, they must note improvements of the children when they were away from mothers. If autism was a disturbance in development, the proper treatment would be to remove the disturbance. For this reason, “it was therefore logical to seek a ‘cure’ by remediating these early experiences” (Lansing & Schopler, 1978, p. 440).

H. **Conclusion**

Psychological study about autism from the late 1950s to 1980 was used by researchers to provide commentary and critique on changing gender roles in parenting for women; white upper/middle class women specifically. A significant portion of this chapter analyzed the demographics of parents and mothers discussed by this literature. Parents were found to have higher intelligence, to have higher socioeconomic statuses, and have higher levels of education. Similarly, mothers were specifically mentioned for all of the aforementioned as well as older maternal age at the time of the birth of the child and being white. All of these factors were important in relation to malleability because researchers were able to define what traits and/or characteristics related to autism’s diagnostic category. Doing so paved the way for the inclusion of mother-blaming because many of these women’s demographic factors aligned with stereotypes of refrigerator mothers. For example, some of the research reported significant findings of higher IQ because of their idea of what this type of mother would look like in order to blame her. But as I discussed, instead, these significant statistics could have been the result of referral bias and/or class bias. I examined possible selection factors and methods of bias not in an

attempt to invalidate the results of these studies. Instead, I did so because both selection factors and bias provided researchers with self-fulfilling prophecies that favored higher-class, more educated parents and mothers of subjects. The results they found matched the stereotyped profiles of women they were trying to blame. That is why this demographic information increased the malleability and allowed for more mother-blaming to occur in this literature.

The assumption that traditional gender and parenting roles were natural made it easier for language and theories based on these roles to be interwoven into the etiology of autism. According to Jackson and Mannix (2004) professional disapproval placed the blame on women because they did “not fit societies’ idealized view of motherhood” (p. 151). Not only was the mother expected to provide care, both physical and psychological, she had to do so with a careful balance in order not to provide too much or too little. In fact, Caplan and Hall-McCorquodale (1985) purport “nontraditional division of labor was never regarded as normal and healthy” (p. 350). Conversely, normality and health went hand in hand; literature regarded traditional roles and family structures as healthy (Caplan & Hall-McCorquodale, 1985). This was elucidated by the researchers’ claims as determined by Caplan and Hall-McCorquodale (1985) that children needed “intensive and exclusive *female* mothering” (emphasis mine; p. 345).

In mother-blaming, regardless of what is being blamed, Jackson and Mannix (2004) argue impartial language and direct blame left mothers to internalize attitudes. Despite the mother no longer being the cause of autism, mother-blaming in the past continues to define the current state of the autism field. As a result, mothers later interviewed in a documentary by director David Simpson (2003) felt things such as “I had this darling little boy and I lost him” (emphasis mine). These feelings became deeply ingrained to the extent that mothers who

experience parenting a child with autism still feel their impact. Another mother's commentary exemplifies this²³ — she said:

'I have fought this battle of bitterness in my soul because I didn't find out for 18 years that I'm not at fault. And I can't quite overcome. I've tried—I've taken a lot of classes—took everything they offered. I worked at the church for five years...I read. But there is no answer to this place inside my soul. That's my soul. I can't get down there and dig it out. I just can't.' (Simpson, 2003)

Although the intended audience of most autism literature was other researchers, these opinions seeped out into the public through professionals, such as pediatricians, and researchers, such as the infamous Bruno Bettelheim, who aimed their works for a mainstream audience. When looking closely enough, the remnants of this legacy are still visible today.

²³ See footnote 18 in this chapter as to why I do not go into greater depth and include more voices from women. Despite the inclusion of women's voices being outside of my specific scope, I did feel it was important to include this quote to exemplify how the how mothers' internalized the blame forced upon them.

III. THE MYTHS ADULTS HAVE INVENTED:

AUTISM, CHAUVINISM AND BRUNO BETTELHEIM

A. Introduction

Myth, according to Benedict [1933], expresses ‘a people’s wishful thinking and remodels the universe to its dominant desire.’ This chapter does not deal with the fearful delusions autistic children create. It deals with the myths adults have invented to explain why such children exist. (Bettelheim, 1967, p. 343)

This quote frames chapter eight in Bruno Bettelheim’s *The Empty Fortress: Infantile Autism and the Birth of the Self* (1967). Ironically, while trying to explain myths created about autism by other researchers, Bettelheim himself created myths about patients and parents. Much like other autism literature, Bettelheim’s process of defining autism as a diagnostic category included a mother-blaming based etiology. In his discussions about causation, Bettelheim critiqued mothers of children with autism in various ways; this reflected his traditional view of women, gender and parenting roles.

Sociologist of science, Bruno Latour, explains how science, although seen as untouched, is actually based on often hidden social context. Latour (1987) explains what he deems “the methods for studying the fabrication of scientific facts” (p. 21). Originally

we start with a...sentence which is devoid of any trace of fabrication, construction or ownership; we then put it into quotation marks, surround it with a bubble, place it in the mouth of someone who speaks; then we add to this speaking character, another character *to whom* it is speaking; then we place all of them in a specific situation, somewhere in time and space, surrounded by equipment, machines, colleagues; then when the controversy heats up a bit we look at *where* the disputing people go and *what* sort of new elements they fetch, recruit or seduce in order to convince their colleagues; then, we see how the people being convinced stop discussing with one another; situations, localizations, even people start being slowly erased; on the last picture we see a new sentence, without any quotation marks, written in a text book similar to the one we started with in the first picture. (Emphasis original; Latour, 1987, p. 15)

In the case of this chapter, the original sentence would be the “true” etiology of autism. Despite autism’s still unknown origins, this example is meant to show how autism’s etiology was processed through Bettelheim. For this reason, in order to “shadow” Bettelheim—“asking *who* the scientists and engineers were”—in alignment with Latour’s (1987) fifth rule of method, some of this chapter will discuss factors that come to influence Bettelheim (p. 145; p. 173).

Bettelheim’s (1967) orthogenic school served as the laboratory—the “specific situation, somewhere in time and space” where he was “surrounded by equipment, machines, colleagues” (p. 15). During this chapter I will explain, “*what* sort of new elements they fetch, recruit or seduce in order to convince their colleagues”—what evidence Bettelheim used to embed social critiques of gender and parenting roles into autism literature (Latour, 1987, p. 15).

While Bettelheim was not alone in this attempt to embed critiques into his literature, most other researchers differed in that they targeted others within the scientific community. In contrast, Bettelheim’s celebrity served as a spark for mother-blaming’s mainstream prevalence and popularity. Not only did he help mother-blaming enter the mainstream, he also served as the figurehead the autism movement had been missing during the second subperiod. While doing so, Bettelheim participated in what Sheila Jasanoff, a science and technology studies scholar, regards as “the seamless integration of the scientific with the social” (Jasanoff, 1996, p. 397). In this chapter I play off Jasanoff’s (1996) theory that “such work is political in the deepest sense, for it reshapes, however subtly or tentatively, the way we come to grips with the enduring problems of truth, power, agency, legitimacy, individual rights and social responsibility” (p. 397). I analyze Bettelheim as a case study to further argue autism’s malleability and insertion of mothers. Bettelheim’s analysis of these women was not questioned because of the popularity and acceptance of psychoanalysis as well as because the tropes and stereotypes of women he used

were common of the time period. This allowed him to easily insert women into autism in many ways—ways he felt were appropriate because of the traditional gender and parenting roles he was influenced by.

Although eventually he did face criticism, which will be discussed in the next chapter, the public gave Bettelheim room to embed social commentary under this guise of scientific objectivity. Both the belief at the time that professionals were all-knowing and the belief that science should be accepted as fact created an opportunity best described by part of Latour's (1987) sixth rule of method: "when faced with an accusation of irrationality, or simply with beliefs in something, *we will never believe that people believe in things or are irrational*" (emphasis mine; p. 213). Because people do not want to believe that others believe in science that is irrational—or I would add skewed—they will be less immediate to challenge these ideas; this is especially true when these concepts are coming from those deemed experts.

Dr. Bruno Bettelheim was one of the nation's leading experts²⁴ on autism during the time period 1960 – 1980. His book *The Empty Fortress* (1967), which launched his fame, was highlighted by prominent media outlets such as *Newsweek*, *Time*, *Commonweal*, *The New Republic*, *Scientific American*, *The Chicago Tribune*, *The New Yorker*, *The New York Times Magazine*, the daily and Sunday *New York Times*, and the NBC *Today* show (Pollak, 1997). The *New York Times* even listed *The Empty Fortress* as one of the year's twenty outstanding nonfiction works right before Christmas of 1967 (Pollak, 1997).

The *New York Times* called Bettelheim's *The Empty Fortress* "a pioneering analysis of a far wider scope" ("In Brief", 1967, p. 23). The first review was completed February 26, 1967 in a

²⁴ To read more about Bettelheim's influence see chapter one: "Research Programs, 'Autistic Disturbances,' and Human Difference" and chapter two: "*Love is Not Enough*: Bruno Bettelheim, Infantile Autism, and Psychoanalytic Childhoods" in Silverman, C. (2011). *Understanding Autism: Parents, Doctors, and the History of a Disorder*. Princeton, NJ: Princeton University Press.

Sunday edition of the Times. Sunday editions of the *New York Times* reached 1,473,981 people according to 1967 circulation data (“N.W. Ayer and Son's,” 1967) – this was a big impact. The review claimed “no brief review can do justice to his [Bettelheim’s] wisdom or his compassion” (“In Brief,” 1967, p. 23) compelling readers to delve deeper into the aforementioned wisdom and compassion that was contained in his book. The second *New York Times* review by Fremont-Smith published on March 10, 1967²⁵ draws a more puzzling picture of children with autism, captivating readers to yearn for more. The review concludes describing Bettelheim’s “life-long dedication to informing not just the mind but the heart” (Fremont-Smith, 1967, p. 37).

Another such example of a review that elevated Bettelheim’s status is historian Peter Gay’s (1968) shining review in *The New Yorker*²⁶. Gay (1968) spends 12 pages describing the “the moving...striking combination of casework, a plea for charity, and medical polemic” (p. 160) that is *The Empty Fortress*. His review purported “these people – psychoanalysts, teachers, counselors – are magnificent” (p. 169). He continued with the praise:

“It is not only that these little psychotics must experience a radically new environment in which they are loved and accepted but that is essentially to let them ‘speak in the voice they have’. And therefore it is, I think, perfectly proper to call Bettelheim and his associates heroes: they accept, even invite, attacks on their persons; they witness without shrinking (in fact, they bring about) scenes that ordinary observers would consider intolerably dirty or unbearably pathetic” (Gay, 1968, p. 169)

In the concluding section of the review, Gay (1968) states “Bettelheim’s own theory of infantile autism is in all respects much superior to its rivals” (p. 171). It is very likely Gay believed this,

²⁵ This review had either a circulation of 767,239 or 1,455,907 (“N.W. Ayer and Son’s,” 1967) depending on whether it was in the daily newspaper or the book review section that was sold separately. Although I was able to obtain the review I could not determine which section it was in because the article I received was separate from the rest of the newspaper.

²⁶ During the time Gay wrote this huge 12-page review *The New Yorker* reached 473,275 people (“N.W. Ayer and Son’s,” 1968); although this is not as large of an impact as the *New York Times*, it is about three percent of the population of New York state if compared to N.W. Ayer and Son’s (1968) population statistics of the time.

especially because of Gay's own interest in psychoanalysis and Freudian theory²⁷. As Gay's review glorified Bettelheim and made him better than his peers, Gay created a hero worth reading about, an interesting one at that. This review is one such example factors that amplified Bettelheim's influence.

Bettelheim's aforementioned popularity and influence as one of the leading experts on autism during the second subperiod is one of the reasons I examine him at depth and not other researchers. Although his theories, like most autism literature during his time period, are no longer accepted, Bettelheim is culturally relevant and influential because he served as a catalyst that shaped how other professionals thought and acted. He is especially important and requires examination because he shifted the direction of the literature in this way. With Bettelheim's help, the patient and the mother defined autism. While categorization of autism was being created, Bettelheim helped write the etiology of autism. Because Bettelheim both integrated and embedded mother-blaming throughout his theories, women were written into his etiology of autism. Consequently, women were a part of case definitions for autism. Women cannot be removed from the concept of this disability during this time principally because of Bettelheim.

An analysis of Bettelheim's most popular book *The Empty Fortress* must include an analysis of his mother-blaming. A significant amount of Bettelheim's mother-blaming occurred before the height of the second-wave feminist movement. However, I would like to emphasize that a movement does not start overnight. Instead, in the years building up to the 1960s and 1970s, these feminist ideas were compounding among thousands of women. As disability

²⁷ It should be noted Peter Gay was very interested in psychoanalysis and Freud. His interest in Freudian theory probably altered his review of Bettelheim's book. To read more about Gay and his work on Freud, see Gay, P. (2004). *A Life of Learning*. Paper presented at the Charles Homer Haskins Lecture for 2004, New York, NY. http://www.acls.org/uploadedFiles/Publications/OP/Haskins/2004_PeterGay.pdf

historian Paul Longmore once said “No movement can exist without...millions of ordinary men and women asserting themselves to demand dignity and their rights” (Itsnormalada, 2010).

Bettelheim’s literature included two types of blame. The first type of blame, direct, was used by explicitly stating that mothers should be blamed. The second type of blame, indirect, included discrediting mothers. In order to uphold expert opinion Bettelheim used both types of blame to embed a critique that mirrored his views on gender and parenting roles within his scientific definition of autism.

B. Background

As a young man, Bettelheim attended the University of Vienna, where he originally studied art history and switched to business after it became clear he would take over the family lumber business when his father died of syphilis (Pollak, 1997). Failing to enjoy the lumber business, he eventually went back to the University of Vienna and wrote a dissertation on “the problem of nature’s beauty and the modern aesthetic” to complete a doctorate in Philosophy and Aesthetics (Pollak, 1997, p. 48; Silverman, 2011).

At age thirty-five, Bettelheim spent ten and a half months in Dachau and Buchenwald concentration camps during World War II (Pollak, 1997). These experiences were crucial because they inspired his theories on autism and mothers. These experiences also gave Bettelheim a perspective seemingly based in experience:

as a survivor, Bettelheim enjoyed a unique, almost anthropological authority. As a witness, he could speak to the motivations underlying fascism and authoritarianism, and as therapist he could claim a theory that transmuted the negative power of the camps into a positive therapeutic insight. (Silverman, 2011, p. 66)

Bettelheim (1967) was quick to draw connections between children with autism and people in concentration camps arguing, “what was external reality for the prisoner is for the autistic child

his inner reality” (p. 65). Bettelheim (1967) compared children with autism to concentration camp prisoners and mothers to SS guards on multiple occasions.

Months after leaving Buchenwald²⁸, Bettelheim moved to the United States, where he eventually settled in Chicago (Pollak, 1997). Needing a source of income, Bettelheim took a position at Rockford College teaching introduction to art and history of ancient art. Bettelheim later went on to teach German literature, philosophy, and general and advanced psychology at Rockford.

In 1944 the Chancellor of University of Chicago offered Bettelheim a position as director of their Orthogenic School for children of “doubtful mentality” (Pollak, 1997, p. 130). Although Bettelheim wanted a position in the department of humanities teaching art history, he accepted the orthogenic school position after learning the head of the humanities department could not make him an offer. Bettelheim regarded the children as hopeless cases so “if he failed no one would really blame him; but if he succeeded everyone would be more than pleased. ‘So it was a no-lose situation, which [he] liked’” (Pollak, 1997, p. 133). Bettelheim served as a faculty member at the University of Chicago in education, psychology and psychiatry (Zimmerman, 1997). He simultaneously directed the Sonia Shankman Orthogenic School at the University of Chicago from 1944 to 1969.

Bettelheim used his experience serving over 200 autistic children at the Orthogenic School to write many books and articles. The stated purpose of one of the most influential, *The Empty Fortress*, is:

to set forth the experience of a group of people who have worked intensively for many years with autistic children, to tell what we learned from it about the nature of the disturbance, about treating such children, and about early personality development. (Bettelheim, 1967, p. 385)

²⁸ According to Pollak (1997) after typhus infected Buchenwald and began spreading to local communities, the Gestapo freed some unaffected prisoners including Bettelheim in April 1939.

Case stories make up over half of *The Empty Fortress* and serve to provide the most evidence for Bettelheim's theories, which are interwoven throughout the book. Although he worked with many children at the Orthogenic School, Bettelheim (1967) argued certain children (Laurie, Marcia, and Joey) were selected because:

more could be learned from the three histories I selected for presentation if each one stressed what was peculiarly instructive about the development of that child. Thus in 'Marcia,' for example, I felt there was most to be learned from a chronological account in which the interplay of experience and achievement, of treatment and progress, was made as evident as possible. To repeat that for Joey seemed of less value than to concentrate on the deciphering of one autistic system to the point where its analog in familiar human needs could be recognized, in order then to be satisfied. (Bettelheim, 1967, p. 250)

To aid later discussion, presented below is a short summary of each case.

1. Laurie

At age seven, after a stay in a state mental institution, Laurie entered the Orthogenic school (Bettelheim, 1967). Prior to both, she was cared for at home by a young nursemaid and later an older woman. She arrived at the school extremely anorexic and with no bowel control. She refused to drink anything by herself and would often become dehydrated and constipated. After vomiting for a few days upon admittance to the school, Laurie was noted for always leaving her mouth "slightly open, her teeth and parched lips apart" (Bettelheim, 1967, p. 100). To promote purposeful defecation, Laurie was encouraged to "have bowel movements at random wherever she was: in bed, sitting on a chair, on a counselor's lap, or standing up" (Bettelheim, 1967, p. 104). After elimination Laurie frequently played with her stool like blocks. Since this was not prohibited by Bettelheim or counselors Laurie "became more active and daring in handling her feces by smearing them over her body and hands" (p. 106). Having attended the school a day short of a year, Laurie's parents withdrew her because of perceived progress. A few years later Bettelheim (1967) learned about Laurie's commitment to a "state

hospital for mentally defective children” (p. 151). He concluded Laurie’s chapter in *The Empty Fortress* by detailing her withdrawn and emaciated state.

2. **Marcia**

“Miscellaneous baby sitters, some of whom seemed to inspire Marcia with great fear” cared for Marcia after age 18 months when her mother returned to work (Bettelheim, 1967, p. 158). Marcia developed normally until she stopped moving her bowels when her mother began toilet training. She became extremely constipated, requiring weekly enemas when not given daily laxatives. Marcia entered the Orthogenic School at age ten. She had a constant “twiddling behavior, a rapid shaking of one or two of her fingers. Often the twiddling was self-hypnotic” (Bettelheim, 1967, p. 164). Along with tantrums, Marcia’s language development and coordination continued to increase during her time at the school. By the end of *The Empty Fortress* Marcia “could perform simple tasks, could take care of herself and be useful in the home. She took good care of her clothes, her possessions, loved to work in the kitchen and the dining room” (Bettelheim, 1967, p. 232).

3. **Joey**

After three and a half years with his grandparents Joey entered a “nursery school for emotionally disturbed children conducted by a University Child Guidance Clinic” until age seven (Bettelheim, 1967, p. 242). When Joey reached the school’s age limit, he briefly attended a boarding school until his condition worsened and he returned home waiting for acceptance to the Orthogenic School. During this waiting period, Joey attempted suicide. According to Bettelheim this resulted because of jealousy of his younger sister. Admitted to the Orthogenic School at age nine, Joey did not communicate verbally despite an ability to speak. Believing he was a machine, Joey behaved in a machine-like mechanical manner, insisting he be “plugged in” before he could

do certain tasks. Eventually Joey's ability to connect with others led him to what Bettelheim referred to as a rebirth. This rebirth resulted in Joey being ready to reconnect with his parents. Per his request, Joey returned home to live with his family at age 18—nine years after being admitted to the Orthogenic School.

C. **Bettelheim's Basic Etiology of Autism**

According to Bettelheim, feral children—children supposedly raised in nature by animals—were the first theorized accounts of autism (Bettelheim, 1967). Kanner (1943), first to publish on autism, referred to one of his case studies as “a lone wolf” who acts like “a foal who'd been let out of an enclosure” (Bettelheim, 1967, p. 365). Bettelheim believed these theories were untrue because of the tendency for children with autism to desire sameness as well as to avoid close contact. Bettelheim argued believing animals could raise a human assumes that man is not a product of his surroundings. These theories served as the antithesis to Bettelheim's beliefs because they purported all development was inborn (genetic) as well as denied the notions and aims of almost all subfields of psychology. For these reasons, according to Bettelheim, autism was not organic.

With regards to the non-organic cause of autism, Bettelheim (1967) believed:

autism has essentially to do with everything that happens from birth on; nor can we rule out the possibility that some prenatal deviations in development may be a contributing factor. But since I also believe that autism is basically a disturbance of the ability to reach out to the world, it will tend to become most apparent during the second year of life when more complicated contact with the world normally take place. (p. 393)

Bettelheim (1967) argued against other researchers' organic theories: because mothers interact with their children from the first hours of life, stories about children being “unresponsive from birth on do not, in and by themselves, suggest an innate disturbance” (p. 399).

In fact, Bettelheim directly attacked Dr. Bernard Rimland because of his beliefs about the organic causes of autism. Rimland supported a central nervous system etiology; doing so meant that organic causes rather than mothers were to blame for autism. Although Rimland, who was at this moment young and not yet as experienced²⁹, was not the only researcher who purported organic causes of autism, Bettelheim took the opportunity to criticize him along with his alliance with Kanner. Bettelheim argued:

First, the possibility exists that if certain neural systems are not appropriately stimulated within a specific period of life, they may suffer permanent impairment. Hence the absence of certain emotional experience at a very early age may account for the later dysfunction of some part of the central nervous system. Second, and more important, we were able, through psychotherapeutic treatment, to reverse the course of the disturbance. As illustrated in this book by Joey's history, we have helped him and others to free themselves of all those symptoms that are viewed as typical of the disease, suggesting that infantile autism is not caused by an inborn dysfunction of the central nervous system. (Bettelheim, 1967, p. 401)

While most of Bettelheim's *The Empty Fortress* (1967) was one sided, in this critique of Rimland he was giving voice, perhaps inadvertently, to other theories that opposed his own. Bettelheim did not create the sole theory about the cause of autism but he was successful because his ideas aligned with the immense popularity of psychoanalysis during this time therefore allowing him to be one of the loudest; this refers back to part of the original Latour (1987) quote:

we look at *where* the disputing people go and *what* sort of new elements they fetch, recruit or seduce in order to convince their colleagues; then, we see how the people being convinced stop discussing with one another; situations, localizations, even people start being slowly erased. (Emphasis original; p. 15)

Moreover, theories of feral children and organic origins created a situation, according to Bettelheim (1967), in which "behavior of some children could be explained on the basis of wish instead of by rational analysis" (p. 347). Autism's non-organic (environmental) cause allowed

²⁹ Bernard Rimland, his rise to prominence, and his inclusion of parents will be discussed in greater detail in the next chapter.

for a disturbance that could be fixed and/or reversed by psychologists such as Bettelheim. With an organic cause autism was outside the realm of psychology and therefore outside of Bettelheim's efforts. I believe rallying for environmental causes kept autism from medical doctors, thereby giving Bettelheim opportunities to contribute to the field and gain expertise. Moreover, because of high levels of child dependency on and interaction with parents, environmental causes provided support for his theories about parental involvement. His treatment methods progressed accordingly.

According to Bettelheim (1967) instead of exclusively organic causes, children develop autism through the course of highly sensitive critical periods. During the first critical period, the first six months, these children become frustrated and anxious with the world. If unaddressed, frustration develops into what Bettelheim deemed "an autistic *Anlage*," also called secondary autism by other literature (Horner, 1975; McDermott et al., 1967; Rutter, 1978; Shapiro et al., 1975). This autistic *Anlage* "is the conviction that one's own efforts have no power to influence the world, because of the earlier conviction that the world is insensitive to one's reactions" (Bettelheim, 1967, p. 46). During this period the child gives up after trying to relate and finding no response from those around him. In a Neo-Freudian fashion, Bettelheim (1967) commented, "the world which until then seemed only insensitive now appears to be utterly destructive...but since the autistic child once had some vague image of a satisfying world, he strives for it—not through action, but only in fantasy" (p. 46). According to researchers such as Bettelheim (1967), Horner (1975), McDermott et al. (1967), Rutter (1978), and Shapiro et al. (1975), after the child retreated into secondary autism s/he was defined as having infantile autism or officially diagnosable as autistic. As a result of these environmental theories, parents played a crucial role in preventing the child from "retreating" into secondary autism.

Despite citing parents as the reason children retreated, Bettelheim continuously defined parents plural to mean the mother singular. Bettelheim rarely included pronouns other than “her” when discussing both the child’s parents. “Her” was the default descriptor because traditional notions of femininity included being domestic and nurturing, while masculinity did not. For example, when he described the etiology of autism he wrote:

If her disappointment is severe her responses will reflect it, and the child may not only fail to develop any wish to relate, he may even lose interest in reality, or at least in trying to influence it. The same may happen if the mother expects too little. If she assumes the infant cannot adapt, she may stymie his efforts in the direction. By not encouraging or responding to his actions she may force him to exist only or mainly as an extension of herself, as the passive object of her care. (Bettelheim, 1967, pp. 27-28)

This quote also highlights Bettelheim’s tendency to define the child as male. In Bettelheim’s examples the mother always forces her actions upon a male child. When a woman altered her gender roles she affected her son. For example, Bettelheim (1967) says, “by talking only to his [Joey’s] mother and in a whisper, he had tried to force her to pay close attention to him; but it did not bring the closeness he craved” (p. 245). He continues, “when all this failed to bring the relief that only an adult’s love can give the small child, Joey may have sought control of these machines” (Bettelheim, 1967, p. 246). Joey’s mother failing to provide closeness resulted in Joey’s autistic machine-like behavior. His mother’s failure to complete her roles as mother and woman directly affected Joey.

D. Perceived and Presented Gender Differences

Autism researchers’, including Bettelheim, prestige as esteemed professionals provided them with opportunity to comment about women throughout the second subperiod. Their ability to do so was compounded not only by paternalism but also by the historic perceived notion of women as inferior, especially with regard to logic and intelligence. One of the indirect blame

techniques used by Bettelheim (1967) to remove women's credibility was to question their mental health. During this time, women struggled to be taken seriously and to be seen as credible.

For example, according to Bettelheim, Laurie's mom was both narcissistic and "struggling to maintain a grip she held on reality" (Bettelheim, 1967, p. 99), while other mothers discussed by Bettelheim were described as spending their lives in therapy. Joey's mother had "years of therapy" and was only able to begin recovering once "she was relieved of Joey's care" (Bettelheim, 1967, p. 242). Only through therapy did the mother improve enough for the parents to "achieve a good marital and life adjustment" suitable for proper parenting (Bettelheim, 1967, p. 242). As a result of the stigma associated with them, these mental health issues, which seemed to plague mothers more than fathers, portrayed these women as 'crazy' and therefore not capable. In alignment with gender roles and Bettelheim's chauvinism, this emphasis made these mothers less capable and less knowledgeable, thereby making their beliefs null in comparison. Mental health issues also served to elevate researchers in the field of autism, in this case Bettelheim, because they were not only working on diagnosing, curing and treating autism, thanks to Neo-Freudian and Freudian backgrounds they were also knowledgeable enough to diagnose these stigmatized and difficult mental health issues in mothers.

According to Bettelheim's critiques, gender differences both warranted and encouraged differential child management. A tactic Bettelheim used was defining women as a weaker sex. One of the ways he attempted to do so is through the case of Marcia. Through connection with Karen, her therapist, Marcia began to realize boys and girls are different—she was a girl. After this realization, Marcia became depressed for several months (Bettelheim, 1967). Bettelheim told a similar story of Marcia's mother who during adolescence "felt a great deal of resentment at being a girl, growing into a woman. As she put it, 'the whole idea was horrible'" (1967, p. 157).

These two examples, among others, help to illuminate Bettelheim's ideal gender hierarchy. Bettelheim (1967) did not attempt to theorize why Marcia would become depressed after realizing she was female or why Marcia's mother would resent growing into a woman. Perhaps these resentments and depressions needed no explanation – one might resent being a girl/woman because it meant they were not a powerful and strong man. Marcia had trouble accepting her femaleness; her “recognition that she was a girl plus her denial of what made her a girl, added up to a conflict of wishes: that she should be a girl (like Karen); but that no difference should exist between boys and girls” (Bettelheim, 1967, p. 199). Who would not feel discontent being a female [who lives with in the confines of his gender roles]? To Bettelheim, to be a girl or woman meant being a member of the “naturally” weaker sex, so resentment could be expected. He continued, “to accept the nature of the sexual difference would have brought her up too sharply against the problem of who and what she was, and this problem had to be avoided as too complex and too threatening” (Bettelheim, 1967, p. 199).

Conversely, Bettelheim's perceptions on masculinity were highlighted through Joey. Joey progressed in very different ways from Marcia and Laurie because of his sex. In order to aid the children in making steps forward in adapting to the environment, Bettelheim's (1967) treatment regimes included letting children behave however they pleased. As a result, Bettelheim's discussion of Marcia, Laurie and Joey often included examples of children behaving in culturally unacceptable ways, such as urinating or defecating on a counselor's lap. Although Bettelheim's treatment plan apparently gave most of his students free reign, Bettelheim restricted Joey's behavior. Bettelheim (1967) “first took a stand” after he “got so tired” of Joey bringing his mechanical play equipment into the dining room (pp. 255-256). Although female students were still allowed to do whatever they pleased, even if this included a passion for biting her

counselor's fingers such as Laurie did, Joey was restricted by gender roles that dictated he was mentally strong enough to handle being controlled.

According to existing stereotypes, each gender worked as an antithesis of the other. While women and girls were defined as passive, fragile and weak, men and boys must be the opposite—strong, assertive, and active. Joey's maleness meant he was strong enough to handle being restricted—he was not so fragile that being restricted would break him. Later Bettelheim discussed restricting Joey again, this time out of potential danger to others, something girls could not achieve. He wrote, “his weird grin and trembling lips showed that this was another of his dangerous activities and we declared it out of bounds” (Bettelheim, 1967, p. 257). Despite his differing actions, description of Marcia's “violent temper tantrums” provided evidence she too was potentially dangerous (Bettelheim, 1967, p. 180). With his discussion of Joey, Bettelheim created a situation where his actions enforced his gender schemas while also contradicting his treatment theories. In an attempt to justify his actions, Bettelheim (1967) detailed how, unlike with females Laurie and Marcia, “not budging made a difference to Joey” (p. 258). This quote served as a loophole, supporting his treatment theories as well as enforcing his gender schemas so that Bettelheim did not appear to be contradicting himself. His treatment theories were supported because Joey supposedly improved as a result of his treatment. While at the same time his gender schemas were kept in tact because this simply showed how Joey, a boy, did not require such fragile treatment as the girls—he had the mental strength to be able to handle conflict. Because of both Bettelheim's differential treatment of Joey and his acceptance that Marcia should resent being female, the role of gender was fed back into the etiology of autism.

E. The Role of Women

In alignment with gender schemas that defined women as the “natural” caretaker, breast-feeding played a large role in mother identity. Bettelheim (1967) believed if a baby had trouble breast-feeding it would turn its face or hit the mother, leading her to interpret that she was not a good mother rather than investigating what went wrong. By purporting such, Bettelheim defined this mother as a bad mother because her baby reacted to her in these ways and because she did not care enough to investigate what went wrong. Bettelheim believed the mother altered the baby’s development if, rather than properly reacting to the baby’s attempts, she rejected the baby by assuming she knew better. In fact, according to Bettelheim (1967)

Nursing and what happens around it seems to be the nuclear experience out of which develop all later feelings about oneself and other persons—so important it is, this initial experience of having acted on one’s own within a context of mutuality, of having known what it is to be fully active, of having shaped the experience in spite of one’s otherwise dependent state. (p. 19)

In alignment with Freudian and attachment theories³⁰, this first mother child breast-feeding reaction was crucial.

For Bettelheim, the importance of feeding did not stop at the breast. Even after the child was no longer breast-feeding, the way the mother fed the child was still influential. According to Bettelheim (1967), when “the mother carefully wipes his mouth after every spoonful—however gently—the disapproval of how he eats will again not be lost on the child” (p. 22). Bettelheim believed despite his or her early stage of development, the child could sense the disapproval in the mother and the mother’s negative feelings would cause the child to enter secondary autism.

Bettelheim’s (1967) discussion of Marcia served to reinforce his theory on reactions to breast-feeding experiences. Marcia twiddled her fingers against her mouth and chin in order to

³⁰ For more on attachment theory see Bowlby, J. (1969). *Attachment: Volume One of the Attachment and Loss Trilogy* (Vol. 1). London: Hogarth.

simulate breasts and also participated in activities, such as spinning a ball around her mouth, in order to compensate for breasts that were inaccessible to her. Marcia “shook and twiddled only the forefinger” of her hand, which served as a “substitute breast” (Bettelheim, 1967, p. 176). Despite this, Marcia never had the finger touch her mouth “much less enter the oral cavity” because this “substitute breast” still represented her mother’s breast (Bettelheim, 1967, p. 176). No matter how much she wanted it and tried to reach out to the mother, she learned from her mother’s actions and behaviors this was always to be inaccessible. Much like in the original process, Marcia was again rejecting the mother, this time metaphorically rather than entering secondary autism, because of bad mother’s inaccessibility.

Despite the breast being forever inaccessible, Marcia acted out because this need was so strong and primal for her. According to Bettelheim (1967), like many of his other students, Marcia began identifying light bulbs with breasts. He postulated this was due not only to their circular shape but also because

the nursing infant looks up from below to the mother’s breast, or else to her face and the bottle. Looking up that way makes the ceiling part of his total visual experience, and one part of it may come to stand for the other—the ceiling (or ceiling light) for the breast, face or bottle—since all is projected against the ceiling while he nurses... This second explanation has to do with the experience of children who were *felt as an imposition* by the mother. Their mothers *rushed* through the necessary procedures unwillingly and with speed. *They wanted the baby to sleep as long and often as possible*, often darkening the food for that reason. When eventually they came to feed the infant, the turning on of lights or the opening of the curtains was a signal that food had come at last. In such cases a kind of conditioned response can be established between light and food. (Emphasis added; Bettelheim, 1967, p. 203)

As a result of frustration and feelings of anger toward her mother, Marcia wished to destroy the light bulbs for not “com[ing] down and feed[ing] her” (Bettelheim, 1967, p. 203). Bettelheim (1967) concluded, “her desire for these light fixtures suggests her desperate oral cravings, while her [repeating] ‘break breast’ reflects her anger at being frustrated” (p. 203). These young

children displayed anger because of their inadequate mothers. Bettelheim's lengthy discussion of inadequate breasts, which are synonymous with inadequate mothers, again served to blame them. Not only did Bettelheim call attention to their supposed inadequacies and failures but he also commented a frustrated and angry borderline child retreated into secondary autism. Therefore, their deficiencies were two-fold because of their failures as mothers (women) and because these maternal failures caused their child's autism.

Similar to Marcia, the breast seemed unreachable to Laurie. Bettelheim's (1967) "frankly speculative interpretation" was Laurie's behavior indicated "that she had been caught eternally between her overwhelming desire for the good breast (the good mother) and her despair because, in spite of all her efforts there seemed nothing there for her, not even a 'bad breast'" (Bettelheim, 1967, p. 149)—"the bad mother who stifled all her active desires" (Bettelheim, 1967, p. 142). While Marcia's mother was bad because she was deviant, Laurie's mother was bad because she was ambivalent. This quote did not portray her as terrible or abusive, instead she was a bad mother for the same reason she was a bad woman—she rejected her "natural" gender role.

Discussion of inadequate breast-feeding as one cause of autism did not only occur during presentation of the case studies. Instead, most of Bettelheim's (1967) causality interpretations included schemas that related back to breast-feeding, which tied everything back to the "bad" mother causing autism. More than any other physical marker or trait, breasts are the symbolic indicator of women and femininity. For this reason and for its ties to Freudian ideology, it is not surprising Bettelheim used breasts as the vehicle for this causal relationship. Unfortunately, Bettelheim went beyond using the breast as a method to blame mothers. Throughout explanations and discussion, Bettelheim objectified women to the extent that they existed solely as breasts. In doing so, he implied women should exist primarily to be a good mother, which he

defined as a good breast. Furthermore, while existing solely as a breast, the woman did not really exist. Bettelheim (1967) detailed the woman/breast was actually “the child’s first ‘possession’” (p. 137). Women existed for no other purpose than motherhood, which he defined as being a good breast that served as the child’s first object relation.

In 1955, 29.2% of women were breast-feeding, while the number reduced to 24.9% in 1970 (Martinez & Nalezienski, 1979). The rapid decline of percentages of women breast-feeding from 1955 to 1970 created an opportunity for Bettelheim (Martinez & Nalezienski, 1979). Breast-feeding was a great vehicle for Bettelheim’s criticism because of the resurgence of popularity in breast-feeding beginning to happen around the same time period. There was an increase in professional knowledge about breast-feeding resulting in breast-feeding rates significantly increasing from 24.9% in 1970 to 45.1% in 1978 (Martinez & Nalezienski, 1979; Wright, 2001). This popularity in combination with Bettelheim’s paternalistic influence as a researcher and professional allowed him to attempt to enforce his beliefs with very little backlash.

As evidenced by his commentary in *The Empty Fortress*, and in alignment with gender and parenting stereotypes described above, Bettelheim (1967) believed women should not work. For example, Bettelheim (1967) wrote:

according to what the mother told [him]...Laurie’s pregnancy was planned because the mother wanted a girl. The contradiction between this statement and the one about planning to delay having children is one of many that characterized the mother’s testimony and behavior. After Laurie was born the mother continued working. (p. 96)

In this statement, not only did Bettelheim characterize Laurie’s mother as inconsistent in an attempt to invalidate her choices but he also made sure to point out the mother continued to work so he could critique this as well. Because the mother continued working Laurie’s “entire care was handed over to a young nursemaid” (p. 96). Bettelheim’s language emphasized Laurie’s

mother made an inappropriate choice because by virtue of her sex and in alignment with her role as wife, she should be the caretaker. Moreover it is likely, specifically mentioning the nursemaid's young age informs readers to question the nursemaid's prior experience and qualifications.

Laurie's mother was not the only mother who worked after giving birth. Marcia's mother went back to work, though she did so out of necessity because her husband had a severe mental relapse. Bettelheim (1967) disapproved, commenting that although going back to work enabled her to provide the family with financial support, Marcia's mother actually went back to work in order to "forget it all" because her "real inclination [was] to live her own life, and leave the two of them [her husband and Marcia] behind to fend for themselves" (p. 158). He continued condemning her, implying she did not go back to work because of money. He wrote, "although they were close to several hospitals, she chose to work in a setting that matched her own feelings of hopelessness: a hospital dealing mainly with terminal cases" (Bettelheim, 1967, p. 158).

One may wonder how Bettelheim (1967) was able to continue denouncing women who went outside of their stereotypical gender roles by working while also having female co-workers at his orthogenic school. Not to imply Bettelheim necessarily supported employment of any women, but, much like other traditionalists, he preferred employment of single women over those who were married, such as the mothers of the children in his school. His ambivalence towards working single women was eased by the fact that jobs they were doing—aid, nurse and teacher—were all traditionally female positions and careers. It was more acceptable for single women to

work in caring professions because it primed them for the roles for motherhood.³¹ Bettelheim believed allowing single women to work trained them to be motherly and served as a method to stop the cycle that created autism. Like others who held ‘traditional values,’ Bettelheim believed when these single gender-role-working women got married (which they all should), they needed to quit their jobs. As evidence of this belief Bettelheim applauded orthogenic school employees Karen and Fae, who worked with Marcia and Joey respectively, by specifically mentioning that they quit in order to get married. In fact, praise was amplified when Bettelheim (1967) mentioned Fae’s position as unemployed, “married and a mother” (p. 330). Not only were women’s own identities and careers no longer their own once they got married, they had to become tools of their husband in order to create proper families.

1. Unwanted child

Bettelheim (1967) believed mothers who rejected their children because they did not want them caused the child to become autistic. Bettelheim (1967) clarified “throughout this book I state my belief that the precipitating factor in infantile autism is the parent’s wish” that their “child should not exist” (p. 125). Despite not wanting the child, the parents could not get rid of the child because of social and class pressures. Regardless, Bettelheim claimed it was not uncommon for these parents to lose or abandon their children; “there is hardly one such parent...whose wild autistic child has not managed to get lost several times” (Bettelheim, 1967, p. 356). By citing children as often missing following a discussion of deep subconscious wants to rid themselves of children, Bettelheim implied that parents misplaced children in order to have some temporary relief. Although Bettelheim implied these feelings existed in the subconscious,

³¹ In fact, one of the most significant pink-collar careers—teaching—specifically marketed towards young women by linking teaching to nurturing; “advocates of women as teachers argued” teaching was the “ideal preparation for motherhood” (Apple, 1985). Once hired, teachers could be fired for getting married or getting pregnant (Apple, 1985). This highlights how this caring profession was really aimed for single women. Apple (1985) also notes that the labor conditions these young women faced led to radicalization and leadership in the feminist movement.

he also highlighted a case discussed by psychoanalyst William G. Niederland where an unwanted boy was “mistakenly” injured by his parents. Bettelheim quoted Niederland who wrote that the boy’s parents:

‘told [the boy] that when he was less than a year old, they indeed had had to ‘thaw him out’ of his urine, feces, and vomitus because ‘by mistake’ they had left the window of his room half-open throughout a very cold winter night. They had ignored his cries during the night on the recommendation of their pediatrician. He developed pneumonia, was hospitalized and remained an invalid for a long time.’ (Bettelheim, 1967, pp. 70-71)

Quotation marks around ‘by mistake’ communicated Bettelheim’s skepticism.

In order to determine why Bettelheim (1967) believed the child was unwanted, one must again examine his attitudes towards working women—why would parents (read: mother) wish the child did not exist? For Bettelheim, the answer was quite simple. The mother wished the child did not exist because she was not motherly and she wanted to continue her career (because she valued working over motherhood).

While the second-wave feminist movement was pushing forward, major dramatic and violent events were occurring world wide—the Cuban missile crisis, the Vietnam War, the Cold War with Russia. Clashes were also occurring inside the United States as the civil rights movement strengthened. Violence and general discontent of this magnitude made people, especially those who were previously enjoying their positions of privilege, reminiscent for a “simpler” time³², a return to traditional values, such as the ones prominent in the 1950s.

Bettelheim was one such person who reveled in traditional values. These beliefs were evidenced

³² According to sociologist Fred Davis (1979), being reminiscent for a simpler time, or “nostalgia reactions are most likely to occur in the wake of periods of severe cultural discontinuity” such as those that were occurring during the 1960s and 1970s (1979, p. 141). He continues, “Nostalgia is also . . . a conserving influence; it juxtaposes the uncertainties and anxieties of the present with presumed verities and comforts of the lived past...” (Davis, 1979, 141). For more information about the effects of nostalgia see Davis, F. (1979). *Yearning for Yesterday: A Sociology of Nostalgia*. New York, NY: Free Press. Or see Kitch, C. (2007). Selling the ‘Authentic Past’: The New York Times and the Branding of History. *Westminster Papers in Communication and Culture*, 4(4), 24-41.

by Bettelheim's quote selection and interpretation. For example, he quoted Joey's mother as saying, "I never knew I was pregnant" (Bettelheim, 1967, p. 238). He continued the commentary by writing her quote "mean[t] that consciously the pregnancy did not alter her life. His birth, too, 'did not make any difference'" (Bettelheim, 1967, pp. 238-239). Bettelheim made a substantial logical leap from Joey's mother not knowing she was pregnant to the pregnancy not altering her life. The only way this theory could not be a logical fallacy is if one assumed, as Bettelheim did, that as a feminist woman she was detached from her child to the extent that it brought her no maternal feelings. To make sure lack of maternal feelings was stressed, Bettelheim later repeated, "motherhood itself made little difference...or more correctly, the mother did not let it make an impression on her" (1967, p. 239). Again, "She did not want to see him. 'I did not want to nurse him. I had no feeling of actual dislike—I simply didn't want to take care of him'" (Bettelheim, 1967, p. 239). Bettelheim used these particular quotes to pinpoint what he saw as the breakdown of the traditional family structure. These feelings of maternal detachment served as a threat that Bettelheim was 'objectively' introducing to the world. This effect became even more impressionable because, in this case, his social commentary was actually presented by the woman herself; he creatively supported his argument with these quotes to make it evident the woman had no other enemy but herself.

These particular discussions of lack of parental feelings were not limited to the mother. The father was also briefly included because he too had gender roles to fill, albeit roles dichotomous to women. In fact, discussion of the unwanted child was actually one of the rare areas where Bettelheim included negative portrayals of the father. When Marcia's father was

talking about his emotional difficulties he repeatedly spoke of how they 'popped out,' and always connected them in his mind with his wife's pregnancy. Though he did not want a child, he felt swayed by his wife and reluctantly agreed to having one. (Bettelheim, 1967, p. 158)

The father, as quoted by Bettelheim (1967) continued, she was ““really of no interest to me. I felt she was my wife’s child”” (p. 158). Bettelheim (1967) continued “he had only one interest in them: he who hated being teased, loved to tease small children” (p. 158). Despite quickly mentioning the father’s passion for angering children, Bettelheim hardly critiqued these fathers. To critique these fathers on their lack of parenting skills would not align with Bettelheim’s own attitudes towards gender and parenting roles. If the child belonged to the wife alone, then the father’s lack of paternal feelings was not problematic but natural.

Bettelheim’s definition of male roles limited parenting to the realm of the mother thereby placing all responsibility on her. Despite his opinion they should work only in the home, women and mothers continued to exist in the workforce. The percentage of women 25 to 54 in the labor force rose almost 15% in the twenty years from 35% in 1948 to about half of women, 50.1% by 1970 (Mosisa & Hipple, 2006). Furthermore, “in 1948, only about 17 percent of married mothers were in the labor force. By the 1980s, labor force participation had become an integral part of their lives. In 1985, for example, 61 percent of married mothers were working or looking for work” (Cohany & Sok, 2007, p. 9). Since Bettelheim would have had no compliance amongst women if he had demanded all women across the country quit their jobs and go home to mother their children, he instead needed to transform how working women were portrayed in society. Bettelheim crafted images of working mothers in which women needed to become regimented to simply attempt, albeit unsuccessfully, to work both jobs (the office and home). Striving to do both would create mothers who were drained of their motherly (read: womanly) traits. Instead of being warm and nurturing, mothers became cold and distant. Instead of becoming soft and passive, mothers became strict and controlling. Bettelheim (1967) supported this by selecting a deliberate quote from Marcia’s mother—“what little the mother did do for Marcia ‘I did in a

hurry. I'm a bossy person'" (p. 158). This quote makes Marcia's mother seem to be both distant and controlling.

Working outside the home, according to Bettelheim's portrayal, required women to regulate everything, including other people, in an attempt to succeed. As Bettelheim (1967) pointed out, Laurie's mother needed control so badly she demanded Laurie leave the school despite not wanting her; "*they had no answer to my question* of why they had announced this as a visit. They both said, but the mother in particular *insisted*, that Laurie belonged to her, that she could not live without her" (emphasis mine; p. 151). "Knowing" Laurie's strict mother's true motivations, Bettelheim offered to keep Laurie at a reduced fee. Her parents refused.

As part of their need to manipulate and control everything, according to Bettelheim (1967), these women needed to create strict regimens for their children. He made a connection between Joey's cold, regimented and machine-like mother and his autism. Joey, as discussed by Bettelheim (1967), believed that

there were many reasons why machines were better than people...But like a leitmotif there are two things he said over and over again in the most varied contexts: that machines don't feel and hence can't be hurt; and that they can be shut off at will. Or in Joey's words: 'Machines are better than people. Machines can stop. People go farther than they should.' (p. 260)

Bettelheim thought it was so evident that mother's behaviors led to autism that even Joey knew it.

Bettelheim (1967) used defecation to exemplify how strict, controlling mothers interrupted child development, which he believed caused them to enter secondary autism. During this time period, with the invention "streamlined diaper care" that "liberated mothers in our culture from the real need to 'train' their children early" there was a movement towards child-centered toilet training (Brazelton, 1962, p. 121). Professionals such as Dr. T. Berry Brazelton of Harvard Medical School argued "proper timing of [toilet training] may enable him to achieve

mastery for himself. The ultimate value of such self-achievement can be easily weighed against the adverse effects of inopportune training by an adult society” (Brazelton, 1962, p. 121).

Therefore, if mothers were strict, like autism mothers were, and toilet training was forced upon them, the child would not master the concept of self-achievement.

To Bettelheim (1967), defecation was important, especially in autism, because it allowed children to learn the difference between what was self and nonself. Because these children saw fecal matter as an extension of self they felt connected with fecal matter to the extent they (‘normal’ children) should try to hold on to their feces and play with it. Eventually the “normal infant can and does learn to let go, because his self is well enough established by then: it is not shattered by the experience that a small part of what was self becomes nonself” (Bettelheim, 1967, p. 112). Bettelheim believed the trouble in this situation came when parents, especially the mother, showed disgust towards the child’s fecal matter. One such example was mothers yelling at their children when the children played with their feces. Without exploring possible alternative reasons for demanding children stop playing with fecal matter, such as for sanitation, Bettelheim pointed to mothers rejecting their children because of this act. The mother’s prohibition prevented the child from developing a sense of self, which again served as a cause to enter secondary autism.

Bettelheim believed strict regulation in relation to defecation did not begin and end with toilet training. Instead, it occurred when the infant was cleaned after his first bowel movement (Bettelheim, 1967). Much like all other mother-related causes of autism, regardless of whether intentionally or not, the experience could be very emotionally harmful:

however it is done will have far reaching consequences for what happens later on when toilet training begins, or when the child becomes aware of defecation. Other events around feeding, such as how the mouth or hands are cleaned, will also

affect how things in later life are perceived, as will those around bathing and being dried. (Bettelheim, 1967, p. 263)

Because of this theory, despite pointing out “we cannot be certain,” Bettelheim (1967, p. 111) attributed Laurie’s anorexia to her experience around elimination. Again, although he admitted, “we do not know how Laurie’s nursemaid tried to train her,” Bettelheim proposed the blame was the parents by continuing “but a common method is to grab a child and put him on the potty as soon as he gives any sign of being about to defecate” (Bettelheim, 1967, p. 111). According to Bettelheim, the only positive aspect of this defecation process was when the child began to soil him or herself again—tremendous progress occurred. Although his theory was atypical of a time that was very focused on promoting the correct toilet training techniques, success or failure still reflected on the mother. Bettelheim described soiling oneself as a positive step because the child shed one of the many social constructions, forced toilet training, previously required of them. This marked an important step, one necessary in emerging from autism and forming a personality because the child had cast off the socially acceptable behavior that was forced upon him/her [by their mother].

Bettelheim (1967) thought

if such development is viewed as ‘regression,’ I can only wonder what progress is. Too often children’s progress is viewed not in terms of a move toward autonomy, but of the convenience of a society that cares less about autonomy than conformity, and of parents who prefer not to have to clean their children’s underclothes, no matter what. (p. 294)

Completing his theory with this philosophical argument provided support for his hypothesis; in doing so he created more space to “uncover” the true aspirations and motivations of these mothers and relate back to etiology.

F. **Conclusion**

Bettelheim defined autism as a diagnostic category based in mother-blaming. According to Bettelheim, both ambivalent and controlling mothers were bad mothers. Bettelheim blamed mothers

as the cause of autism through his writing and theories. Bettelheim used his ‘objectivity’ as a scientist to include social commentary in autism literature thereby creating myths that ““remodel[ed] the universe to [his] dominant desire”” (Bettelheim, 1967, p. 343) to align with traditional gender and parenting roles. It is for these reasons that I analyzed Bettelheim as a case study to further argue autism’s malleability and insertion of mothers. Much like in the previous chapter, Bettelheim aided autism’s malleability. Bettelheim’s nonorganic theories meant autism had social causes that needed to be created by psychoanalysts such as him. Moreover, the themes Bettelheim ‘unveiled’ about mothers created malleable spaces to blame them. Mother-blaming was especially common when women went outside traditional gender and parenting roles. However, Bettelheim’s analysis of these women was not questioned because of the popularity and acceptance of psychoanalysis as well as because the tropes and stereotypes of women he used were common of the time period. This allowed him to easily insert women into autism’s etiology in ways he felt were appropriate because of the traditional gender and parenting roles he was influenced by. As a result, autism’s description was again malleable.

Although Bettelheim was certainly not the first to include mother-blaming rhetoric in his literature, he was one of the first to bring this social commentary to the public through *The Empty Fortress* (1967). However, introducing this commentary into the public sphere rather than keeping it within an exclusive mostly likeminded group of fellow researchers did not come without backlash.

IV. CONCLUSION

A. Feminist Critiques of Psychology

Feminist psychologist Weisstein, mentioned in chapter three, critiqued psychologists' views on women. Although her critiques were not specifically aimed at autism literature they were still appropriate.

How are women characterized in our culture, and in psychology? They are inconsistent, emotionally unstable, lacking in a strong conscience or superego, weaker, 'nurturant' rather than productive, 'intuitive' rather than intelligent, and, if they are all 'normal,' suited to the home and the family. In short, the list adds up to a typical minority group stereotype of inferiority (Hacker, 1951): if they know their place, which is in the home, they are really quite loveable, happy, childlike, loving creatures. (Weisstein, 1968, p. 5)

In autism literature, there was a common misconception that these women only wanted to work and were not capable of raising children while doing so. Feminist literature produced during the 1960s and 1970s directly specified the desire for the right to choose both work and family (Streuer, 1974). Feminist scholar Erika Streuer (1974) purported that feminists were misunderstood because their simultaneous demands for childcare and equity in the workforce and in education. However, Gross et al. (1979) more accurately addressed these inaccuracies by detailing the changes in womanhood during the 1970s. According to Gross et al. (1979) during the 1970s there was a "sharp" shift

from one set of stereotypes to another: from the 'old' stereotype of women as pure, the home their pedestal and motherhood their true and exclusive fulfillment, to a 'new' stereotype of the home as a cage, its maintenance 'shitwork' and motherhood a 'drag' (p. 714)

Critiques of mother-blaming that paralleled feminist ones are apparent in autism literature. In this concluding chapter, I argue that after my periodization, autism again remolded the etiology of autism to include mothers but in a very different way. Starting in the 1980s through the present

time, with the help of parents and researchers who were parents of children with autism, autism was reconceptualized to be inclusive of mothers, as co-researchers in the production of autism knowledge. Even still, the dark history of mother-blaming created an air of distrust among some mother activists, mothers branded mother-warriors because they ‘fight’ for their child.

B. And a Woman Shall Lead

With the creation and rising popularity of community treatment, special education and early intervention, according to Eyal et al. (2010), psychiatrists not only became elevated to equal levels of expertise as other professionals, such as occupational therapists and special educators, but they also acted *in loco parentis*. With the rights to *in loco parentis*, psychiatrists gained power and expertise from the parents from whom they received information. Eyal et al. (2010) purport they “absolved the parents of their responsibility and expropriated their knowledge” (p. 4). Through these shifts in expertise researchers became all knowing God-like figures in the 1960s and 1970s.

However, autism researchers did not come together to become an all-knowing group; instead some researchers reached for power. Bruno Bettelheim was one such researcher; he patronizingly referred to other researchers as “students of this disturbance” (1967, p. 408). Bettelheim became a figurehead for one side of the field—the side that believed mothers caused autism. In fact, Bettelheim (1967) criticized others’ different views because it “erroneously assumed that any mother-child relationship is so valuable that it must be salvaged, even when it is damaging to the child” (p. 408).

The figurehead who held contrasting positions to Bettelheim was Bernard Rimland. Starting in the late 1960s and becoming more prominent thereafter, Rimland defined parents as competent and helped to redefine expertise to include them. Despite some ripple effect from

mother-blaming literature, this radical redefinition and empowerment served as starting point for the current autism field of research and treatment.

After the birth of his son who had autism, Bernard Rimland pursued an interest in the field of autism (Eyal et al., 2010). Rimland, who had a doctorate in experimental psychology and research methodology, compiled his exhaustive literature review and notes into *Infantile Autism: The Syndrome and Its Implications for a Neural Theory of Behavior*, which he published in 1964 (Pollak, 1997). As a parent of a child with autism, Rimland's views were shaped in ways atypical of most researchers of the time. Not surprisingly, Bettelheim and Rimland did not get along. Initially Rimland attempted to connect a mother of a child with autism, only to have Bettelheim scoff "“Lady, you have done enough”" (Pollak, 1997, p. 280). Bettelheim later informed Rimland that he "shall give [Rimland] no help" because he was "very critical of the approach [Rimland] [was] using to study infantile autism" (Pollak, 1997, p. 280). Bettelheim again retaliated against Rimland, this time publicly, by arguing in *The Empty Fortress* that Rimland's theories about autism's organic etiology could not be true because Rimland's book "failed to convince [him]" (Bettelheim, 1967, p. 401).

Bettelheim also made a rival out of Kanner by continually disputing him in *The Empty Fortress*. Bettelheim (1967) argued that Kanner simply named the disease, that Kanner changed his descriptions about the origin and treatment techniques, and finally that Kanner failed to consider "essential[s] for understanding a psychological behavior" (p. 387). Other than making a reference to Bettelheim's *The Empty Fortress* as "“The Empty Book”" Kanner paid no attention to Bettelheim, treating him more as a petulant child (Pollak, 1997; Silverman, 2011). Since both had the goal of keeping their diagnosis of autism small and exclusive, Kanner formed an alliance with Rimland (Eyal et al., 2010). Despite critiques and direct attacks from the prominent

Bettelheim, Kanner's backing provided Rimland with the credibility needed to gain footing in the field.

Parents began contacting Rimland after he published *Infantile Autism* (Eyal et al., 2010). Not considering himself an expert on therapy for children with autism, Rimland contacted O. Ivar Lovaas, who taught Rimland behavioral treatment methods. In return, Rimland introduced parents to Lovaas and Lovaas's methods. One such parent, Ruth Christ Sullivan, contacted Rimland after hearing about Lovaas's work and drawing a connection between autism and her son. Sullivan, who had a history of lobbying for the League of Women Voters, had the experience and expertise needed to galvanize the field. As a feminist and a mother, Sullivan provided brute force to the movement that had historically not only blamed but also rejected mothers. In 1984, she denounced the mother-blaming, noting:

parental testimonies were the ground on which Kanner built the syndrome in the first place – while using them to discredit the parents who gave them. The detailed diaries, reports, and remembered developmental minutiae, Kanner wrote, 'furnish a telling illustration of parental obsessiveness.' ... 'Yet,' Sullivan point[ed] out, 'when *he* is struck by the same phenomena, and writes thirty-three pages of detailed description of these children's unusual behavior *based on those mothers' notes and good recall*, he is called the 'father of autism' and hailed as a gifted observer, which, of course, he was.' (Eyal et al., 2010, pp. 176-177)

This developing cleavage not only included parents but was also run by powerful women including Sullivan and fellow women's rights movement activists. Together these women, Lovaas and Rimland formed the National Society for Autistic Children (NSAC) on November 16, 1965³³ (Eyal et al., 2010). Sullivan was elected as the first president of NSAC. A coalition formed around parents, NSAC found itself in opposition to those who participated in mother-blaming. For example, Constance Torisky, greater Pittsburgh area chapter president, commented on the power of professionals especially those who believed in mother blaming at the 1977

³³ Although this predates *The Empty Fortress*, NSAC only formed in 1965 and took a few years to become credible enough to face giants such as Bettelheim.

NSAC Annual Meeting and Conference; she said, “Unfortunately, we see it resurfacing in small communities where the only psychiatrist in town is ‘king,’ his word is law, and you had better hope he was not an admirer of Bettelheim” (Torisky, 1978, p. 235).

C. **Parents as Co-Researchers**

Rimland’s book did not spur a rise of parental power; instead, Rimland, Lovaas, and Sullivan served as aids to bring together and elevate parents who began identifying as “autism parents” (Eyal et al., 2010). According to Eyal et al. (2010) deinstitutionalization was the prime reason for parents gaining power over professionals who had previously served as gatekeepers to their child’s labels at institutions; parents could “‘shop’ for a diagnosis that best suited their child’s needs” (p. 135). Additionally, researcher Eric Schopler promoted parents’ rise to power. While aligning himself with Rimland, Schopler argued parents’ demeanors were a result of autism, not a cause (Eyal et al., 2010). Schopler was the first researcher to argue that parents served as scapegoats to other researchers. In the early 1970s, Schopler asked “why were clinicians unable to see that the arrow of harm went from child to parent and not vice versa” (Eyal et al., 2010, p. 180)? He argued, “they were baffled by autism, secretly frustrated, and needed to find a scapegoat” (Eyal et al., 2010, p. 180).

Eyal et al. (2010) states Schopler used parents as allies so in order to have “extra support against possible attacks from the better-endowed psychiatric establishment” (p. 179). Similarly, Eyal et al. (2010) claim both Rimland and parents “had a common enemy in dynamic psychiatry, and a concrete goal: to reinstate parents as credible witnesses so as to project their observations, opinions and interests into public and professional discourses about autism” (p. 177). Similar to Sullivan’s declaration, in 1971 Rimland argued:

‘Since diagnosis depends at least in part on retrospective information (age of onset, behavior in infancy, etc.), there is no way of circumventing parents reports

in any case.’ Parental testimony was already being used, already treated as a credible source of information. It was simply high time this fact was recognized. (Eyal et al., 2010, p. 177)

While, according to Trent (1994), the field of mental retardation subsisted of physicians and medical superintendents for intelligence testing and diagnosis, this new sector of autism treated parents as credible witnesses. The simultaneous upgrading of parent expertise and downgrading of researcher expertise required redefining the field. For this reason, NSAC “rearranged it around the position of the parent-researcher-therapist-activist” (Eyal et al., 2010, p. 172). NSAC also “invented and disseminated a new style of being a parent – ‘autism parenting’ as a vocation, as the ‘expert on your own child’ – so as to guarantee that this position will be filled by agents with the correct attitudes” (Eyal et al., 2010, p. 172).

D. **Discussion**

My thesis helps rethink autism during this time period by showing that historically autism was not only confined to the child who had autism. Autism from 1943, the original case stories by Leo Kanner, through the 1970s was almost always discussed in relation to their mothers. In fact, through my research I showed during this time period the definition of autism’s cause was malleable in order to insert the mother in any way that they saw fit. To understand the development of autism, we must attend to the necessity of flexibility in autism’s etiology. During this time period researchers defined and discussed autism in such a way that they could insert the mother in any way that they saw fit. The diagnostic category has shifted, sometimes radically, depending on how researchers understood certain traits, who was involved and perhaps most importantly, who was paying attention.

Because of this history, mothers always have been and most likely always will be involved in autism—the mother cannot be removed from the concept of this disability. Although

they were discredited, mothers provided the bulk of the information for the original case histories of autism. They took detailed notes and timetables of their children's development. With their husbands, they were the ones reaching out and seeking knowledge and treatment for their child from professionals. Yet, this did not stop researchers from taking their information and using it to blame them for autism. I showed this material was malleable was through the detailing of demographic information. I examined selection factors and methods of bias not in an attempt to invalidate the results of these studies or 'prove' them wrong but because both provided researchers with self-fulfilling prophecies that favored higher-class, more educated parents and mothers of subjects. These demographics were important to malleability because researchers defined what traits and/or characteristics related to autism's diagnostic category; this allowed for the inclusion of mother-blaming because of the alignment of stereotypes with refrigerator mothers. The results research found matched the stereotyped profiles of women they were trying to blame. That is why this demographic information increased the malleability and allowed for more mother-blaming to occur in this literature.

This material was transformed from literature for a fairly exclusive network accessible by other researchers and professionals to literature presented to the public by Bruno Bettelheim. I analyzed Bettelheim as a case study to further argue autism's malleability and insertion of mothers. The themes Bettelheim 'unveiled' about mothers created malleable spaces to blame them. Mother-blaming was especially common when women went outside traditional gender and parenting roles. Bettelheim's analysis of these women was not questioned because of the popularity and acceptance of psychoanalysis as well as because the tropes and stereotypes of women he used were common of the time period. This allowed him to easily insert women into autism in many ways—ways he felt were appropriate because of the traditional gender and

parenting roles he was influenced by. As a result, autism's description was again malleable. Highlighting and analyzing autism's malleability was one of my thesis's largest contributions.

Finally, in retaliation for this blame, with the help of Rimland, Lovaas, Sullivan, NSAC and many angry parents, the etiology of autism was redefined. Instead of featuring parents, especially mothers, as the cause of autism thereby making them deserving of blame, the field shifted to one where parents were not only credible witnesses but actually experts on their own children.

This significant change leaves a lot of room for exploration and certainly there are questions that require further examination. Further research should pursue the voices of the mothers of the second subperiod in depth. As I mentioned in footnote 12 in chapter two, doing so was unfortunately outside of the scope of my project. However, incorporating women's voices is very important for future research to pursue because these women were so marginalized. From my research my educated guess is they probably internalized much of the blame they received.

Along the same lines, research should be completed to bring in mothers of color who had a child who was not diagnosed with autism during the first or second subperiods but now is. Although children of color were not seen as having autism, I think in depth analysis would unveil the mothers who were made to disappear from this autism history. Because doing a historical analysis on these types of mothers would be problematic methodologically this research would be best outside the realms of history – perhaps best suited for something like a documentary. Doing so would give voices to women who were brushed aside and similar to the women in my thesis, discredited and told they were not the experts on their own children. Today

African American students are significantly over diagnosed and misdiagnosed³⁴ as having an intellectual or developmental disabilities (“Minorities in Special Education,” 2007). Because these misdiagnoses continue if completed this project would provide more evidence for systematic problems.

One of the biggest questions left for future researchers to pursue is what happened between the end of my second subperiod (1980) and today? Mothers, according to Sullivan (2011), “helped create a culture of competitive parenting that incorporated expert ideas about child development and parental obligations” (p. 14). However, these developments did not erase the mother-blaming that was so deeply interwoven within autism literature. Instead, there has been a ripple effect where some mothers are still understandably skeptical of researchers. As a reaction to this distrust, a fraction of the parent movement seeks medicalized treatments aiming at cure or “recovery” while refuting mainstream research (Eyal et al., 2010). These parents lambaste “causes” such as the MMR vaccine despite it being widely disproven, while seeking fringe treatments, such as special diets or herbal pills. Perhaps as a consequence of the longstanding battle for legitimacy, these alternatives are given more attention and credibility than typical fringe movements. News segments highlight mothers protesting mandatory MMR vaccines. Celebrity Jenny McCarthy published and did a media circuit book tour for *Louder Than Words: A Mother's Journey in Healing Autism* (2007). Media Mogul Oprah Winfrey (2007) did a segment called “Mothers Battle Autism” where progress due to dietary program implementation was discussed. Portrayals of these alternative movements almost always include

³⁴ According to the U.S. Commission on Civil Rights briefing report on minorities in special education “African American students constitute 33% of students classified as mentally retarded who are placed in special education” while “African American students only comprise fifteen percent of the general student population” (Minorities in Special Education,” 2007, p. 11). To read more about the overrepresentation of minorities in special education see *Minorities in Special Education* (2007). Washington, D.C.: Retrieved from <http://www.usccr.gov/pubs/MinoritiesinSpecialEducation.pdf>.

solely mothers. This is definitely a trend that invites in depth analysis. Future researchers should examine the path of these changes and how they are reflected amongst today's mothers.

Although mother-blaming literature faded away and is viewed as a set of theories of the past it is still important because reactions to this literature live on as remnants. From the beginning mothers never stopped helping produce scientific knowledge. Today, the difference is that researchers have no choice but to pay attention; mother-warriors have taken things into their own hands. Although the legitimacy of these alternatives should be questioned, these portrayals are legitimate—despite still being gendered, they are of mothers fighting back. Now the researchers are the ones facing questions of credibility.

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