Autism: Case Studies Providing Evidence of Probable Cause
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Introduction
According to the National Autistic Society [1] “Autism is a lifelong developmental disability that affects how people perceive the world and interact with others. Autistic people can have difficulties with everyday social communication, social interaction, repetitive behaviours and sensory issues.” It is a spectrum of disorders (ASD) with a range of child abilities. Some are able to participate in everyday activities and social institutions without many problems while others will always require support through others acting in a guardianship role due to inability to function normally. However, all involve poor communication skills, and lack of empathy with others, as well as poor concentration. Therefore, it causes huge problems for the sufferer, the family and society.

A range of causal explanations has been proffered. For example, Bettelheim [2] wrote of the ‘refrigerator’ mother, whereby a mother withholds affection from her child and this results in Autism. Panksepp [3] theorised that autism is caused by opiates. It was even hypothesised by Wakefield [4] that the MMR vaccine caused autism.

But Baron-Cohen [5-7] has hypothesised that autism is an extreme male brain condition which is caused by exposure to high foetal testosterone levels. He consistently ignores the consequences of environment on child development. Geneticists could disabuse him. Research has shown that environment can even alter gene expression, and that environment therefore is instrumental in causing epigenetic change.

Idaghdour and Gibson [8] demonstrated that as many as one third of all genes are influenced by the environment. Other geneticists have said similar [9-11]. Nurture determines behaviour, not nature.

Hypothesis
Some autism at least, if not all, is caused by an absence of appropriate interaction between a neonate and its primary carers, leading to a lack of stimulation and poor communication skills. Neonates are emotionally privated, and when critical biological thresholds are exceeded, they have mostly lost the neurological capacity with which to develop such skills possibly due to either neuronal atrophy or synaptic pruning, making it difficult to overturn earlier deficiencies.

The author further suggests that all humans have identical psychosocial needs, regardless of gender. Furthermore, Saunders [12] has set out a schematic list of all human psychosocial needs. According to this schema, basic essential psychosocial needs include emotional contact and stimulation through physical contact — touching, and stroking, eye contact — smiling into infant’s eyes, vocalisations — paralinguistic contact, adult responding to child initiating contact leading to permission to continue existing from significant others and acceptance and inclusion by one or more human groups that has an adult leader. In addition all humans need warmth and affection (love), as well as to be able to wield power and control in relationships. Boys tend to be taught the latter while girls tend to be shown love. Consequently, girls tend to have insufficient power while boys tend to have insufficient love. This is relevant to autism epidemiology rates according to gender.

There are nine times as many autistic boys as girls in the UK [13]. The author suggests that this is not an accident. The author has adopted the practice of, for many years, closely observing parents in public places in order to try to ascertain differential attitudes to raising male and female children in natural settings. It has become apparent that most parents interact differently with male and female children. Parents tend to keep boys at arms distance emotionally and physically while girls get more physical contact such as hugs and kisses as well as making more eye contact and therefore more emotional stimulation.

Method
Data consists of retrospective recall of relationships and events in natural settings and as such is essentially covert participant
observation. It is derived mostly from evidence acquired by observation of four families who were either personal friends or professional relationships of the author. At the time there was no thought of using such information for academic purposes. It was only after experiences with the final family that the author, after considerable contemplation, realised that there were structural and behavioural patterns common to all families. The evidence was so compelling that the author considered it in the interests of prevention that these experiences were written up as case studies and published.

Evidence
The Browns

The Browns used to be personal friends of the author. The family consisted of Mr and Mrs Brown, and Bobby. Mr Brown was educated to postgraduate degree level, employed in a service sector, and belonged to a religious sect where he met his wife. Mrs Brown was educated to high school level only, diligent, submissive, hardworking, and religious. In addition, she was ‘emotionally unavailable’, that is, there was very little emotional contact between her and other people including her husband. There was no eye contact with her and she did not respond to others but she did give considerable meaning to her words paralinguistically thereby indicating she had strong feelings. The husband was dominating, expected his wife to obey him, and was also ‘emotionally unavailable’. There was occasional eye contact with him, but he was shy and introverted.

Mrs Brown did not work. Because the Browns were migrants there was no extended family, and so there was no-one to assist with parenting. Mrs Brown expressed the opinion to the author on one occasion that she was pleased that she did not live with her family of origin so that she did not have to comply with traditional and, what she perceived as being, outdated ideas about normative behaviours. She did not understand the value of having more senior adults around to assist her. Both husband and wife were authoritarian and had an exceedingly superficial knowledge of and lacked any awareness of their psychosocial environment. The social skills of both parents were poor although they were good willed and good natured.

Around the time that Bobby was born, the author saw the Brown family on a regular basis, and there was ample opportunity to observe interactions between all three family members, as did Mrs Grey, a mutual friend. Mrs Grey was from the same country as the Browns, also educated to postgraduate level, and employed in a service sector. Mrs Grey often expressed private concern to the author about Mr and Mrs Brown’s parenting skills. Mrs Grey herself had two sons both of whom were normal. She would comment about how Mrs Brown did not interact with her child. Conversations with Mrs Grey coupled with the author’s own concerns motivated the author to observe the couple carefully to ascertain if Mrs Grey was correct, noting mentally various behaviours of both parents.

Mrs Grey also commented on how Mr Brown took little interest in his son. Occasionally his wife would thrust the child into his arms to hold, but he did so in an awkward way as though holding a doll; he did not look at or communicate directly in any way with the child, but would look around somewhat bemused at the situation. The author recalls one incident when Mrs Brown thrust Bobby onto Mr Brown in the presence of several mutual friends. There was much laughter at his reaction of dismay. Mr Brown also laughed somewhat at his own discomfort. There was a certain amount of mild teasing, and Mrs Brown commented that men should help with children too. She looked at us women for confirmation, and we all chimed in, in laughing agreement, but little changed over the years. Mr Brown made no attempt to improve his parenting skills. Because Mr Brown regarded himself as being above mundane tasks such as talking to a small baby, changing nappies and similar he frequently escaped from assuming family responsibilities by going off to a separate room and saying prayers.

The child was physically well cared for, well fed, clean, and physically safe. There were no physical health problems, and indeed Bobby was always above average weight for his age and height.

Mrs Brown’s style of parenting consisted of changing nappies, bathing and feeding Bobby silently without looking at him. Although she was gentle and considerate of his limitations as a baby, there was no eye contact, no physical contact other than what was essential for basic care, and no vocalisations either verbal or paralinguistic. When Bobby attempted to communicate with his mother through paralinguistic vocalisations, she did not respond. There was no interactional synchronicity or any other form of what has been described as normal communication between mother and child [14,15]. Bobby often cried or grizzled discontentedly but neither parent responded linguistically although Mrs Brown would hasten to feed or change nappies as the situation warranted.

By the time Bobby was approximately two years old, he was not responding emotionally to his environment other than to grizzle continuously; he was not talking, there was no eye contact with him, and he was becoming difficult to control due to having started throwing temper tantrums. Mrs Grey suggested to the author that Bobby was autistic in an “I told you so” manner. When Bobby reached school age, it became apparent that he was severely autistic, there was a formal diagnosis and the family was referred onto specialists by teachers. The author lost touch with the family when Bobby was about eight years old.

However, by age eight, the mother was struggling physically with having to carry Bobby around as he was not able to follow instructions, walked very little, threw temper tantrums leaving her emotionally distressed at the burden of being his career. Mr Brown still helped only in a small way. Other members of the group assisted in minor ways wherever possible, but were powerless to do anything that had any significant impact on the situation. Mrs Brown also resisted other adults doing anything much for the child.
processing information. He was also somewhat narcissistic. William simply had poor concentration. After all, that is what he was self-absorbed and lacked empathy with other people, he did not notice my attitude until a direct comment was made. From that day after questioning him about this, he said he was trying to process the information and store it in his memory. Because he was too abstracted and lack of empathy, he did not articulate ideas clearly. Sometimes he would just sit out from another room to do so, and scolding when William did not comply with instructions as dad wanted. William was often disgruntled and a little resentful but he accepted the status quo, albeit grudgingly. Again, both parents were authoritarian, had little insight into their psychosocial environment and little self-awareness.

It was apparent that although William received plenty of attention from both parents, it was often somewhat negative. William sparred with both parents who were often confrontational and covertly critical of him, patronising him and treating him as though he were a difficult child who had to be humoured. His needs interfered with their lifestyle. Hence William’s relationships with both parents lacked warmth, empathy and intimacy although the author did hear dad say to William on one occasion that he loved him and dad gave William a peck on the cheek in front of her but without making eye contact. William was not impressed with this however and made negative sotto voce comments that the author could not hear, but caught the tone of voice. The impression given was that this was a performance for the author’s benefit and that although dad did love son, the relationship was lacking in emotional intimacy.

William interacted well with the author, had good eye contact, normal speech, but was slow to respond to comments and questions and did not articulate ideas clearly. Sometimes he would just sit without moving after being spoken to, which was perplexing until one day after questioning him about this, he said he was trying to process the information and store it in his memory. Because he was self-absorbed and lacked empathy with other people, he did not notice my attitude until a direct comment was made. From the author’s perspective, the impression then developed was that William simply had poor concentration. After all, that is what poor concentration is – slowness at absorbing, systematising and processing information. He was also somewhat narcissistic.

Mrs White’s relationship with her son was formal and authoritarian. She quietly gave him orders and expected him to obey. She did so in an impersonal way, looking away into the distance and not at her son while she spoke. At no point did the author ever see Mrs White look directly at her son and inferred that this was a pattern established by her from his early life. Frequently she spoke with her back turned. Mr White also ordered him around, often calling out from another room to do so, and scolding when William did not comply with instructions as dad wanted. William was often disgruntled and a little resentful but he accepted the status quo, albeit grudgingly. Again, both parents were authoritarian, had little insight into their psychosocial environment and little self-awareness.

Mrs White often smiled at me, and clearly had much personal charm when it so pleased her and was an extroverted, chatty person. Her relationship with her daughter was very different from that with her son. The daughter was a normal, extroverted, emotionally responsive teenager, who sometimes teased her slightly disabled elder brother, who was often a little hurt at the teasing and said so. Mrs White looked at her daughter when speaking to her (direct eye contact), went on shopping trips with her daughter, who was quite indulged, and they clearly enjoyed one another’s company. Parents did not scold the daughter or treat her like she was a difficult child. The difference between Mrs White’s styles of interaction with each of her children was extremely marked. The impression given was that she regarded her son as being the psychosocial responsibility of his father, while the father did not, and expected his wife to socialise William while he simply wielded power which involved being able to order the entire family about in a benevolent way. Sometimes this family dysfunction could lead to amusing interactions between various members.

The Blacks
The Black family consisted of mother, father (whom the author never met) and two children. The author was asked to teach fourteen-year-old Billy by a local authority, after his mother took him out of school when he was bullied and had his wrist broken. This continued for one term, on a one to one basis, every morning for three hours. Billy was also severely autistic and had been diagnosed as being somewhat depressed due to the bullying. He had classic textbook symptoms of autism including almost nonexistent eye contact, self-absorption, ritualistic behaviour, liking of repetition and so on. He was academically well below his age group. His ability to speak was poor. He enjoyed arithmetic such as writing out or reciting his times table, playing with Janga blocks, and Lego. It was difficult to get Billy to do anything he did not want to do. He did not like writing stories or doing social studies. If he thought he could have got away with it, he would have played with the Janga blocks for the whole morning. He was tricky to control due to his self-absorption, and desire to pursue what he
wanted to do. Because of his disability and limited resources, it was
difficult to apply suitable strategies that encouraged application to
subjects that did not interest him, but which he needed to pursue,
as they provided life skills and complied with legal educational
requirements.

At first, he was quite withdrawn and very wary. It was necessary
to work hard to cause interaction with him and elicit some limited
verbal response. Gradually he became more responsive with
concerted effort in a calm environment, doing activities which he
enjoyed, and which he had the skills to do successfully. But he
never reached his age group level of competence at any subject.
Billy appeared to be more strongly attached to dad than to mum.
This was possibly a status matter; he was a male and men had
higher social status than women, so he identified with his higher
status male parent and treated his mother with some disdain which
she wryly accepted, often laughing somewhat at her son’s attitudes.
Sometimes he managed to control his mother until she got angry
with him and asserted herself, whereupon he would adopt escape
strategies from a situation, such as running very fast down the
stairs, which could be quite entertaining to observe.

His mother escorted him to the premises by car. The room was
provided by the local authority for students not in normal school,
and occasionally his younger, normal sister would come too, but
not the father. Apparently, dad worked in technology. Mum did not
work. She was an emotionally aloof, even slightly hostile woman
who distrusted teachers as a result of unfortunate experiences
while doing her best to get as good an education as possible for her
son. She was quite self-contained and kept everyone at a distance
with her gaze and body language. She never let her guard down,
and the relationship was always formal and distant although it
became increasingly cordial as she realised that the author was
reasonably competent at handling her son. There was good eye
contact with her. She talked of her husband, and he seemed to be
‘emotionally unavailable’, not involved in child rearing but
dominated all family relationships. Mrs Black clearly respected
his wishes and was slightly fearful of displeasing him. She too,
was authoritarian and had little self-awareness or psychosocial
insight and understanding. In this case study Mrs Black also had
more functional and positive relationship with her daughter than
son. There was good eye contact with daughter but little with
Billy. The author also observed for herself that Mrs Black reacted
to the needs of her son rather than anticipating issues and taking
preventative action.

The Greens
The Green family, also consisted of mother, father, older slightly
autistic son and younger normal daughter. The author was tutor to
the son. In this family, the mother, a highly authoritarian woman,
did not want the father to participate in various domestic tasks,
while demanding that he do other jobs, and could occasionally
adopt a somewhat bullying and slightly nasty attitude towards both
husband and 18 year old son, although she clearly had bonded with
George, and assisted him with his schoolwork as much as possible.
George had been diagnosed by an educational psychologist as
being mildly autistic with possible dyslexic features or similar.
He did not speak until he was of school age. He was somewhat
gnervous, but a very good-natured teenager, who was easy to teach.
He was slow to react to my words, not unlike William, but was
more emotionally responsive and smiled quite a bit. There was
good eye contact with him. He followed my instructions well and
his work improved significantly with one to one instruction.

In this case, the husband did interact with his son but family
relations were controlled by the mother. On one occasion she
threw a temper tantrum with her husband after he had done some
gardening, because he had not cleaned up after himself within the
timeframe that she expected. She wrongfully claimed that he was
leaving the cleaning up for her to do. She took the moral high
ground, and upset Mr Green, who felt aggrieved, but was not able
to say anything as Mrs Green was not amenable to reason. She was
quite intolerant of her husband who was a kind and affectionate
person. But she either did not realise this or did not want to
acknowledge that she was mistaken about him.

It was apparent that Mrs Green had deep seated problems of her
own, partly manifest due to her defensive and somewhat distrustful
attitudes towards myself which dissipated as she got to know me.
She then adopted a ‘them and us’ attitude, and the author became
‘in group’ while husband and George became ‘out group’. Mr
Green and George then bonded together against Mrs Green. The
husband did much the same towards myself when his wife was not
around, that is, complained about how unreasonable his wife was,
and as a result dysfunction in the relationship became obvious, and
both parents’ point of view vis a vis their spouse was revealed. It
appeared that Mrs Green had problems with males as a result of
her early childhood relationship with her father and experiences
which she transferred to her husband and son using them both as
scapegoats.

One day a member of a political party arrived at the front door as
there was a by election due. Dad spoke to this man, and as tuition
had just finished, dad called George to speak to the man to find out
more about politics as George was just eligible to vote. George
enjoyed this experience and mother also came to the front door and
supported George in finding out more about politics.

The attitude of the mother towards the child when much younger
appeared to result in a variety of cognitive and learning problems
as well as causing confidence and esteem issues leading to
underachievement. He was highly intelligent and capable of
achieving at least B grades at GCE level, but due to no self-
confidence achieved mostly C to E grades without the assistance
of a tutor. It is however, to the mother’s credit that she recognised
that extra lessons would assist George, which they did, and as a
result his grades improved significantly.

Additional evidence
The author has been involved in other situations in public places
involving parents and children which have been instructional and
provided added evidence of early psychosocial needs of neonates.
Although these incidents might appear somewhat trivial and of no consequence, the author believes otherwise. They provide some supporting evidence for the author’s opinions.

On two occasions she was on a bus when a child below age 12 months began crying. On each occasion two parents were present and either mother or father was holding the baby. However, the parents had no idea how to respond to the child’s tears and each became agitated. They discussed urgently between themselves what to do without looking at the child or interacting with the child at all. They tried strategies such as providing a bottle of milk in an impersonal way which was rejected or changing the parent who held the child to no avail. The child’s crying became more intense and other passengers looked on with concern but did not intervene. In both cases the author then leaned across and spoke directly to the child using high pitched vocalisations and looking into the child’s eyes. Each time the child stopped crying. With one, the author tickled the child’s tummy which the child enjoyed and smiled and waved its hands around. The parents looked relieved but they still did not interact with their child. On one occasion they smiled thanks to the author as they disembarked from the bus. When the interaction with the author stopped, the child immediately began crying again. Both children therefore gave every appearance of simply wanting more adequate and personal attention from either parent.

**Discussion, Analysis and Interpretation**

Schaffer and Emerson (ibid) among others, have set out normative behaviour patterns between parents and very young children and stages of development leading to attachment. These behaviours include reciprocity, interactional synchronicity, and parental response to social releasers [16,17] from the baby. However, the author observed none of these behaviours between either of the Brown parents and Bobby although he cried a lot.

Research findings by Spitz [18] and Spitz and Wolf [19] show the consequences of a complete lack of adult attention to a baby. They suffered from what was labelled by Spitz and Wolf as being ‘anaclitic depression’ and many died.

Saunders (ibid) has hypothesised that both adequate and appropriate attention and direction are required for normal development and therefore socialisation to occur. With autism it may well be that there is adequate attention from parents for continued existence, but not enough for adequate development. Furthermore, Bowlby (ibid) has suggested that where attachment between a child and parent does not occur, aggressive behaviour will develop in the child. Bobby Brown had become aggressive by age two, grizzled constantly and was emotionally unresponsive to adults.

Although Bobby was the most autistic of all four boys’ certain patterns of interaction and structure were common to the four families. However, in the first three families in particular:

- All husbands were sexist, and dominating.
- The wives were submissive to husbands, and reacted to events including the behaviour of their child, rather than taking the initiative.

In the fourth family, the Greens, circumstances were slightly different. Although the father was emotionally available and did interact with son at times, the mother dominated, controlled and did not permit father to interact with George if she did not want him too. Father was sometimes absent overseas due to job, but was an emotionally responsive, unassuming and mild-mannered person. He was neither sexist nor authoritarian and related to the author in an egalitarian way. He also worked in IT. The mother was androgynist. Again, there were no supporting family members present in the house but mother’s siblings did live a few miles away. Again, George was first born and there was a subsequent and normal daughter. The mother was not university educated but dad was. The relationship between mother and others was somewhat impersonal as she was authoritarian, lacking in warmth and empathy. She perceived herself as moral arbiter of the world and could be intolerant of anyone who was simply different.
to herself or who did not perform in a way that she wanted or expected. Anyone who was different was wrong according to her. She was defensive in her relationships with others including husband and son. She was more tolerant of me due to being better educated, and had higher social status and so she did not dare to criticise. The author was also supportive of her, and this made her open up and confide about her early family life. She was born overseas to a British mother and an Asian naval father, and the family eventually came to live in London. She indirectly alluded to childhood problems with her father, although was never explicit, and maintained functional relationships with a brother, a sister and their families.

None of the first three sets of parents interacted emotionally with the autistic child so that each child received no emotional stimulation, and it is being suggested that it is this lack of emotional stimulation in early life that results in autism. The mothers clearly had problems of their own, partly due to the type of husband they married, but also partly due to their own early lives. The husbands also believed that it was not the role of a father to interact with any child when young, leaving the mother with full responsibility, very isolated but compliant with others’ expectations, while the fourth father did have good social and parenting skills but lacked insight and was prevented from a more active role by his wife. However, this child, George, was an adequately functioning teenager, but who was underachieving at school and who had low self-esteem and confidence leading to being unassertive and indeed reticent. William also was an adequately functioning teenager who was unassertive in many ways. Both boys entered university, and it is to be expected that they would have fairly normal lives while Bobby and Billy would need care for the rest of their lives due to not being able to function independently of others.

It could be inferred that these first three fathers were weak individuals who needed to control relations due to their own inadequate socialisation, thereby having difficulty in establishing normal social relationships outside the family, while within the family they neglected to develop relationships under the guise of it being ‘women’s work’ or, beneath their dignity or similar excuse. They married women who were accustomed to being controlled by men, and who would therefore accept their dominance without question as well as their refusal to participate in child rearing.

Of the first three families, the White parents were the most socially competent and sociable, and their son was the least autistic. Moreover, when they realised there was a problem, they reacted quickly and obtained specialist assistance to reduce if not completely cure the problem. The Brown parents were the most inadequate and had the most severely affected child. However, the author did not have the opportunity of observing the White or Black parents when their child was of preschool age, and so is not able to assess their parenting skills at that point in time. The same was true of the Green family, although Mrs White could be described as more skilled and more successful at work (she was a manager) than Mrs Green (who had a low ranked job in a service sector).

There are several possible interpretations of all four mothers’ treatment of their sons. Firstly, it is possible that as a result of underlying and unacknowledged resentment of male treatment by these women, they maintained an emotional distance from their first-born son which resulted in autism (ego defence mechanism of displacement).

It is also possible that because these women were new to parenting, they had not learned basic and essential parenting skills, but did so by the time the second child arrived, who happened coincidentally to be female. These women therefore did not realise how they were behaving and had little awareness of essential child development needs.

A third possibility is that in families with autistic children, it may well be that parents treat their male child in an extreme way, as a result of a mistaken belief that this is how to raise a male child. This is due to ignorance about child needs in tandem with no family or professional support to teach otherwise. It needs to be remembered that first time parents are learning how to be parents, and most of us learn through trial and error, without meaning harm to our children, so it is inevitable that some mistakes will be made, particularly with parents who are poorly educated and lack immediate family support.

This also partly explains why Baron-Cohen developed a hypothesis (2002) about extreme male brain being the result of high maternal testosterone levels. He did not interview children until after a diagnosis of autism had been made and made no attempt to observe family interaction from the child’s first days. He did not consider the possibility that environment came first in the form of inadequate parent-child interaction and instead, mistakenly assumed a biological cause.

A final suggestion is that the mothers were engaging in defensive behaviour regarding possible power issues with their child, due to negative earlier experiences with other adult males in their lives. They took early and preventative action in order to avoid being dominated, as they saw it, by their own child, as they had been by husbands and fathers too. The impression given by Mrs White towards William in particular was that she constantly engaged in power displays towards him which caused William to have low self-esteem and be quite cowed. However, Mrs Black was exactly the opposite, partly allowing her son to control her.

The author has taught several other mildly autistic and or somewhat dyslexic male children, but does not have the necessary information to treat as complete case studies. As far as can be determined from available information, however, the family patterns were similar. That is, mothers did not interact enough with a first-born child, while the father did not participate in child rearing at all in tandem with there being no other adult present in the household to teach or to assist in child rearing.

Conclusion

It appears likely from all examples above, including interactions
with parents on buses, that many new parents simply do not understand the need to communicate normally with a neonate possibly because such young babies are so undeveloped that such parents have difficulty in perceiving their baby as another human with its own personality and with emotional needs. Consequently, while they provide for their child physically, they do not provide adequate emotional contact and therefore stimulation leading to the child becoming distressed in the first instance, as in the incidents on buses, and in the long term, varying degrees of severity of autism. Eye contact causes emotional stimulation. Moreover, in all likelihood they are not aware of their own deficiencies in interacting with their child and consequently have difficulties in accepting responsibility for results.

Also new parents in post-industrial bureaucratic societies are isolated and lack essential support at a time when they are most vulnerable, that is, after child birth and during early years of the first child. There are rarely other relatives in the household to assist and no training is provided by the state.

All four mothers in this case study were authoritarian, impersonal and instrumental in approach to the relationship with their sons rather than expressive and nurturing; these are risk factors. They appeared to regard oral communication as being for purposeful reasons, such as giving orders to a child, or communicating factual information, rather than for intrinsic reasons such as relationship building or eliciting or responding to emotions; it is not possible to give orders to a child who cannot yet comprehend language so they did not speak to the child or make eye contact.

In spite of the small sample, however, the author has seen irrefutable evidence that some autism at least, results from a lack of emotional interaction with a child from birth by any appropriate carer. This includes eye contact, paralinguistic contact and extended physical contact. It also includes a lack of response to the baby’s paralinguistic attempts at communication with parents. There can be no question whatsoever that this was what happened in the Brown family, and on the available evidence, it is highly likely that similar patterns of behaviour existed in the other three families when the boys were very young, albeit not as severely with William and George.

The Brown family patterns of interaction were observed by two people, the author as well as her friend, Mrs Grey. Mrs Grey is also a professional and trained in a relevant discipline to master’s degree level. Observations were compared verbally and conclusions were identical. Therefore, the observations about the Brown family have high reliability and validity.

However, the Brown family is one case study only, and autism is a spectrum of disorders. It could be that other types are due to differential levels of severity of privation, and possibly other as yet unknown contributing factors. Other factors could include different inherited levels of intelligence. More research into child development and parental interaction styles and intensities could possibly reveal what psychosocial privation leads to narcissism as autistic children are somewhat narcissistic.

ASD syndrome may provide further evidence for the existence of biological thresholds for stimulation of relevant neurons. If stimulation does not occur within some as yet unknown timeframe, then the skill becomes difficult if not impossible to develop afterwards, possibly due to atrophy of the relevant neurons or synaptic pruning or similar. Hence much autism, if not all, is caused by a lack of appropriate emotional, linguistic and physical stimulation of a neonate within a critical biological timeframe, possibly leading to neurological impairment. This is likely to be well within the first two years, and, based on the author’s own observations of Bobby Brown’s development, possibly within the first twelve months of life as he was noticeable autistic by twenty-four months of age.

And although most new parents do cope adequately, there is a society wide need for some sort of observation of new parents to determine any deficiencies in parent-child interaction for purpose of prevention plus a need for professionally trained personnel to be available for providing non-judgemental advice and assistance in child rearing to those parents and children most at risk due to the severity of consequences when parenting skills are inadequate.

References

All names are fictitious in order to preserve anonymity. Some minor personal details have also been changed for the same reason.