

Original article

# Severe autism, Asperger's syndrome, differences and similarities<sup>☆</sup>

*Autisme sévère, syndrome d'Asperger, écarts et similitudes*

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## Abstract

**Objectives.** – To demonstrate a clinical continuum within the autism spectrum.

**Method.** – Following a review of the literature, we present two clinical cases at either end of the autism spectrum enabling identification, beyond the symptoms, of a link to the autism frame of reference. Beyond the identification of two distinct syndromes by their descriptions (Kanner and Asperger), it is the whole dimension of the autism spectrum that is at issue here.

**Results.** – The autism spectrum, to some extent, shapes the clinical approach to the various forms of autism. It thus entails a possible evolution along the continuum, in terms of the particular skills that need to be developed, and the establishment of boundaries defining the subject's relationship with the outside world. Although the skills deployed by these subjects vary widely, it is not certain that there is any fundamental difference between the two clinical entities. Our focus is on what distinguishes them and on what makes them similar.

**Discussion.** – We return to Kanner's suggestion that there is a need to learn to recognize and foster the particular skills of each individual, in line with the notion of "islands of competence" for Maleval. To this, we add the need to construct an object that acts as a boundary.

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*Conclusion.* – The autism spectrum shapes a coherent clinical entity, but it should not completely take over the overall clinical approach to the subject.

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**Keywords:** Autism; Asperger; Diagnosis; Skills; Language; Literature review

## Résumé

*Objectifs.* – Illustrer un continuum clinique dans le cadre du spectre autistique.

*Méthode.* – À la suite d'une revue de la littérature, nous mettons en avant deux cas cliniques aux deux extrémités du spectre, dont nous repérons, au-delà des manifestations, un lien au référentiel autistique. Au-delà de la mise en place de deux syndromes par leur description (Kanner et Asperger), c'est la dimension de spectre autistique qui sera là utilisée.

*Résultats.* – Le spectre autistique donne une certaine consistance à l'approche clinique des différentes formes d'autisme. Cela va dans le sens d'une possible évolution dans ce continuum, en référence à des compétences à développer et la mise en place d'un élément qui fasse bord et limite le sujet dans son rapport au monde. Si les capacités mises en jeu par les sujets varient énormément, il n'est pas certain qu'une différence fondamentale sépare ces deux entités cliniques. Nous mettons en avant ce qui les sépare et ce qui les assemble.

*Discussion.* – Nous revenons à cette proposition de Kanner, savoir reconnaître et accompagner les compétences spécifiques de chacun, ce qui rejoint la notion d'îlot de compétence pour Maleval. À laquelle nous rajoutons la nécessaire construction d'un objet qui fasse limite ou bord.

*Conclusion.* – Le spectre de l'autisme donne consistance à une entité clinique cohérente, sans pour autant phagocytter toute la clinique de l'enfant.

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**Mots clés :** Autisme ; Asperger ; Diagnostic ; Compétence ; Langage ; Revue de la littérature

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## 1. Review of the literature

Father of child psychiatry in the United States, in 1943 Kanner published<sup>1</sup> [1] his account of the 11 cases that eventuated in the construction of a new syndrome: autism. Thirteen years later, in an article published with Léon Esemenberg as co-author [2], he went on to define the two elements characterizing autism, namely “extreme self-isolation” and “the obsessive insistence on the preservation of sameness”.

In 1938 and then in 1944, in a report on 4 cases the Austrian pediatrician Asperger described<sup>2</sup> [3] autistic psychopathy in childhood. Longitudinal study provided him with indications the peculiar and specific talents developed by each one of the children. It was Lorna Wing who raised the profile of Asperger's work in a 1981 article [4] by introducing the notion of Asperger's syndrome in contradistinction to the description of autism that was being developed at the time. Uta Frith [5] subsequently took up the task of translating Asperger's key article and militated for recognition of high-functioning autism (HFA).

<sup>1</sup> French translation: Les troubles autistiques du contact affectif. Neuropsychiatr Enfance 1990;38(1–2):65–84.

<sup>2</sup> French translation: Les psychopathies autistiques pendant l'enfance. Le Plessis Robinson: Institut Synthélabo; 1998 (First published in 1938 in *Wiener Klinischen Wochenschrift*).

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