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Theoretical and Empirical Models of Parenthood in Childhood Autism (ASD)

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Abstract : The article analyzes psychological approaches to the problem of parenthood in the autism of a child. The complex phenomena of accepting and not accepting a child with ASD in the family, the peculiarities of the dynamics of maternal attitude and the process of building relationships between parents and doctors and defectologists , as well as the ideas existing in psychology about the "refrigerator" mother as the cause of childhood autism are considered.

Keywords: early childhood autism, autism spectrum disorders (ASD), parenthood, Munchausen syndrome by proxy.

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Carl Whitaker: "When a family is in despair, it changes,
if not, it remains the same ... As a person has the right
to suicide, the family has the right to self-destruct."

It is not easy to define the genre of our article [1]. Rather, we have a kind of generalization of 60-70 years of theory and practice of specialized psychological work with families of children with ASD [2]. B. Schmidt and I have known each other for several years, and although we still do not have a common language like between I. Ilf and E. Petrov[3], the topics, methods and

1 The article was compiled from two books by Bernhard Schmidt [51; 52], our correspondence and general discussions and reflections, based on the similarity of positions on difficult issues of understanding the problems of ASD in children and in parenthood . Translation from German by A.D. Redkina.

2 ASD is an autism spectrum disorder - this is how to more accurately characterize a childhood disease that is rather difficult in terms of its nosological features. RDA (early childhood autism) - requires more accurate symptomatic certainty, which is not always possible with the existing diagnostic practice.

3 Ilya Ilf (Ilya Arnoldovich Feinsilberg or Russian: Илья Арнольдович Файнзильберг, 1897–1937) and Yevgeny Petrov (Yevgeniy Petrovich Katayev or Russian: Евгений Петрович Катаев, 1902–1942) were two Soviet prose authors of the 1920s and 1930s. They did much of their writing together, and are almost always referred to as "Ilf and Petrov".

approaches to autism bring us together, and most importantly: a single humanistic platform, allow us to think and express our positions like a well-formed dyad.. Thus, this article is the result of our long reflections and research in line with the definition of one of the main causes of autism - the conditional *contribution* of the family and each parent individually to the origin and development of ASD in children. Traditionally, our style of presentation will have a dialogue structure. For the domestic humanist, this is not a problem, but even a kind of *presentation* , especially after understanding literary creativity, according to M.M. Bakhtin, as a dialogue of ideas, cultures and the author with the reader and himself.

B. Schmidt in his wonderful scientific pamphlets habitually raises a topic that is rarely found on the pages of domestic scientific periodicals, namely: the conflict of moral behavior of a researcher responsible for formulating generalizations based on the results of scientific creativity [49-57; 24; 25]. One of the most successful topics for our co-author is the presentation of the thematic transition within the discourse *"research - myth - dogma"*. It is necessary to mention the widely known and seemingly unshakable myth, as if reducing the etiological theme of the causes of autism to the so-called "coldness of the mother" ("Refrigerator Mother") [49]. Even 20-30 years ago, it was dominant in the psychology, pedagogy and defectology of childhood autism. But today, his partial bias, and erroneous inaccuracy are visible in any thorough case study of a particular child with ASD and his family. Coldness towards the child (unempathy , emotional or operational non-involvement of an adult in interaction with an infant and a child of early childhood, etc.), will certainly contribute to his autism and curtailment of emotional orientation in human space, but how nosologically formed and qualified as ASD the symptomatology that has arisen in a child will become - this question remains for the psychology of abnormal development open. This coldness may be the result of the *didactic nature of a* parent who is trying to implement some model of upbringing, communication or development in relation to the child (some fixed idea); or, let's call it delicately, the parent 's *own mental illness (*schizoid, psychotic, hysterical, etc.); or *alexithymia* (inability to communicate and interact with the child), which for one reason or another is cultivated in the background and environment of the parent.

At the same time, the most accurate psychological indication of the nature of the parental (mainly maternal) attitude towards their child is the qualification of the social situation of development as destructive. We also note that maternal “coldness” has many options for implementation, its nature is different, in various studies we can see the complex influence of mothers, including, for example, the origin of schizophrenia in sons, autism, psychopathization, etc. In general, the reader is best to understand already at the beginning of our article that the aspect of the development of the family society (we will traditionally, following L.S. Vygotsky, call this most important and generating structure as the Social Situation of Development - SSD)

will be key, including in the etiological (causal) interpretation of the nature of ASD in each individual child [5-7; 8; 11; 16]. At the same time, it is necessary to overcome an amazing feature of the existing psychological tradition - to consider an autistic child as developing separately from mom, dad, grandmother, siblings, etc., according to some internal, painful, pathological, and not external laws of determination.

This kind of "robinsonade of autism " has long been accepted as a canon in developmental and clinical psychology, and researchers and practitioners of overcoming autism have blindly followed it for the past decades and continue to follow it. The so-called "scientific community" has been and remains the "community of ignorance" for more than fifty years [4]. It is fair to say that in the field of autism it is difficult to weigh all the circumstances of a particular case of ASD in a balanced and psychologically objective way: there are problems with taking an anamnesis, accurate diagnosis, substantiating ideas about the etiology of the disease, tracking the dynamics of corrective care, etc. This is due, on the one hand, to dissemination of ideas about autism among the population through the media, an exponential increase in both the number of ASD diagnoses and published scientific and journalistic texts in recent decades, popular science and feature films made, the prevalence of signs of public concern, the increasing frequency of autism, etc. And besides this, a gigantic damage caused to a child with ASD by ineffective parental, medical and defectological support becomes a problem.

The number of autistic children 50 years ago was approximately 2-4 children per 10,000. Autism was, unlike today, a fairly rare developmental disorder. Today, its prevalence is 1 case per 100 or even 50-70 children. So the prevalence has gone from at least 0.03 to 1 percent. Probably, these statistics record not only the objective growth of children with ASD, but also more accurate modern diagnostics, as well as the heightened attention of parents to their children [1; 10; 12; 17; 18; 24; 30; 31 and others]. Unfortunately, ASD statistics in Russia are [5]collected without the use of methods accepted throughout the world and therefore are not in any way accurate, but, of course, they are subject to general laws.

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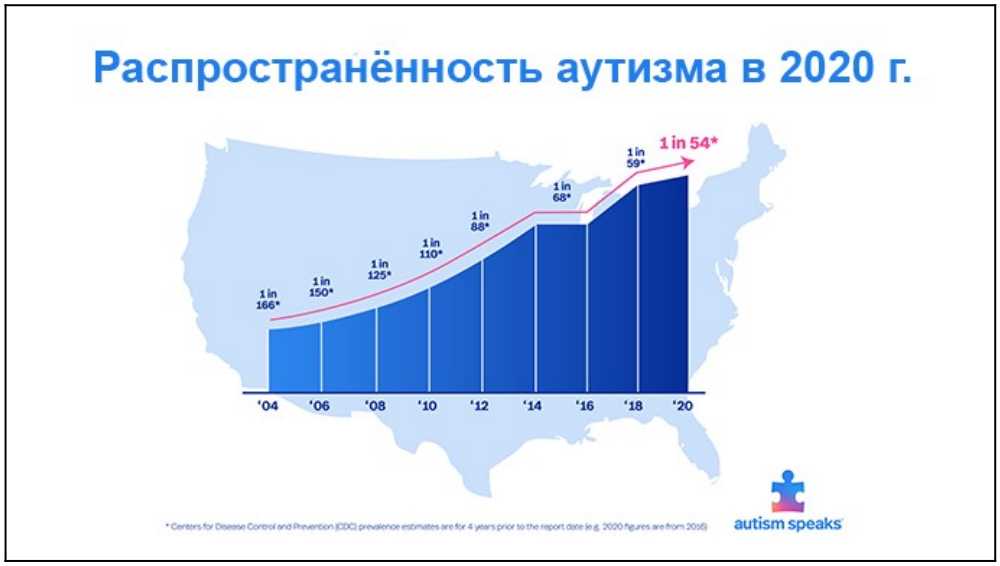
4 We decided to leave such an emotional assessment of B. Schmidt in the text, bearing in mind the damage that has been done to " autistology " as a field of humanitarian research and methodological development over the years. The child from the fairy tale "about the dress of the naked king" did not come to psychology for too long to test the myth of the "cold mother" and not close this simplified view of the causes and dynamics of the development of children with ASD.

5 https :// contact - autism . ru / news / statisticheskie - dannye - ob - autism

Diagram 1. ASD statistics in the USA in 2020



It is difficult to say who first drew research attention to the symptoms of autism , which occurs against the background of a deprivation attitude towards a newborn, infant or child of early childhood. For the Russian tradition, the most important stage was the research of N.M. Shchelovanov in the 1930s [26], in which he analyzed and corrected the educational mistakes of the orphanage. Overcoming sensory and emotional deprivation (lack *of direct-emotional communication with a parent* , as this form of interaction between a child and an adult will later be called by an outstanding connoisseur of childhood, a student and follower of L.S. Vygotsky , D.B. Elkonin) even in an orphanage child who "does not lucky" with parents can occur precisely along the line of accessible communication and interaction, in which all the main psychological prerequisites for mental and personal development (speech, cognitive, emotional, personal, etc.) are presented.

In the Western psychological tradition, John Bowlby [33; 52] already in the 1960s, based on the work of René Spitz [52], showed the importance of social interaction for the development of children. This was an innovation, since the most convincing conceptual models of child development at that time seemed to be the rather mechanistic theory of W. Stern's convergence (two factors: heredity and environment) and the preformist theory of J. Piaget, according to which the child develops from himself. Surprisingly, the Hegelian model of personality development in the course of difficultly determined independent activity, implemented in Marxism, turned out to be unclaimed, and, on the contrary, the Kantian idea of maturation prevailed in the understanding of the development of the child as a flower that grows by itself, and for its growth only water and the sun are needed. However, Bowlby showed with the example of hospitalism, as Spitz before him with the example of orphanages, that "water and

sun" in the form of food and physical care is not enough for psychological well-being. Thus, children deprived of social interaction experience significant impairments and mental problems similar to ASD, and social institutions such as orphanages, nurseries, kindergartens are not able to replace parents in performing the most important function of adequate inclusion of children through emotional communication and interaction. into culture. Already in the 1960s and 70s, after the discovery and description of the symptoms of ASD and a deeper look at the content of parental care and communication with children, it became clear that not everything is so simple, and being a parent is not only responsible, but also demanding on the psychological capabilities of the individual, one parental love is not enough. In particular, M. Ainsworth et al . wrote [27]:

> *"Parents ... may have irrational and distorted perceptions of their children, arising not from identification, but from basic attitudes, acquired values and standards, or other aspects of their previous experience. Example: from infancy, the mother considered the boy mentally retarded due to his lack of reaction to her. Although she constantly hovered around him in a patronizing manner, she remained emotionally isolated and detached and viewed him as a family disgrace. The boy became more and more withdrawn, with superficial relationships. Gradually he began to conform to his mother's perception of being backward due to his complete lack of school achievement despite his superior intellectual ability. Insufficient attachment stems from a number of causes: (1) Because of an unhealthy temperament or deeply neurotic or psychotic tendencies, the parent may be unable to warmly relate to the infant. (2) The mother may be a cold and isolated person, with little or no ability to "give" emotionality to her child.*
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> *Example: A mother, an attractive but seriously retarded and cold young woman, felt utterly unable to respond to her first child, a boy. She cared for him, but she realized that she did not feel warm for him and never enjoyed interacting with him. Although she was close to him physically, she allowed him to play alone for many hours in the arena during the first year of his life, withdrawing into himself or reading and only occasionally paying attention to him, checking his safety. In the second half of the boy's second year, his father became concerned about the child's lack of response or interest in the environment, and after a psychiatric examination, autism became apparent. psychotic picture.*

Notable for the topic we are discussing is Schmidt's attention to the fate of the researchers themselves. The fact is that a number of them had autistic children. To understand the role antagonism of the parent and the researcher, awareness of who you are at the moment is of particular importance. One of Schmidt's main theses is that people who combine the dual role of parents/researchers were a kind of *Trojan horse*, through which the influence of parents on the course of research was exercised. Often, the descriptions of autistic children became similar to the characteristic "difficult children", developed, but poorly controlled. And suddenly the question arose about the causes of childhood disorders, because there were no visible violations, no obvious problems of families of the "lower class" (meaning the absence of problems of *hospital* inattention to the child).

Behaviorists, most notably B.F. Skinner, represented an extreme form of this idea. Skinner not only described it in his utopia “Walden two”, where children were placed in the so-called "cube booths", but also built in real life a "children's incubator" (orig . "baby - tender") for his youngest daughter - a soundproof box with a window and air conditioning. The idea was to simplify childcare for the mother as much as possible [59; 60].

> *“Sometimes I wish we lived in a society where every home was taken care of by a trained nurse, with a different nurse feeding and bathing the babies every week. Not so long ago, I happened to observe a child who had a too sensitive and affectionate nanny for a year and a half. She had to leave. When the new nanny arrived, the child screamed for three hours, taking only a few short breath breaks. At the end of the month, she had to leave, and a new one came . This time the baby screamed for only half an hour. As is often the case in well-ordered families, this nanny only stayed for 14 days. When the next nanny appeared, the child left the previous one without any difficulty. I must admit, I wish mothers could be changed sometimes too! Unless they're overly sensible."*
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> *“There is a very intelligent way of interacting with children. Treat them as if they were adults. Perform dressing and bathing procedures with care. Always be objective and friendly in your behavior. Never kiss or cherish children; never take them on your lap. If there is no other way, kiss them on the forehead when you say goodnight. Shake hands in the morning. Pat them on the head when they are especially good at a difficult task [Cit. to 52, pp. 23-24*].

This pragmatic ideology, however ironically stated, was based on the belief that it is necessary to properly condition people's behavior in order to maintain universal peace and happiness. Social interaction, emotionality in communication, the child's personal trajectory respected and cultivated by the parent are not only not needed, but can also interfere. The concept of "socialization", which has many faces in modern humanities, with all the sense of importance and necessity of this process, still does not have an exact psychological meaning. Socialization can be understood mechanistically, as a “prescription”, formal performance of acts of social interaction with a child, caring for him, feeding, performing hygiene procedures, etc. But socialization, following L.S. Vygotsky and his students and followers, can be perceived as the deployment around the child of all the necessary cultural conditions for his development according to the principle of the *psyche is an internalized culture* .

Indeed, the key point is to understand what the main determinant of development is, how it develops and what it leads to. Schmidt finds the exact words to characterize discourse: *dogma* and *fiction*. The Russian mind seems to be replete with meaningful examples of Soviet philosophical and ideological examples of *dogma—those dead little islands of supposed security created by cowards in the roaring ocean of life born of fear.* The static element of any dogma becomes particularly evident in the field of autism as a "developmental disorder". Development

is always dynamic, always a complex interaction between man and the world. Complete denial of the developmental possibilities of autistic children is and can only be dogmatic.

> *"Children with autism are unteachable "; "you can't make them communicate, but you can teach them simple skills"; "most autistic people will remain dependent for life"; "the prognosis for autistic children is poor" - such statements are made so often that it is easy to believe that they are true. This is modern knowledge about autism, but it only emphasizes our lack of understanding and helplessness in relation to the treatment or prevention of autism - this is the position of E. and N. Tinbergen [62].*

One of the dogmas that deny the influence of parents on the child as the main cause of autism lies precisely in the misunderstanding of the psychological significance of socialization [6]. Autism is a complex disease resulting from a combination of a primary and secondary defect [18]. The primary defect is formed from a functional or organic deficiency at a certain stage of development, and a secondary defect is superimposed on its basis in the form of the complete impossibility of parents and defectologists to return the child to the normative womb of development. The accumulating problems associated with a secondary defect, the distortion of the developmental trajectory do not allow the child to actively absorb the culture and appropriate the necessary guidelines for social life.

A birth defect is another root cause of autistic disorders, recognized as a dogma. "It happened as it happened" - it seems, postulating so fatalistically, one can try to exclude a psychogenic cause by concentrating one's research in the field of physiology and genetics. Such reasons have not been found so far and, perhaps, will never be found, since they do not exist.

Autistic people are not amenable to training / therapy - in order to exclude responsibility for the causes of pedagogical and psychological failures, it was necessary to categorically (as a dogma) deny children with autism any developmental opportunities. As a result, autism was defined as "a genetically determined, lifelong and incurable disease". And then, behind the scenes, he was recognized as not amenable to therapy and education.

Parents as Experts - Parents of autistic children, even those with appropriate education, can be experts in this area, but even then the problem of conflict of interest between the roles of expert and parent remains. However, it is absurd to declare parents experts just because their child has autism and accept them as a reliable source for research. The study of parents of

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6 Describing the style of presentation and Schmidt's polemical pathos, let us pay attention to how subtly he highlights the main problem. In our practice of working with children with ASD, we are sometimes embarrassed to publish a panorama of the true views, positions and orientation of parents in their problem, not considering it something important. Sometimes we need a "magic" kick from the objective observer B. Schmidt, just like the important Hegelian warning not to take "visible for significant" finds its response in the scientific work of each researcher. In this sense, the generic advantage of Vygotsky's concept, which puts the mediation of culture with the help of a neighbor adult at the center of child development, is still felt, despite almost a hundred years from the promulgation of this most important hypothesis.

autistic children has traditionally been carried out on the basis of questionnaires, it was shown that these parents do not have any special features [64].

> *L. Wing wrote that many autistic children are potentially normal children whose socialization somehow went wrong, and secondly: this can often be associated with something in the conditions of early development - sometimes with a frightening incident, but most often with something something in the behavior of parents, especially mothers. We do not blame these unfortunate parents. They were either simply inexperienced (hence perhaps the high incidence among firstborns); or overly anxious; or overly intrusive; or, most often, they are people who are themselves under stress. For this and many other reasons, autistic parents deserve as much compassion and perhaps as much help as autistic people do.*

Wing also pointed out the mechanism of registration of stigmatization [35; 64]:

> *Other relatives can provide help and support, but sometimes their attitude may be less constructive. They may feel that a disabled child is a disgrace to the entire family (aside from the fact that all families have had disabled relatives at some point in their history). They may try to shift the blame to one or the other parent, or they may criticize the decisions that parents make regarding home or residential care . child care , as well as to criticize their methods of education and upbringing. Worst of all, they may reject the child and avoid meeting him, not involving him in family affairs, trips or meetings.*

With a magnificent generalization of E. and N. Tinbergen [61; 62] B. Schmidt sums up the analysis of the complex ambivalent attitude of the parent to the child.

> *"Of course, it is very painful to think that a parent could contribute to the disaster that happened to his child. This makes accepting the theory of a psychogenic origin of autism emotionally virtually impossible for parents of autistic children, even in the face of highly compelling evidence. Not only is there such irrational resistance to this particular idea and the desire that genetic or some other randomness underlies autism, but parents, again quite naturally, also feel that the adherents of the psychogenic theory are cruel to them. As Dr. L. Wing has repeatedly told us , "You are cruel to mothers." However, when we publish what we consider to be a good argument for a predominantly psychogenic origin of autism, we do so because children's chances of recovery—or of preventing autism from developing—are enhanced by therapy based on this understanding; and the interests of the children must come first. If we have to choose between hurting some mothers and refusing to save many children from this catastrophic downward spiral, then we feel like we have no choice but to "be cruel to mothers."* ***It should not be forgotten that whether a mother feels hurt or not when faced with a psychogenic understanding of the causes of autism depends largely on her - we know a number of mothers, each of whom has chosen to overcome her guilt or, rather, sublimate it into a huge effort, to help your child, and in some cases with outstanding success. Such mothers told us about their happiness after this achievement, which they would have missed if we, or they themselves, were not "cruel".***

At some point in the research and accepted practice of working with children with ASD in the West, it became clear that the well-being of children is no longer in the forefront, there is

now the well-being of parents. Thus, the question is no longer how to help autistic children, but what is good for parents.

> *L. Wing believed [64] that when parents first realize that something is wrong with their child, they desperately hope that doctors will be able to improve his condition. They go to their first meeting with high expectations that will not necessarily come true. Sometimes they feel anger and bitterness directed at the doctor himself and may turn to one clinic after another for advice. This is a waste of time and can even harm the family if the parents can never come to terms with reality.*
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> *The problem is exacerbated by the fact that during their walks, parents can come across many different theories, and this confuses them, and they become depressed. Sometimes they even meet professionals who at first believe that they can cure the child with the help of psychological help. And after a while it becomes obvious that this will not happen. This therapist may decide to stop treatment and the parents feel disappointed that their child has been rejected again.*

Thus, a kind of code of conduct for parents is formed. For example, "normal" parents put the well-being of their children ahead of their own. They don't ask who is to blame, but how best to help their (autistic) children. "Normals" recognize and accept differences in competencies between themselves and scientists and do not declare themselves "experts". They do not call their children mentally retarded without good reason and do not deny their children developmental opportunities, just to avoid disappointment or responsibility for their child's development. "Normal" parents do not allow their children to be trained by ABA methods, do not lock their children in "baby incubators", but naturally provide their children with the social interaction they need to develop.

Theories of psychology have a direct impact on people. Mistakes in psychology lead to mistakes in people! The categorical denial of educational and treatment opportunities for children, whether they have autism or not, has a direct, and even negative, impact on the lives of these children. Unreasonably depriving parents of the hope of being able to positively influence the disorder of their child negatively affects the lives of these parents. Misleading them about therapy options that are supposedly possible only with ABA or TEACCH [12-15; 20; 21-23; 30; 32, etc.], negatively affects the lives of children and their parents!

Psychology seems to be in the position of a guarantor, it has a special responsibility to others. Therefore, the main priority not only in medicine, but also in psychology should be “primum non nocere"! The dogmas we have named are self-fulfilling and create both theoretical (in the field of research) and practical reality. *Dogma and taboo* are intertwined. Dogma affects the "inner circle", that is, those who are within the belief system, in the "community of ignorance". Dogma leads to attack (accusation *by* parents) or ignorance of different opinions and approaches. Taboo, on the other hand, prevents those outside this circle from doing so, although it would be their scientific as well as human duty to point out errors and alternatives. In the form

of a taboo, passive avoidance is realized. Thus, in the absence of both internal and external impulses, autism research remained static and isolated for half a century. The result is a hypertrophy of autism research. No other field has been so well funded in the past and now, no other field of mental disorders has had so many research projects and publications. And all unsuccessfully [53; 35; 58; 63; 65 and others].

Common sense and good old conservatism are the ideological inspirers of B. Schmidt. Unlike behaviorists, he is well aware that the destruction, perhaps, of the main civilizational achievement - the love of a mother for a child - also brings down the fate of specific children. Take a closer look at the problematic and uncritical Russian practice of working with children with ASD: it is easy to see, even in numerous video examples on video hosting sites, how fellow psychologists “enlightened” with behaviorism, with the help of the most ridiculous repetitions, drive the speech and activity of children into the Procrustean bed of a reactive response, like a Pavlovian dog in bark at the light bulb. "Manufacturability", "methodology", "pragmatism" - all this pales before the stupidity and inhumanity of this approach. The tragedy is that all this is done in the name of science. When we see with horror what effect this beautiful wrapping has on parents, it becomes no longer up to scientific disputes, but it is necessary to think about the real salvation of children.

Another important coordinate of parental behavior in relation to a child with ASD, B. Schmidt highlights the *Munchausen syndrome by proxy described by* R. Meadow in 1977 (Munchausen syndrome by proxy - MSbP) [46; 43; 36; 48; 51; 58; 66 and others]. The syndrome is based on the complex behavior of a parent or guardian (narcissistic, psychopathic, schizoid or histrionic, mixed, etc. - each case requires its own nosological qualification (symptomatic and etiological)), causing harm or false symptoms of the disease to children in their care (usually their own children) to get the attention and sympathy of the medical staff (or the available community). Some of these parents are, of course, themselves victims of pathological development, but continue to aggravate the situation and condition of those under their care. Fry et al. write that a review of the latest literature and experience indicates that MSbP has already moved from isolated cases to more widespread practice, in particular in educational institutions, with increasing demand for educational options for children with real or fabricated physical symptoms of disability that require excessive or unnecessary training [38]. Careful monitoring of collisions of clinical cases accompanying children with ASD [38; 34] gives a very complex picture of the motivation of parents with MSbP: financial or material gain; exonerating the caregiver of the child's parenting and behavioral problems; maintaining closeness to the child; negative attitude towards the child or disappointment in him, etc.

K. Ayoub et al. [29] presented case studies of two parents who requested that their children be sent to special education, even though the children's teachers found no cause for concern. One mother mentioned her two younger daughters after her eldest son was placed in special education due to Asperger's syndrome-like behavior . The mother insisted on evaluation by school professionals and an independent evaluation paid for by the school district. Medical testing by physicians accompanied educational assessments. All results indicated no learning problems. Despite these results, the middle child was on Ritalin for ADHD, and the youngest child was placed in the same special school her brother attended [38].

Symptoms of MSbP can be complex and unexpressed, for example, M. Feldman testified that only occasionally mothers readily admit their role in MSbP. Deliberate aggravation of the state of the child or affectation of the parent when communicating with doctors or defectologists is habitually associated by them with the struggle for the health of the child. [36] And here all means are good. But such behavior “fighting” with the environment or life “rock”, with unclear causes of the disease, can cause both primary and secondary damage and damage to the child: his psyche, development, SSD. At the heart of this pathological motivation is the need for attention, a sense of life's injustice, there is also mythomania, characterized by window dressing and exaggeration of the symptoms of the disease, as well as a desire to disguise one's abuse of a child with ASD. MSbP is much more common today than it used to be.

B. Schmidt draws attention to another important aspect, a kind of "group formation" led by parents with MSbP. From an individual syndrome in conditions of strong social and financial support from parents of autistic people, there is a transition to a systematic attraction of the attention of the public and the immediate environment to "one's sad fate" to satisfy narcissistic needs. Of course, there is always the most important argument - the search for the best share for your child. The negative features of such groups are dogmatization, limitation and falsification of information about children with ASD, methods of working with them, deception of "guardians" and the public, irrational behavior.

Typology of autistic parents is quite a worthy modern task of structuring the area under study. Let us give one example [43].

The first type, the mother who does not seek help. She often comes from a dysfunctional family in order to gain respect and attention. Her pregnancy was unexpected and she often brings up the child alone. Basically, she agrees to the diagnosis, treatment of the child and the foster family.

The second type, the mother, is an "active criminal". She is able to use very aggressive and harmful methods to protect the child. It is characterized by emotional instability, depression, and a strong denial mechanism.

The third type, the mother, who feels the need to be the most important person during treatment. She has medical knowledge, offers doctors her decisions, tries to think them over, as a result of which she can undermine the competence of doctors. She feels important and is the type who seeks help. She is waiting for interest and attention from the medical staff [43].

The experience of cross-cultural analysis shows that Russia will have to take significant organizational and meaningful steps, including towards the parents and guardians of children, in order to fundamentally change the situation of working with children with ASD and their families. It is important for us not to repeat the gross European mistakes, taking the most valuable achievements and orienting the created system of accompanying children with ASD to the best examples of humanism and domestic psychology.

If we characterize the psychological architectonics of child-parent relationships between parents and children with ASD, then both superficially and deeply noticeable contradiction between the educational imperatives *"be patient, it's necessary"* and *"I still love you"*. This was probably first written by B. Bettelheim [2; 31], drawing attention to the ambivalence of autistic mothers, due to the unprepared experience of encountering the first emotional reactions of the child (whether these are single signs of the child's withdrawal from contact with an adult or even manifestations of an empathic nature). This experience was regarded incorrectly by the mother, for example, as a sign of rejection by her child, or as a manifestation of his discomfort, which gave rise to a negative assessment of herself and her actions in her, and often formed a feeling of guilt. The mother sought to provide care and love for the child, but did not have the means and clear and assigned guidelines for a rational understanding of his current state, she tried to mechanically apply the rules set in the culture, the norms of motherhood without a deep orientation to the state of the child and his capabilities. Of course, such contradictions turn out to be characteristic not only of parents of children with ASD, but in this category of parents, this disorientation ultimately leads to an increase in the pathogenicity of CRS [21-23].

How does the image of the problem develop in parents with dysontogenesis of their child? The content of the image freezes in the space between *"I don't want to see this problem"* and *"I need to explain something to myself, to near and far society about my child*." None of the parents a priori knows how to behave in a situation of life drama with a child who is sick or in dysontogenesis. There are practically no proven and tested social guidelines, since at this initial stage it seems to each of the parents that everything is in order with them, now we just tweak something a little, and everything will work out. Minimally and only those who are already able to orient themselves are helped by the "internal" parental experience of those who have been ill for a long time or are trying to be treated. But in general, observing with what sometimes monstrous humility and uncriticality the parents of sick children accept, among other things, erroneous diagnoses, unproductive corrective exercises and treatments, you come to the conclusion that Bettelheim is right in relation to their distorted motivational need sphere.

Let us conditionally single out three stages in the transformation of acceptance of the problems of one's child with ASD: 1) agreement with the point of view of the external society

(social desirability: “the doctor said”, “everyone does it”); 2) overcoming social desirability, but a chaotic search for more and more new means and methods of working with your child (“I don’t trust anyone”); orientation is still superficial, approximate, insignificant; 3) more or less consistent attempts to focus on changes in the state and behavior of their child, overcoming the insignificance of their own generalizations of experience.

Let us trace these stages in one of our "typical" consultative cases. We were approached by the mother of a 5-year-old girl (K.) with a request for developmental and remedial classes [9; 15; 22]. The child's behavior showed symptoms of ASD (circling around the axis, pseudo- deafness , autostimulation, frequent avoidance of eye, tactile contact, affective outbursts such as crying, screaming, etc.).

From the very beginning, my mother treated her role very anxiously and with high duty, tried to look like an ideal, along the way, often getting lost when faced with complex collisions, feeling guilty for her maternal “failure”, relying on the advice of close and “knowledgeable” doctors and defectologists without independent understanding of the problem (worried about any sore child, anticipated possible difficulties and implemented hyper -custodial behavior towards the girl, tried to minimize her mistakes and failures, excessively monitored cleanliness, etc.). At the time of another severe somatic illness of the child, on the recommendation of doctors, the mother took a course of antibiotics, after which no restorative treatment for the microflora of the stomach and intestines was carried out. A little later, a neglected problem with the intestines led them to developmental classes at our center (the problem of additional classes was raised first by a neurologist, and later by educators, who began to notice a developmental delay in the child, unmotivated tantrums, strong symbiosis with mother, lack of speech). K.'s mother took K. to group classes for several classes, but it soon became clear that K. needed individual work before joining the group. Along the way, my mother tried to comply with the appointments of neurologists and implemented pharmacological support, consulting with us whether it was necessary to transfer to a correctional garden (because the educators insisted), etc.

After the introduction of the criteria for communication and interaction, the first significant changes in the attitude of the mother to the problem appear. So, with skepticism, she begins to share with us new “hypotheses” and opinions of educators, kindergarten nurses, neurologists, which she previously perceived as important, begins to visit a defectologist, whose methods can be called “training”, decides to start a massage course for a child, and As soon as the opportunity arises, K. is taken for a consultation with a foreign specialist, while at the same time attending individual classes with the child in our center. The main principles for the mother are often contradictory and changing each other principles “do not trust anyone” and “something, but help”.

After we started separate individual meetings with the mother (1-2 times a month) on the development of the child and discussing the dynamics, “orientation to the essential” appears in motivation. Through discussion and explanation comes an understanding of the conditions and causes of the problem (it was decided to test the hypothesis of somatic distress and find a qualified gastroenterologist, after which the fact of the pathogenic microflora of the intestines and stomach was confirmed, which provoked severe spasms and pain in the child, and looked symptomatic like unmotivated tantrums). It became possible to plan work along several lines (smoothing the somatic background, which opened up the possibility for the child to master

psychological tasks, as well as building methods and means of interaction with the child, oriented towards the ZPD) .

The most important neoplasm of the mother at this stage was her orientation to the child's condition. Note: careful independent monitoring of the restoration of microflora, the study of research in this area, consultations with a specialist, as well as an analysis of the experience of other parents from thematic forums before adopting a particular recommendation, keeping diary records of the child's condition, fixing signs of positive or negative dynamics and how consequence, a subtle understanding of the precursors of somatic deterioration and the adoption of timely measures to prevent them, the implementation of the psychologist's recommendations for arranging the developmental context at home, defending the child's preserved capabilities in front of garden workers, doctors, relatives, ignoring erroneous diagnoses made without a carefully selected argument, narrowing the circle habilitation measures (a decisive rejection of an incompetent defectologist and neurologist, drugs prescribed "at random", etc.).

How to make relationships with parents of children with ASD productive and developing? We need subtle, empathic and formative work with parents at the same time, which is better called "psychological support", meaning the assimilation and critical analysis of previous motives, which phenomenologically have almost frozen and turned into rigid "attitudes". Conservative, rarely consistent and rational, but emotionally protected, repeatedly pressed by society, accompanied by learned contradictory judgments and assessments of medical and defectological experts - when you analyze the unity of motivational trends (vectors) in a specific consultative parental situation, it is impossible not to notice the extreme fragmentation, instability and emotional , in the full sense of the word "syncretic" mobility of the entire structure [21; 23]. Either neighbors in misfortune will bring news about the gigantic possibilities of ABA therapy , and you need to drop everything and run in that direction, then Tomatis - and now in the other direction, then something else, now dietary, psychopharmacological, etc. – and here is a new goal. At the same time, the top of the motivational hierarchy is headed by the hard-to-articulate, but suspected in all parents *"look, we do everything for our child"* . Therefore, "thinking" - "trial", "trial" - "reflection" - such is the true inner rhythm of the psychological support of parenthood. We present our generalizations of the dynamics of parental attitudes towards autism, depending on parental premorbidity , in Table 1.

Table 1. General scheme of the dynamics of parental attitudes towards autism.

Relationship types	Stages of development of the ASD: 1. Establishing the problem	2. Acceptance of the diagnosis	3. Deploy parent coping	4. Attitude towards chronicity of the ASD	5. Attitude towards treatment failure
A. Passive, indifferent	passive	" Anosognostic "	Sluggish and inconsistent	" Fatalistic-something "	Inadequate , without amendments and feedback
b . hyperactive	Negation	Negation , stress, experience	Violent activity, random enumeration of methods	Negation	Negation
C. _ Schizoid	Exclusion	Rigid	The collapse and destruction of the SSD	Indifference	Alexithymic
D. _ hysteroid	Rejection of the problem, protest	Misunderstanding of the essence of the diagnosis	demonstrativeness	Ignoring	Imitation of understanding , no amendments
E. _ Adequate	Clarification of the etiology	Discovery of a symptom of a-- tics of ASD	Dialogue within the SSD	Adequate coping	Adequate correction of actions

A distinctive feature of the current situation with RDA is that the diagnoses established, for example, for our patients were very inaccurate and not essential for characterizing their condition (therefore, we tend to use the term ASD instead of RDA). Work with the wards was built in an attempt to implement an integrated approach to the development of the personality of the wards. In general, when a child is normal, he is focused on an adult who acts as a model of activity, behavior, and communication. The socialization of the child begins with the first breath of the child through courtship, communication from a close adult. In the case of abnormal development, the most important stage in infancy may be difficult due to a peculiar development (primary defect). The child in this case is not oriented either to the object, or to the adult, or to the social norm of behavior. The collapse of cultural forms of interaction occurs already in direct-emotional communication between a child and an adult [20-22]. A parent who is not oriented in the stages of development of an infant does not notice this collapse or does not betray it, thinking that the child will “outgrow”. And when an autistic child is already overgrown with all sorts of symptoms, a desperate parent runs for help to specialists. As a result, the child often loses the last chance to establish a connection with an adult, since doctors begin to believe that pharmacological preparations are the center of changes in the child’s condition, but this is a mistake, psychological development is arranged differently [7; 10-14 and others]. Later, against the background of taking drugs, elements of a secondary defect begin to accumulate, moreover,

the child begins to develop outside the children's team, outside of cooperation, which are the main conditions for children's cultural development.

As soon as parents learn the terrible word "autism" from a specialist, most often they develop a colossal feeling of guilt towards the child. The child is treated like special, parents most often begin to implement a hyper-protective style of behavior, which implies "I will do everything for the child." Usually a mother and child enter into a symbiosis, this symbiosis is useful for an autistic person if he falls into the hands of a good specialist. In our practice, there was a similar case, indeed, the close relationship of the child with the mother “softened” autism , making him “white and fluffy”, preventing the defect from overgrowing with multiple variations of severe symptoms. Proper psychological support and expansion of symbiosis to joint activity give high dynamics. In this case, symbiosis is a kind of safe link in the child, in which lies the path of development.

An essay on the psychological state of parents, however brief, leads us to these conclusions. The development of parents - it can occur with any variant of dysontogenesis of a child with ASD, but how, in what directions, what crises are experienced along the way? The idea, outlined by Vygotsky in his time and developed by us, is that in order to understand any event within the SSD, it is necessary to expand the context of the consideration of the problem. It is only from this bell tower that the true meaning of any phenomenon, psychological event, vector of movement, etc. is revealed. And it is necessary to consider the phenomenon primarily from the point of view of development, introducing the third dimension, along with the study of structure and functions. And this is not just an additive or eclectic addition, but a systemic upheaval: now the genesis, structure and functions do not act on their own, but *both structure and functions become genetic* .

There is no doubt that it is very difficult for parents in the situation of their child's ASD. It is always unclear why this happened to us, why, what to do about it, what will happen next? It is difficult for parents to comprehend the methods of diagnostics and correctional and developmental work, the waiting between the beginning of psychological work with the child and the first more or less intelligible results obtained is unbearable. The uncertainty of the problematic situation gives rise to the acuteness of emotional experiences, intra-family conflicts arise, the abnormality of the child leads to the search for someone to blame, and in the short term, especially against the background of extremely poor results of pharmacological, neurological and psychological support, plunges the parents (or one of them) into despair. Dramatic ambivalence of attitude towards the child, an apology of parental guilt: hidden, open or disguised, the need to transform already built pathological forms of coping , ineffective communication with the child accumulated over the years and false experience and poorly

developed joint activity, etc. - a detailed list of the most acute parental problems in almost every consultative case is waiting for his psychological participation and decision.

Bibliographic list:

1. Башина В. М. Аутизм в детстве. М.: Медицина, 1999. - 236с.
2. Беттельхейм Б. Пустая крепость. Детский аутизм и рождение Я: Пер. с англ. – 3-е изд. – М.: Академический проспект, 2017. – 484 с. – (Психологические технологии).
3. Витакер К. Полуночные размышления семейного терапевта /Пер. с англ. М.И. Завалова. – М.: Независимая фирма “Класс”, 1998. – 208 с.
4. Воспитание детей раннего возраста в детских учреждениях. / Под ред. Н. М. Щелованова и Н. М. Аксариной, 4 изд., М., 1960.
5. Выготский Л. С. Мышление и речь. Изд. 5, испр. — Издательство "Лабиринт", М. , 1999. — 352 с.
6. Выготский Л. С. Собрание сочинений: В 6-ти т. Т.3. Проблемы развития психики/Под ред. А. М. Матюшкина.—М.:Педагогика, 1983.—368 с.
7. Выготский Л.С. Основы дефектологии. – СПб.: Лань, 2003 – 654 с.
8. Гальперин П.Я. Методы обучения и умственное развитие ребенка. М.: Изд-во Моск. ун- та, 1985 44с.
9. Козырькова Д.С. Включение родителей и детей с РАС в совместную деятельность с психологом. – ГБОУ ВО «Университет «Дубна». Дипл. работа. – Дубна, 2022.
10. Лебединская К.С. Дети с нарушениями общения: Ранний детский аутизм / К.С. Лебединская, О.С. Никольская, Е.Р. Баенская [и др.] – М.:Просвещение, 1989. – 95с.
11. Лебединский В.В., Никольская О.С, Баенская Е.Р., Либлинг М.М. Эмоциональные нарушения в детском возрасте и их коррекция. М.: Изд-во МГУ, 1990.
12. Лебединский, В.В. Аутизм как модель эмоционального дизонтогенеза В.В.Лебединский //Вестн. Моск. ун-та. Сер. 14 Психология. – 1996.– №2.– С.18-24.
13. Либлинг М.М. Десять аргументов против АВА-терапии// Альманах Институ коррекционной педагогики РАО.–2014.–№20.–С.27-39.
14. Либлинг М.М. Роль игры в коррекционной работе при расстройствах аутистического спектра// Альманах Институт коррекционной педагогики РАО.– 2017.– №28.– С.67-75.
15. Пирайнен А.Н. Принципы клинико-психологического сопровождения детей с РАС (3-11 лет). – ГБОУ ВО«Университет «Дубна». Дипл. Работа. – Дубна, 2021.
16. Хозиев В. Б. Опосредствование в теории и практике культурно-исторической концепции // Культурно-историческая психология. №1. 2005. – с.25-36.
17. Хозиев В.Б. Аутизм как фокус-тема современной психологии развития и клинической патопсихологии // Вестник государственного университета «Дубна»–2017.– №1.– С.42-53.
18. Хозиев В.Б. Аутизм: детское развитие «мимо игры и культуры»//Вестник государственного университета «Дубна»–2018.–№2.–С. 29-53.
19. Хозиев В.Б. К вопросу о месте консультативного метода исследования в грядущей парадигме психологии//Методология и история психологии. Том 2. Выпуск 1.–2007.– С.190-206.
20. Хозиев В.Б. Практикум по психологии развития, педагогической психологии и психологии аномального развития: учебное пособие. – М.: Издательство Московского психолого-социального университета, 2020.–768 с.
21. Хозиев В.Б. Феноменология и причины аутизации в российско-немецком кросс-культурном диалоге: новый раунд обсуждения// Вестник государственного университета «Дубна»–2018.–№2.–С.6-9.

22. Хозиев В.Б., Долженко А.Н. Динамика квазипотребности в ходе психологической работы с родителями детей с РАС//Материалы международной научно-практической конференции. – Москва, 2020.–с. 527-533.
23. Хозиев В.Б., Хозиева М.В., Дзетовецкая С.В. Психологическое консультирование родителей. М.: Изд-во МПСИ; НПО «МОДЭК», 2008. — 504 с.
24. Шмидт Б На пути теории аутизма // Вестник государственного университета «Дубна»–2017.–№1.– С.27-42.
25. Шмидт Б. Аутизм и сексуальность / К. Дёлер, Д. Дёлер// Вестник государственного университета «Дубна»–2018.–№2.–С.9-29.
26. Щелованов Н.М. О воспитании в домах младенца, "Вопросы материнства и младенчества", 1938, № 3 – 5.
27. Ainsworth, Mary D. Salter, Andry , R. G, Harlow, Robert G, Lebovici , S, Mead, Margaret. et al. (1962). Deprivation of maternal care : a reassessment of its effects / contributors, Mary D. Ainsworth ... [et al.]. World Health Organization. https://apps.who.int/iris/handle/10665/37819
28. Andrea C. Gore, Katherine M. Martien , Khatuna Gagnidze , and Donald Pfaff. Implications of Prenatal Steroid Perturbations for Neurodevelopment, Behavior, and Autism. Endocrine Reviews, Volume 35, Issue 6, 1 December 2014, Pages 961–991, URL: https://doi.org/10.1210/er.2013-1122 (Date accessed : 01.12.2014).
29. Ayoub , Catherine C.; Schreier , Herbert A.; Keller, Carol (2002): Munchausen by proxy: presentations in special education. In: Child maltreatment 7(2), S. 149–159. DOI: 10.1177/1077559502007002007.
30. Barrett, Stephen (2020): A Critical Look at Defeat Autism Now! and the "DAN! Protocol" Quackwatch . Online verfugbar unter https://quackwatch.org/consumer-education/nonrecorg/dan/, zuletzt aktualisiert am 24.09.2020, zuletzt geprüft am 24.09.2020.
31. Bethlehem R., Romero-Garcia R., Mak E., Bullmore E., Baron-Cohen S. Structural Covariance Networks in Children with Autism or ADHD // Cerebral Cortex, Volume27, Issue 8, 1 August 2017, Pages 4267–4276 . URL: https://doi.org/10.1093/cercor/bhx135 (Date accessed : 15.04.2018).
32. Bird G., Silani G., Brindley R., White S., Frith U. Empathic brain responses in insula are modulated by levels of alexithymia but not autism // Brain, Volume 133, Issue 5, 1 May 2010, Pages 1515– 1525. URL: https://doi.org/10.1093/brain/awq060 (Date accessed : 17.04.2018).
33. Bowlby , John (1969): Attachment and loss. Vol. I: attachment. 3 Bande . New York: Basic Books (1).
34. Davis, Paul; Murtagh , Una ; Glaser, Danya (2019): 40 years of fabricated or induced illness (FII): where next for pediatricians ? Paper 1: epidemiology and definition of FII. In: Archives of disease in childhood 104 (2), S. 110–114. DOI: 10.1136/archdischild-2017-314319
35. Elgar, S., and Wing, L. (1969): Teaching Autistic Children, College of Special Education and NSAC, London.
36. Feldman, MD (1994): Denial in Munchausen syndrome by proxy: the consulting psychiatrist's dilemma. In: International journal of psychiatry in medicine 24 (2), S. 121–128. DOI: 10.2190/1B42-9RD9-H1PE-7UVF.
37. Flaherty, Emalee G.; Macmillan, Harriet L. (2013): Caregiver-fabricated illness in a child: a manifestation of child maltreatment. In: Pediatrics 132(3), S. 590–597. DOI: 10.1542/peds.2013-2045.
38. Frye, Ellen M.; Feldman, Marc D. (2012): Factitious Disorder by Proxy in Educational Settings: A Review. In: Education Psychol Rev 24(1), S. 47–61. DOI: 10.1007/s10648-011-9180-9.
39. Gilleen J., Xie F., Strelchuk D. Distinct Theory of Mind Deficit Profiles in Schizophrenia and Autism: A Meta-Analysis of Published Research // Schizophrenia Bulletin, Volume 43,

Issue suppl_1, 1 March 2017, Pages S22, URL: https ://doi.org/10.1093/schbul/sbx021.057 (Date accessed : 10/15/2019).
40. Goldfarb, W. (1964): An investigation of childhood schizophrenia. Arch. Gen. Psychiatry 2, 620.91
41. Greenspan S., Wieder S . Engaging Autism: The Floortime Approach to Helping Children Relate, Communicate and Think - Perseus Books, 2003. URL: https://www.chegg.com/textbooks/engaging-autism-1st-edition-9780738210285-0738210285 .2020).
42. Kana R., Libero L., Hu C., Deshpande H., Colburn J. Functional Brain Networks and White Matter Underlying Theory-of-Mind in Autism // Social Cognitive and Affective Neuroscience, Volume 9, Issue 1, 1 January 2014 , Pages 98–105. URL: https://doi.org/10.1093/scan/nss106 (Date accessed : 15.04.2018).
43. Majda , Katarzyna ; Dudzik , Katarzyna ; Jarząbkowska , Angelika; Łakomska , Oliwia (2019): Munchausen syndrome by proxy. Causes, signs and treatment. DOI: 10.5281/zenodo.3408272.
44. Marsha L. Richins , Lan Nguyen Chaplin. Material Parenting: How the Use of Goods in Parenting Fosters Materialism in the Next Generation. Journal of Consumer Research, Volume 41, Issue 6, 1 April 2015, Pages 1333–1357, URL: https://doi.org/10.1086/680087 (Date circulation : 09.02.2015)
45. McAlonan G., Daly E., Kumari V., Critchley H., Amelsvoort T. Brain anatomy and sensorimotor gating in Asperger's syndrome // Brain, Volume 125, Issue 7, 1 July 2002, Pages 1594–1606. URL: https://doi.org/10.1093/brain/awf150 (Date circulation : 22.04.2018)
46. Meadow, Roy (1977): Munchausen syndrome by proxy the hinterland of child abuse. In: The Lancet 310 (8033), S. 343–345. DOI: 10.1016/S0140-6736(77)91497-0.
47. Poustka , Fritz (2009): Ratgeber Autische Storungen . Informationen fur Betroffene , Eltern , Lehrer und Erzieher . 2., uberarb . Aufl . Göttingen : Hogrefe
48. Rimland , Bernard (2015): Infantile autism. The syndrome and its implications for a neural theory of behavior. 50th Anniversary Updated edition. hg. v. Stephen M. Edelson . London: Jessica Kingsley Publishers.
49. Schmidt BJ Autism and the Refrigerator Mother Myth A Rehabilitation of Bruno Bettelheim. 2019. - P.76.
50. Schmidt Bernhard J. Autist und Gesellschaft - Ein zorniger Perspektivenwechsel : Band 2: Hilfen fur Autisten ? - 2015. - p.222.
51. Schmidt Bernhard J. Das Münchhausen Stellvertreter Syndrome als Gruppenphanomen Beitrage zur klinischen social psychology . - 2020. - p.96.
52. Schmidt Bernhard J. Gnothi seauton Autismus "Blaming the Parents" Forschung zwischen Dogma und Tabu - 2020 - p.96.
53. Schmidt, Bernhard J. (2017) Autismus und der „ Kühlschrankmutter Mythos “ Eine Rehabilitation Bruno Bettelheims . – p.78.
54. Schmidt, Bernhard J. (2019): BauSÄTZE : Begriffe - Gedanken - Hypothesen – Theorien II
55. Schmidt, Bernhard J. (2021): Autist und Gesellschaft . Ein zorniger Perspektivenwechsel . bd. 1. Autismus verstehen . 2nd edition - p . 146.
56. Schmidt, Bernard J.; Döhler , Christiane ; Döhler , Deniz (2017): Autismus - Sexualität - Partnerschaft . 1. Auflage . Norderstedt: Books on Demand (Beiträge zur klinischen Sozialpsychologie , 6).
57. Schmidt, Bernard J.; Ganz , Andreas (2016): Klartext compact . Das Asperger Syndrome - nothing Nur fur Psychotherapeuten . 1. Auflage . Norderstedt: Books on Demand (Klartext compact , 6). – (2017): Symbiotischer Narzismus als Gruppenphänomen . Norderstedt: Books on Demand (Beiträge zur klinischen social psychology ,

58. Sheridan, Mary S. (2003): The deceit continues: an updated literature review of Munchausen Syndrome by Proxy. In: Child Abuse & Neglect 27(4), S. 431–451. DOI: 10.1016/S0145-2134(03)00030-9.
59. Skinner, BF (1979): The Shaping of a Behaviorist. New York: Knopf.
60. Skinner, BF; Beheim-Schwarzbach , Martin (1988): Futurum zwei . Die Vision einer aggressions freien Gesellschaft . 83-85. Tsd . Reinbek bei Hamburg: Rowohlt Taschenbuch Verl .
61. Tinbergen, EA, and Tinbergen, N. (1972): Early childhood autism—an ethological approach. Advances in Ethology , J. Comp. Ethology Suppl. no. 10, Paul Parey , Berlin.
62. Tinbergen, Niko ; Tinbergen, Elisabeth A. (1983): "Autistic" children. New hope for a cure. London: Allen & Unwin .
63. Waterhouse, Lynn H. (Hg.) (2013): Rethinking autism. Variation and complexity. 1st ed. London, Waltham, MA: Academic Press. Waterhouse, Lynn; London, Eric; Gillberg , Christopher (2016): A.S.D. Validity. In: Rev J Autism Dev Disord 3(4), S. 302–329. DOI: 10.1007/s40489-016-0085-x.
64. Wing, L. (1976): Early childhood autism. Clinical, educational and social aspects. [2nd ed .] Oxford, New York, Oxford: Pergamon Press (Pergamon international library of science, technology, engineering and social studies).
65. Zarankiewicz , Natalia; Zielińska , Martyna ; Kosz , Katarzyna ; Kuchnicka , Alexandra; Siedlecki , Wojciech ; Książek , Katarzyna ; Mojsym Korybska , Sylwia (2019): The art of cheating medical staff – Munchausen Syndrome by Proxy. DOI: 10.5281/zenodo.3358650.