

# The end of autism?

It's 70 years since Kanner first wrote about 'autistic disturbances of affective contact', but as contributors to October's special issue 'Autism: Myth and reality' pointed out, autism is still a puzzle. Several authors mentioned the probable existence of autisms (plural), but still referred to 'the condition', 'having autism' or to 'sub-types of autism' (all singular). The terminology we use by default reinforces an implicit assumption that autistic characteristics must have something in common at the biological as well as the behavioural level. It's this assumption that in my view is largely responsible for autism remaining an enigma.

'Autism' began as Bleuler's descriptive term for the withdrawn state seen in patients diagnosed with schizophrenia, hence the initial assumption that schizophrenia was involved. Kanner (1943) ruled that out and listed 20 'essential common characteristics' in the 11 children he'd seen. By 1956, 120 children had been diagnosed and Kanner and co-worker Eisenberg were obliged to review their list of commonalities (Eisenberg & Kanner, 1958). They abandoned several and collapsed the rest into five items. By the time Wing and Gould carried out their large-scale study in 1977, the number of common characteristics had been whittled down to three (Wing & Gould, 1979). This trend – the more children diagnosed, the fewer and less specific the diagnostic criteria – rang alarm bells about criterion validity; Kanner himself complained about a 'pseudo-diagnostic wastebasket' (Feinstein, 2010).

The term 'autism' had shifted from being a behavioural descriptor to being widely construed as indicating a single medical condition, albeit one framed exclusively in behavioural terms. Researchers have tended to focus on commonalities and behaviours and to overlook differences and somatic symptoms. Because the sensory abnormalities, hypermobility, food intolerances and digestive problems often reported as concurrent with autistic behaviours are not common to everybody diagnosed with autism, they've been marginalised as 'comorbidities' even though they could be indicators of the causes of autistic behaviour. Gillberg and Coleman (1992), for example, noted the association between autistic behaviours and chromosomal abnormalities, metabolic disorders, viral and bacterial diseases, structural malformations, sensory impairments and 20 other medical syndromes. The implication is that autistic behaviours are analogous to, say, respiratory problems; all patients have some symptoms in common but not



TIM SANDERS

all respiratory problems have the same causes.

There are likely to be common causes for autistic behaviours within groups. But that doesn't make them subgroups of autism. It's possible there's an underlying common cause for all autistic characteristics. But we don't know that and shouldn't assume it, especially if it means marginalising differences and somatic symptoms, and thus overlooking important clues to the causes of autistic behaviours – and health issues in individuals. Perhaps it's time to start thinking about the end of 'autism'.

**Sue Gerrard**  
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In the interesting special issue 'Autism: Myth and reality' (October 2014), differing views are offered about whether autism is

contribute

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### Letters

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Robert Sternberg, Oklahoma State University

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fundamentally a dimensional condition or a categorical one. Thus, for example, Uta Frith suggests a categorical view by asserting that: 'people with autism really have a very different mind and different brain' (p.745). This inevitably invites the questions 'Different from whom?' and 'Different in what way?'. However, one important answer to these questions emerging from this issue is that people with autism have minds and brains which are very different *from each other*.

In view of the spectacular differences between people with autism, I cannot avoid wondering about the nature of this supposedly distinct condition which those diagnosed are all presumed to share. The answer typically proposed is that these differences can be understood as reflecting different values of some variable along an autistic dimension. Thus it is hoped that some explanation can be offered for the heterogeneity of autism and the fractionable autism triad (Happé & Ronald, 2008). But then what are the dimensions along which individuals are supposed to vary and how many such variables are there? The re-defined DSM-5 criteria for autistic spectrum disorder imply that there is one general dimension of autistic symptomatology, represented by the 'spectrum'. Simon Baron-Cohen (2008) proposes two key dimensions described as 'empathising' and 'systemising'. By contrast, Francesca Happé in the interview article talks about 'a multi-dimensional space' (p.764) encompassing the elements of the autistic triad together with levels of intellectual and language functioning. So it is far from clear how these questions can be resolved.

Despite this increasing emphasis on dimensions of autism, it continues to be viewed as a singular psychological or neurobiological disorder. Thus Happé, apparently reflecting Frith's view, says that in relation to problems in theory of mind '[there] probably is a qualitative difference' (p.764, italics in original) – this looks very much like a categorical view. So the dominant view is still underpinned by the rarely questioned assumption that autism represents a psychobiological natural kind with its own unique essence waiting to be discovered (Verhoeff, 2012). This recurs in its redefinition in DSM-5 as a 'spectrum' disorder, implying that the failure so far to find a unifying explanation shows that autism is an even more complex neurobiological disorder than previously supposed. The notion of an autistic 'spectrum' appears to reinforce the conception, within autism research and advocacy communities, that it remains a distinct condition with an elusive ontological and biomedical essence (Verhoeff, 2014).

Given the heterogeneity of autism, evident in its multitudinous causal pathways and in its phenotypes, this elusive essence must presumably exist somewhere between these pathways and their final expression. However, it is hard to see what explanatory work is done by the concept of autism itself. Hence one can reasonably ask whether it can hold together any longer as a coherent diagnostic category.

**Dr Richard Hassall CPsychol**

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## The hidden face of autism

Wading through the many interesting articles in October's autism issue, I grew frustrated at the lack of discussion concerning autistic females. The image of autism as a predominantly male condition has been littered throughout the media in recent years, giving a biased view of what being autistic looks like and what it means. A more plausible view is that the disorder affects females in identical ways, but the female brain interprets and handles these impairments differently. The implication is that there is a hidden population of females with autism who may never be identified or supported; many are also misdiagnosed and thus incorrectly treated.

I was 23 when I received my diagnosis of AS. I had been to hell and back to get to this point, and all because I was a girl. I did not like trains; I was not particularly fussed about numbers; I could look people in the eye; I had never hacked into a computer; I did not display any psychotic tendencies; and I had friends. I have received many diagnostic labels throughout my relatively short life, and I have been over-indulged in therapy, much of which has been hilariously bad or damaging. I approach the task of dealing with my emotions with the same rigour as a scientist trying to find specific genetic coding does – intellectually and slightly removed. But emotions are hard to grasp onto. As an autistic person, trying to think about your emotions and work out what you are feeling is like trying to contemplate the size of the universe and its meaning, if not harder. Being a good chameleon, however, diverts away from core problems, and it's a skill that females on the spectrum are adept at.

After my diagnosis I decided to go on and research what I knew best and what I most wanted to learn more about: females with autism. In

doing so I hope I can also help a lot more women like myself, whose stories are all worryingly similar. Only one fifth of girls are diagnosed with their autism before the age of 11, compared with over half of boys (see [tinyurl.com/7s9gpbby](http://tinyurl.com/7s9gpbby)). We know the core impairments they have are identical, but it seems their manifestation and the coping strategies used often differ (Lai et al., 2011). Females also seem more aware of their autistic traits, as do their parents (Holtmann et al., 2007). With more pressure to fit in and be social, females learn to adapt and put on Oscar-worthy performances every day; it is no wonder stress induced mental illnesses are rife in these women. Atwood (2007) describes how such a coping strategy may be a female-specific reaction to being different; in order to achieve superficial social success, these women imitate people deemed as socially competent.

The main aim of my own research is to make identifying girls on the spectrum quicker, offering the support that they need and helping them to achieve their full potential. Teachers, therapists and doctors see isolated problems in girls, and are failing to see the bigger picture. In order to understand autism as a whole, we need to address this historically neglected minority.

**Hannah Belcher**

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## Lagging behind in autism provision?

I was pleased to read the collection of features on autism in the October issue. As an assistant psychologist with a personal interest in autism spectrum disorders (ASD) I am always interested in progress made towards increasing public awareness of ASD and vanquishing the myths of the diagnosis.

While the thriving autism research of the last 25 years, as cited by Uta Frith, should most definitely be a cause of excitement and pride, I can't help but wonder whether we are still falling short in clinical contexts. Having worked across various mental health services, I have commonly experienced clinicians' reluctance, hesitance, caution

or outright refusal to comment on or work with aspects of ASD. At times, this has come from clinicians keen to seek the best possible care for their service users. At other times, it has come from clinicians eager to deny the existence of autism and related diagnoses at the time of their training and therefore their responsibility in providing appropriate care for such individuals.

Whichever the reason, the outcome is often a referral to psychology.

While I agree that clinical psychologists are well placed to formally assess individuals

for ASD, provide psychological intervention, and refer to specialist services if needed, it seems that autism now faces a battle to gain a place in mainstream mental

health services. Once diagnosed, simple changes can easily be made by all staff disciplines to better accommodate the needs of an individual with

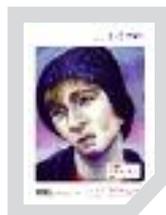
ASD and dramatically improve standards of care, treatment outcomes and patient experience. Although the general public are becoming increasingly au fait with autism through their

experiences of individuals with ASD in popular culture, films and novels, perhaps mental health services are lagging behind.

With the Autism Act 2009 now making it obligatory to assess for ASD if there is a suspicion of a diagnosis, I suspect the 'autism epidemic' is likely to continue to grow. I encourage all psychological therapists to share their expertise with colleagues so that we are all better able to appropriately support the Raymond Babbitts (*Rain Man*), Christopher Boones (*The Curious Incident...*) and Sheldon Coopers (*Big Bang Theory*) of this world.

**Amy Jones**

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## Nothing about us without us

The recent special edition on autism raises interesting issues with regard to the British Psychological Society's code of ethics. This states that psychologists should 'remain abreast of scientific, ethical, and legal innovations germane to their professional activities, with further sensitivity to ongoing developments in the broader social, political and organisational contexts in which they work'.

With these issues in mind, can we presume that the views expressed in the special edition are not the only views to be aired within the 'broader social, political and organisational contexts' in which psychologists work? In the USA, 37 States have introduced new laws to ensure that parents have access to applied behaviour analysis (ABA). There is no mention of this remarkable social development. Indeed, there is no mention of ABA anywhere.

Views of ABA in the UK are blinkered by a period in the history of autism treatment around the use of aversives. Interestingly, Lorna Wing (1966) recommended a 'smack, a loud firm "no" or putting the child out of the room' (p.272) for children with autism. Schopler et al. (1980) described the use of 'aversive and painful procedures' such as meal deprivation (p.121), 'slaps or spanks on the bottom' (p.121), and 'electric shock, unpleasant tasting or smelling substances'

(p.122) as methods that could be used if other methods do not work. For some unknown reason, it has been Lovaas who was much more heavily criticised for using these methods than Wing or Schopler (see [tinyurl.com/mdr8h8r](http://tinyurl.com/mdr8h8r)).

The aversive consequences to manage behaviour should be viewed in historical perspective. In the UK the 'cane' was used to inflict corporal punishment in mainstream education for all children, until it was finally outlawed in 1987! In private schools corporal punishment was not banned until as recently as 1999 in England and Wales, 2000 in Scotland, and 2003 in Northern Ireland. This is by no means a justification for the use of aversives, nor can it be used to justify a blinkered view of general education, but it helps to put into context the allegations that the use of aversives was a feature peculiar to behavioural interventions in the 1960s. Sadly, corporal punishment was generally part of life then. Corporal punishment and the widespread use of aversives are no more advocated in ABA than they are accepted anywhere else in modern-day society (Sidman, 2000).

The focus of ABA is to help facilitate behavioural growth and skill development to enhance the quality of life. Within the UK, misrepresentations of ABA abound and these are replicated in the media and social media (see [tinyurl.com/ol7yhpr](http://tinyurl.com/ol7yhpr)).

For those involved in the disability rights movement, the phrase *Nothing about us without us* expresses the belief of people with disabilities that they know what is best for them. The words are a rallying call for people who experience powerlessness in their resistance to dealing with disability oppression. But the phrase has taken hold in many other situations where people find themselves to be victims of oppression by people who claim to know better what is best for them. Can we presume that in the interests of BPS ethical guidelines there will be another special edition on autism that gives voice to professionals trained in ABA, and parents in the UK who are banding together to avail of ABA services despite the many obstacles placed in their way (see ABA4All on Facebook)?

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# The 'Invisible College'

I am concerned about the evolving nature of our profession and, perhaps, the nature of professional science also. It seems to me that, increasingly, the peer-review process for the established academic journals has become anachronistic. This came to mind recently after two of my co-authored publications took three years to go to print (print itself being perhaps something of an anachronism); not because of the necessity of repeated edits, but simply because the journal's editorial process took that long with a single review and copyedit. From speaking to colleagues I understand that this is, sadly, far from unusual. Similarly, I and colleagues have had papers on contentious subjects such as gender and sexuality blocked, or given major corrections based on rather strange bases; including on one memorable occasion on the basis that it was a replication. This has been termed the 'Invisible College' in that, instead of writing rebuttal papers psychologists are using the review process, not to check for quality and appropriateness, but to stop the dissemination of interpretations of

data they disagree with.

I fear the response to this by many who seek to publish has been two things: First, it has meant a move to non- or nominally peer-reviewed online publication in the form of blogs and forums, rather than journal publications. These have the benefit of almost immediate publication and wide dissemination outside of the costly 'open access' (print and online) published journals. While fast, this almost necessarily lacks the scholastic rigour of the peer review system.

Second, I fear it has led to the rise of the dubious 'Expert'. Increasingly I see people who have rightly gained acclaim and qualification in a specific chosen field leverage that 'expertise' to claim expertise in associated fields where they have not undertaken formal research or qualification – sometimes for the taste of celebrity which speaking in these fields bring. Not uncommonly these associated fields are ones in which the 'Expert' has a personal rather than professional expertise. Thus people blog or speak as

'experts', without fear of the moderation (or dare I say it? – the opprobrium) of their peers. A quick search of their peer-reviewed publications and qualifications reveals this is not uncommonly on topics for which their sole source of knowledge is personal experience of self, friends and, of course, blogs.

I have some hope, however. Academic publishers must move with the times to remain commercially viable, and I hope that this is, slowly, happening with 'Online First' and the like; although journal editors will still need to take a firm hand with the 'Invisible College'. I hope also that we can resist the allure of being the 'Expert' at everything and strive for integrity, both professional and personal, in the Aladdin's Cave of the manifold opportunities of the digital age – otherwise surely the noble pursuit of journalism, but not professional psychology, awaits.

**Christina Richards**

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# 'Tinkering' with hallucinogens

I am very critical of a whole edition of *The Psychologist* being devoted to hallucinatory drugs (September 2014).

Am I wrong in thinking that the general public and many psychologists must be wondering where the views expressed in this edition will lead us? Is this what the general public needing treatment expects of psychologists?! I thought they had the right to be dealt with using psychological techniques rather than the use of drugs predominantly those of a hallucinatory nature.

I wonder how many others will join the fray because they feel as I do about the articles published concerning hallucinatory drugs. You have a most liberal editor otherwise those articles would never have seen the light of day. I object to the fact that all psychologists may be tarred with the same brush in that



**All psychologists may be tarred with the same brush**

they accept and believe in the use and value of the drugs being indicated rather than considering them, as I do, as dangerous and unnecessary for human happiness. There are of course exceptions, such as in the case of individuals who are dying who may need to be prescribed almost anything to reduce their pain and suffering during their last days. This, however, I do not consider to be the case for ordinary

individuals who have psychological problems.

I believe there are much better ways to achieve contentment and to make one's life worth living than to resort to methods which could potentially be harmful. As a now 86-year-old with fewer years ahead than behind me I have always enjoyed life through physical fitness, sports, being creative and even making love. Although I have never been averse to an alcoholic drink from time to time, I have avoided smoking and the use of substances that can only be considered drugs generally, and leading to some form of addiction.

My own work with extremely addicted individuals who do not respond to ordinary treatments and rehabilitation has led me to write about how such states of enslavement can be effectively overcome. My views are in some ways extreme and may

raise hackles in some quarters, but I also feel that my ideas about preventing addicted individuals overdosing or dying from their addiction will be viewed, by some at least, as favourable compared with the substances advocated in the last edition.

I believe most psychologists are opposed to 'tinkering' with dangerous hallucinatory substances, whether or not they have been used by famous individuals such as Henry James, Aldous Huxley and others. I will always consider such hallucinatory substances as both physically and psychologically potentially harmful and addictive. I believe on the whole there are better ways of dealing with individuals with traumatic psychological problems than those indicated in this last edition of *The Psychologist*.

**Dr L.F. Lowenstein**  
*Eastleigh, Hants*

# Assisted dying – choice and recognition

I am writing in response to the editor's call for letters from psychologists who support the Assisted Dying Bill. I read with interest the news article on the subject which was published in September's *Psychologist*, including

contributions from psychologists who work with people who are seriously ill and/or disabled through illness. All three people your journalist spoke to identified the specific psychological challenges which their clients confront as a result

of their medical conditions and they presented proposals for improvements in the support offered to such clients. All presented strong and convincing arguments in favour of such improvements and I found myself agreeing with these entirely. However, the next step in their argument seemed to be that the provision of improved psychological and social support for people with terminal illness removes the need for access to assisted dying. This is something that I do not agree with.

The purpose of the Assisted Dying Bill is to offer people the choice to access assistance to end their lives if they have less than six months to live. Whilst it may well be the case that the provision of improved psychological support would mean that fewer people may feel the need to use of this option, improved services are no alternative to freedom of choice. It is interesting that in a society that promotes freedom of choice as one of its principal values across a wide range of contexts, the choice about whether or not to continue suffering with a serious illness is not offered to its citizens. This is probably a legacy of Christianity, the notion of the 'sanctity of life' and the idea that suicide is a 'sin'. Whatever the cause, it seems to me that in a secular society the decision about how to die ought to be in the hands of the person who is dying.

Surely, if we believe that adults are capable of making decisions about how to live, we must accept that they should also be able to make choices about how they end their lives. Recent opinion polls have shown that the majority of people want to be able to make such choices when the time comes. I do not believe, as suggested for example by Professor Murray, that it is a lack of knowledge about what is involved in the process of dying that leads people to wish to end their lives prematurely. To the contrary, when asked for their reasons for their support for assisted dying, people often say that seeing a parent die slowly and painfully has informed their desire to be able to choose a better death for themselves than the one they have witnessed. Knowing that it is possible to ask for assistance to die should the situation become unbearable may remove some of the anxiety and the sense of loss of control that can cause so much distress during the final phase of life.

**Professor Carla Willig**  
City University London

## WHAT CAN THE PSYCHOLOGIST DO TO INFLUENCE AND CHANGE REAL ISSUES?

Reading the letter and commentary about 'Engaging with *The Psychologist*' (August 2014) I admit I am one of those members who rarely engages.

I open the cover but am often put off by the central topic e.g. hallucinogens and neuroscience (September, 2014). While I mean to dig deeper much of the material seems irrelevant to my everyday life as an occupational psychologist.

In preparation for writing this letter I scanned the 2014 issues and found 'Creative Britain' (this could mean something to me) and then April's edition on austerity; I had completely missed this. When I could not find the paper copy I visited *The Psychologist* online, finding this an easy and rewarding experience. Additionally, I could listen to some of the material rather than reading it – a welcome option at the end of a working day.

However, comparing *The Psychologist* with other publications I receive (e.g. *People Management*, *RSA*), I am not immediately grabbed by information about the world we live and work in. For example: 'there is more evidence... that we are shifting away from a short-termist "maximum production from minimum cost" approach to



longer-term perspectives geared towards sustainable performance' (Cheese, 2014, p.5); 'The UK is experiencing a boom in microbusinesses and self-employment...as a result one in seven of the workforce is now self-employed' (Update, *Business*, 2014, p.6).

More importantly I am not reading about what psychologists can do to influence and change real issues that affect our daily lives (such as unemployment, redundancies, restructuring of organisations, homelessness, and the changing nature of society). This is the material that I want to read about in *The Psychologist* that will engage members and encourage the application of psychology in teaching, research and practice to make a difference to the world we live in.

My own passion is that psychologists can encourage more organisations to create entry-level jobs for young

people, thus reducing youth unemployment. As part of the Division of Occupational Psychology's youth employment working group we have recently hosted two successful symposia on this topic. I have been talking to BPS Branches to focus psychologists' attention on these issues (e.g. 'Why not employ young people?', an invited presentation given to the South West of England Branch in August). The working group is now engaged in stakeholder mapping and interviewing key individuals seeking insight into appropriate changes and interventions that will introduce more young people into the workplace. We hope to develop this work into a stakeholder conference to further demonstrate psychologists' interests and responses aimed to rectify issues facing this 'jilted generation' (Howker & Malik, 2010).

**Dr Angela Carter**  
Sheffield

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Whilst I am glad that the Assisted Dying Bill was mentioned in the September issue of *The Psychologist*, enabling debate on the thoughts of psychologists and students who read the monthly magazine, I am saddened to have read the letters in the October issue which are still missing one vital point. From what I have read there has been no mention of the fact that doctors and nurses today do administer high levels of morphine to patients who are dying in order to quicken their deaths. I and many other individuals are aware of this.

Whilst this is currently seen as assisting pain relief for the dying to leave this world relatively pain free, it also has a sedative effect on the patient as well as depressing the heart rate and lowering blood pressure, which causes an imminent death. The administering of a drug that both offers pain relief, sedation and eventually death, whether in an hour or a day, is in my opinion a form of assisted dying. Something that occurs daily throughout the UK and many other countries around the world. The fact

that nobody has mentioned this vital piece of information in relation to the Assisted Dying Bill or the discussions that have continued in *The Psychologist* in the last two months begs the question as to whether anyone sees this as legal or dignified.

One other point I would like to make is that in none of the letters or the original article in the September issue have terminally ill patients or their carers given their opinions. I would like to hear from those on the front line either living with terminal illness or those health professionals working within palliative care services what their thoughts are. My professional opinion is that assisted dying to a certain degree is already legally occurring and so assisted dying legislation will only formally recognise this practice as a legal and acceptable way of an individual being allowed to die with dignity.

**Louise Mullins**

*Psychological therapist, hospice volunteer and trainee psychologist  
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## A blended approach

I was genuinely pleased to read an article about coaching in *The Psychologist* ('Does executive coaching work', August 2014). Coaching psychology is not often featured in our Society's publication and I welcome the presence of this article to stimulate thought and discussion in a growing and important field of psychology.

However, are the authors right to suggest that measurement through controlled studies with random assignment is the only way to prove effectiveness? I dare to disagree! Cited as the 'gold standard' used by medical, clinical and psychotherapy colleagues, it doesn't always make sense, and sense surely must prevail. Consider, for example, a surgeon employing a randomised controlled trial to explore the effectiveness of a surgical operation: a control/placebo group would require the doctor opening and closing a patient with no intervention. Not only would this be unethical and risky, it would cause moral outcry!

Using traditional, controlled experimentation to measure coaching is problematic. Clients who seek

coaching are far from passive and naive, rather they are active, curious and increasingly informed about coaching and self-selecting. They come to the relationship with expectations, and we have responsibilities as coaches to be 'client-focused' first and foremost in our response to client needs.

Coaching is applied and pragmatic and offers benefit to all strands of psychology. That it builds on a trusted relationship and activates the resources within the client to transfer intentions into practice is perhaps why it has a greater impact on performance compared with other workplace development. Bemoaning the lack of robust quantitative studies, with sufficient sample sizes is counter-constructive. It might be time to accept that there is a place for a blended approach: a coexistence of qualitative and quantitative research to continue the construction of the rich tapestry of this relatively young profession. By remaining open and being curious, we might discover a collaboration that doesn't work to the detriment of the important client relationship

and that will continue to build and enhance the reputation of the coaching psychology field.

Coaching psychologists are actively and passionately contributing to the research and publish some excellent and thoughtful research for academics and practitioners alike. These can be found in *The Coaching Psychologist* and *International Coaching Psychology Review*, two excellent publications provided free-of-charge to members of Special Group in Coaching Psychology (SGCP).

It's a special year for the SGCP as it celebrates its 10th birthday [see also next month's 'Careers' section]. To mark our 10th decade the SGCP is hosting the 4th International Congress of Coaching Psychology in London on 11–12 December 2014. The theme is 'Changing lives, changing worlds – Inspiring collaborations' which is at the very essence of the role of the Coach. We warmly welcome all who are interested in coaching to come along and to join our vibrant group.

**Donna Willis CPsychol**

*The King's Fund & Committee  
Member Special Group in  
Coaching Psychology*

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**Thomas Rhys Evans**  
*Coventry University*

Every Christmas, Crisis opens temporary centres for homeless people offering warmth, companionship and hot meals, along with access to vital services. We need thousands of volunteers to bring the centres to life, including qualified psychologists and those who work with vulnerable adults, to help with our befriending service.

Christmas can be a terrible time for a homeless person cut off from family and home. Befrienders encourage our more withdrawn guests, offering them warmth and support while introducing them to the range of services on offer at the centres.

If you could **offer your skills for Crisis this Christmas**, sign up at [www.crisis.org.uk/volunteer](http://www.crisis.org.uk/volunteer)  
**Ian Richards**  
*Head of Crisis at Christmas*

## Commonsense and positive approaches

As many psychologists may well be aware, for three years, I have been actively promoting debate about the over-prescription of psychotropic drugs for school-aged children in the UK due to concerns that many colleagues have raised with me about such vulnerable children. I have attempted accordingly to develop a constructive contribution for psychologists who have ethical concerns about some of the children on their caseload. I have consequently produced a practical protocol to support them in this endeavour.

The link for this commonsense approach to

better safeguard children in our collective care is as follows on the Global Summit on Diagnostic Alternatives website (funded by the Humanistic Psychology Division of the American Psychological Society): <http://dxsummit.org/archives/2242>.

I would urge child psychologists and other child mental health workers to actively consider using this protocol in their work in order to safeguard the child about whom they have serious professional concerns. Following supervisory support they can ring or write to the prescribing medical colleague, who will usually be a child

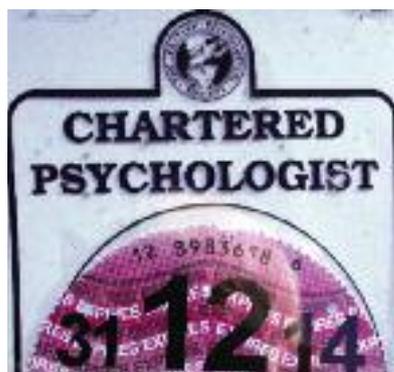
psychiatrist or community paediatrician, and discuss their professional concerns, present a psychological formulation which challenges the 'medical model' view, or share new data that may indicate that the pattern of behaviour may fall within the normal range for children going through similar temporary and significant periods of distress.

Many of us now feel more comfortable with a socially constructed holistic model that takes account of multiple and interactive causes of distress based on models like Bronfenbrenner and our own Holistic Politico Psychological Model of Mental Health and

Wellbeing, which was outlined in the December 2013 issue of *DECP Debate*. The model can be accessed via the following link: <https://cope-yp.blogspot.com>. Its intent is to facilitate a more naturalistic formulation of the needs of an individual that helps plan a creative and positive personalised intervention plan.

I would welcome feedback on either of these strategies to help refine them further to protect the children with whom we all work.

**Dave Traxson**  
Chartered Psychologist  
Wolverhampton



### A TAXING QUESTION

**The demise of the vehicle tax disc means that my disc holder, given free to all Chartered Psychologists when chartering was introduced in 1989, will soon be surplus to requirements. As I've transferred it from car to car over the past 25 years I've maintained the belief that it has helped me to get enhanced service from garages and the AA, and has frightened off predatory parking wardens. Does the BPS archive have space for it, as a footnote in the history of psychology?**

**Peter Barnes**  
Milton Keynes

## Sex abuse – grasping the complexities

Two separate contributions to *The Psychologist* (October 2014) about child sexual abuse highlight the complex challenge facing the discipline. On the one hand, the case is put in a letter from a clinical psychologist, Alex Hossack, working with perpetrators, to have a balanced view of his patients. This would take into account the empirical reality of dispersed prevalence of sexual predation in the community and the importance of not demonising perpetrators because this impedes engagement with treatment and successful social reintegration. On the other hand, the longer news piece about child protection and the Rotherham abuse scandal focuses more on the politics and ethics of us failing victims. Those working in both child and adult mental health service pick up the pieces of those emotionally undone by sexual exploitation.

Given the emotive topic of child sexual abuse, it is certainly true that we need a clear and wholistic approach, which considers both the causal factors that might explain its emergence and the matter of power within intergenerational relationships. For this 'both... and...' approach to work, not only will different types of psychologist need to put their heads together (e.g. researchers and applied psychologists and those working with victims and those with perpetrators) but this is also and emphatically an interdisciplinary task. To understand what happened in Rotherham we need to integrate the insights of political science, sociology, cultural history, criminology and moral philosophy. In the case of Rotherham, and other towns with a high

prevalence of perpetrators from a Pakistani heritage, organised child sexual exploitation was inflicted by power relations related to age, gender, race and class. Patriarchy, misogyny, vote-sensitive politicians, timid government employees and ambivalent carers all played their complicit role in what *The Independent* (27 August) on its front page described, with good cause, as 'Britain's worst child abuse scandal'.

Intersectionality is required in our reasoning about our post-colonial context in which secular authority and the rule of law is at times being undermined by a fearful and complicit silence about the exploitation of children. That silence will not be broken to protect our children by, and public policy answers will not be found within the expertise of, any single discipline alone. 'The psychology' of victims and perpetrators is part but not the whole picture. I hope that the BPS Child Protection Working Party can incorporate knowledge from an interdisciplinary research community, given that no one discipline can plausibly grasp the complexity of child sexual abuse in Britain today.

**David Pilgrim**  
Professor of Health and Social Policy  
University of Liverpool

Alex Hossack's letter ('Sex offenders – time to step outside the anger?', October 2014) identifies an important issue in working with sexual offenders and that is the poor understanding and continuing punitive stance of many if not most media outlets.

There are a number of issues that stand in

# Dyslexia – getting it wrong

There are two beliefs that those who write about the 101 varieties of 'dyslexia' reviewed by Julian Elliott and Elena Grigorenko in *The Psychologist* (August 2014) have in common. These are (1) that it is important to be able to read and (2) the difficulties which many pupils experience at school are to be attributed to some individual characteristic. Nothing could be further than the truth.

Consider the first point. Until a few years ago, a huge proportion of the German workforce consisted of 'guest workers' who could not even speak the language, never mind read it. Some years ago, one survey in Scotland showed that all 16-year-olds could read, another that, by the time they were 22, 20 per cent could no longer do so. The ability had atrophied due to lack of use.

the way of Alex's hope for change. Perhaps first is that the idea of 'public interest' almost requires that good news and success stories do not regularly make headlines, so we read about the reoffending rather than the desistance because that's what sells. Sex, whether deviant or not, sells.

Second, are the media and the public likely to take advice about attitudes towards sexual offenders from the same people who are regularly portrayed in the media as either being sexual offenders or being complicit in allowing it to occur? This would likely rule out (rightly or wrongly) politicians, celebrities, the media, the police, teachers, the clergy, parents...

Finally, research suggests that even when our biases are challenged we continue to be biased, as demonstrated by the work concerned with mock jurors' belief of rape victims (see Ellison & Munro, 2009). Working with individuals who have offended is carried out within the context of society and a society that does not have the chance to understand these people and the changes they are trying to bring about makes that work all the harder.

**Simon Duff**

*University of Nottingham*

## Reference

Ellison, L. & Munro, V.E. (2009). Reacting to rape: Exploring mock jurors' assessments of complainant credibility. *British Journal of Criminology*, 49, 202–219

Alison Wolf's report on vocational education suggests that, in the end, 'vocational education' focusing on reading does not really help people to get out of the cycle, never mind encourage them to 'enjoy' reading. I remember interviewing a mother, a nurse, and a good one at that, who was learning to read in order to be able to help her children avoid the punitive, demeaning and destructive treatment to which she had been subjected at school. But as far as her job was concerned, her inability to read was not a problem. Given something to read she turned to a colleague and said she had forgotten her spectacles. Equally, I remember talking to a head of a (medical) R&D unit about the dissemination of research: 'These guys never read anything; they pick it all up through networking.' (Actually, that observation is more telling than might at first sight appear because, insofar as competence depends on technological information, it depends on idiosyncratic combinations of up-to-date, specialist, knowledge – the building up of which relies on forms of reading that are a far cry from the kinds of reading focused on – and assessed – in schools.)

Of course, 'reading' may have become more important as people are increasingly required to attend CPD courses on the latest 'health and safety' (and related) regulations (instead of relying on common sense.) But this only supports my contention that 'the problem of illiteracy' has largely been created by bureaucrats.

Elliott and Grigorenko (with whose argument I heartily agree) wisely added a question mark to the title of their article in *The Psychologist* ('The end of dyslexia?', August 2014). For dyslexia is more a religion than a scientific entity. I am still occasionally attacked for not 'believing in' dyslexia – the emotive use of 'believe' constituting a major reason for the term's refusal to go away.

Over half a century ago, my first academic publication was a critique of the use of the term *dyslexia* (Russell Davis and Cashdan, 1963). We argued that for the term to be scientifically acceptable as applied to a defined group of children (or adults) it would have to satisfy the criteria of evidence for its having a differential aetiology, prognosis or remedial treatment. Our then conclusion was that it satisfied none of these three criteria.

Fifty years on, some small advances

'Dyslexia' (operationally defined, as in the studies reviewed in Elliott and Grigorenko's article, as having reading problems) is generated by a deeply dysfunctional school system largely designed by bureaucrats which is good for some, OK for about another third, but bad, indeed often seriously damaging, for about a third. This school system relies on norm-referenced tests of a small number of poorly conceptualised and over-generalised 'abilities'. These tests not only lack construct validity as well as predictive validity outside the school system, they automatically designate half the pupils as 'failures' at school.

As Elliott and Grigorenko note, the 'dyslexia' system operates to benefit those who design 'diagnostic' instruments, make assessments and write reports, and run CPD courses... and, of course, those parents who have the wherewithal to negotiate with a network of regulations to the advantage of their children.

Psychologists have a serious professional and ethical responsibility to seek educational arrangements that avoid consigning so many of our children to demeaning and degrading 'educational' services and 'benefit' organisations and, instead, are structured in such a way as to benefit *all our children*. Among other things, this will mean challenging the notions of 'ability' and 'measurement' that permeate so much of our work.

**John Raven**

*Edinburgh*

have been made in the grouping of symptoms and the mapping of their relationships to other deficits. And a whole series of committees and working parties have listed sets of features, some or all of which dyslexic persons may possess(!). But no one has yet successfully linked aetiology to prognosis to successful treatment.

The bottom line is that the wrong question is still constantly posed. Instead of enquiring into the existential nature of dyslexia, we should simply be asking how far it is a useful term.

**Asher Cashdan**

*Emeritus Professor of Education  
Sheffield Hallam University*

## Reference

Russell Davis, D. & Cashdan, A. (1963). Specific dyslexia. *British Journal of Educational Psychology*, 33, 80–82.

# Scottish referendum – healing the wounds

The Scottish independence referendum was unique in British constitutional history. That alone merits political analysis, but of greater interest to psychology must be the dramatic shifts in group identity, the public exposure of intense personal emotions and the fractured relationships in need of reconciliation. With a father from Northern Ireland and a mother from Scotland (who has spent most of her life in England) my own identity has been mercurial but undeniably British. The concept of no longer being of and from the United Kingdom was so challenging that I decided to take annual leave and travelled north of the border to work in the last week of the campaign.

It was an extraordinary



experience, unlike any other election or political campaign in which I have been involved. It was the first time I have seen opponents turn on each other in the street, the first

time I was frightened to wear a rosette identifying my allegiance, the first time I have had people whispering to me on the doorstep because they did not want their neighbours

to hear how they would vote, and the first time I have been told of families split in two because of being on opposite sides of the debate.

These negative experiences need to be balanced with other exceptional memories – the engagement of young people in political debate with an enthusiasm I have not seen in decades; a determination to exercise a democratic right to vote that left us speechless as our polling stations reached a 40 per cent turn out by 11am; a pride that people did want to settle differences at the ballot box and not through armed conflict; a welcome from strangers that touched my heart.

It was also the first and I suspect the last time, I will go canvassing with activists from

## prize crossword

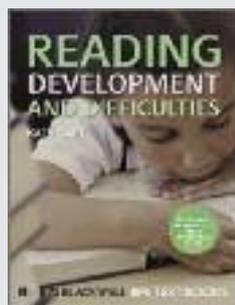
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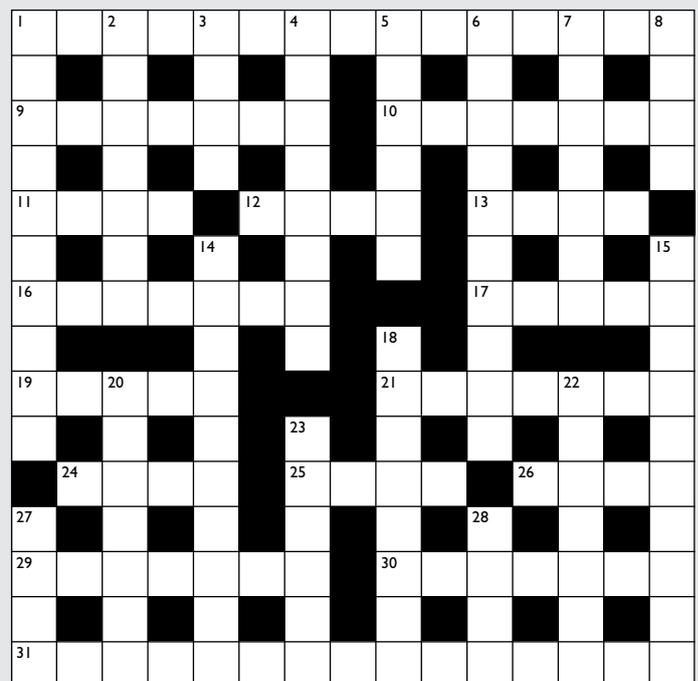
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**no 77 solution** Across 1 Eager beavers, 9 Desperado, 10 Taboo, 11 Rustic, 12 Calliope, 13 Hazard, 15 Downturn, 18 Narcotic, 20 Cavern, 22 Achieved, 23 Unease, 26 Exult, 27 Acoustics, 28 Acceleration. Down 1 Endorphin, 2 Gasps, 3 Reedier, 4 Elan, 5 Violator, 6 Ritalin, 7 Absolute, 8 Lore, 14 Zero hour, 16 Nonperson, 17 Liberate, 19 Orectic, 21 Amnesia, 22 Apex, 24 Alibi, 25 Role.

other political parties. To go door-knocking with lifelong opponents was difficult to process. It was a strange, but touchingly human experience. A time when my political identity was subsumed into something other. Will we ever see George Galloway sharing a platform with the leader of the Scottish Conservatives again? I believe not.

Exceptions to the norm are the lifeblood of psychological research and I certainly hope that someone somewhere is recording these profound individual and societal experiences. As a clinician, however, I am left with the sense that our training in initiating difficult dialogues is where we should be focusing our attention now. What will happen to those

young people who put their hope in an independent Scotland? What can we do about the very real antipathy to the English that seeped out from some sections of the population? What role can and should we play in reconciliation? No one in Scotland who lived through the last two years can be in any doubt that reconciliation is needed. I would like to think that clinical psychologists of whatever political persuasion can offer their skills of empathy and the understanding of the other that the future Scotland and indeed the United Kingdom so desperately need.

**Dr Isabel Ewart**

*Clinical Neuropsychologist  
South Devon Neuropsychology  
Service*

## obituary

# Sandra Lipsitz Bem (1944–2014)

Sandra Lipsitz Bem may have been a small person (4' 9") but she generated big ideas that unsettled commonplace notions of gender, and helped shape the field of feminist psychology. Raised in a working class Jewish family, she received a PhD from the University of Michigan (1968) and taught at Stanford (1971–1978) before coming to Cornell University, where she was Professor of Psychology and directed the Women's Studies Program (1978–1985) and the renamed Feminist, Gender, and Sexuality Studies Program (2001–2004). In 1997 she went to Rutgers University to pursue a PsyD degree and in her later years became a practising psychotherapist.

Sandy was known for her vibrant intellect, direct and even blunt manner of communication, and the tendency to question everything that didn't make sense to her. She pushed back against a range of accepted gender practices and in so doing helped to change them. This included gender-specific 'help wanted' ads and the convention of measuring 'masculinity' and 'femininity' on a single dimension. She questioned why so many people organised their sense of self around gender, and how male power and privilege were perpetuated. She called attention to the lenses of androcentrism, gender polarisation, and biological essentialism that inform our cultural discourses, social institutions and psyches.

Her incisive thinking on these issues led to a productive body of feminist psychological research focusing on sex-typing, psychological androgyny, gender schema theory and the reproduction of sexual inequality. Her many publications, including two books (*The Lenses of Gender* and *An Unconventional Family*) won her enduring recognition and many awards. One of her earliest publications, 'Training the woman to know her place: The power of a nonconscious ideology', was a classic of second-wave feminism. Her 'Bem Sex-Role Inventory, to measure psychological androgyny, is still widely used in gender research.

When I first came to Ithaca, I was eager to meet Sandy. She was unpretentious, open and easy to talk to – not at all what I expected of a 'famous' academic. When she first became sexually involved with a female partner, she sought me out for advice and insight about how to navigate the politics and pedagogical significance of sharing personal details of our lives with students. It was an honest and stimulating conversation, and it left an enduring impression of Sandy's frank, inquisitive nature.

Sandy was unconventional in every respect – she was a gender nonconformist, a married woman who insisted on an egalitarian marriage, a sexual person who refused to define her identity in terms of the sex of the people to whom she was attracted, a parent who sought to raise gender aschematic children, an Ivy League professor who wrote with clarity and reached beyond academic audiences, and at the end, a person diagnosed with Alzheimer's who made the courageous decision to take her own life before she became someone unrecognisable to herself and loved ones. She did so four years after her initial diagnosis and according to a well-executed plan, at precisely the point when she could still carry out the decision without assistance. She was clear and open about this until the very end, telling those close to her that she was 'going to die on Tuesday'. In death, as in life, she modelled an unconventional path.

**Carla Golden**

*Professor of Psychology, and Coordinator of Women's and Gender Studies, Ithaca College, Ithaca, New York*



## across

- 1 Freedom fighters need platform to show phase of stress (10,5)
- 9 Comedy genre to remain valid after scrutiny (5,2)
- 10 Dull as a mountain lake? (7)
- 11 What may be drawn in buckets (4)
- 12 And others making overdue comeback (2,2)
- 13 Lines right beside river (4)
- 16 Natural environment for Lithium, say (7)
- 17 In debt, it helps you find rent (5)
- 19 Having nervous disorder, must miss a task (5)
- 21 Decoration being scheduled during routine (7)
- 24 Modest skirt length in the south of France (4)
- 25 Fellow trapped in the broken lift (4)
- 26 Meet brass returning (4)
- 29 Note factor in chemical test substance (7)
- 30 Serial destruction by one Acre-dweller (7)
- 31 Rubicon for ace? (5,2,2,6)

## down

- 1 Concerning stillness about one's ability to bounce back (10)
- 2 Put down roots around a Washington city (7)
- 3 Face team (4)
- 4 Father's upset by little French desire (8)
- 5 After scan, let out unquestioning followers (6)
- 6 Sort top set out with psychological study (6,4)
- 7 Food for worker gathering citrus (7)
- 8 Genuine shock treatment around hospital (4)
- 14 Generous charity event mostly given American money (10)
- 15 Uninspiring eastern dip concoction (10)
- 18 The writing's on the wall if, put up during work, it comes to nothing (8)
- 20 In Orinoco, rig amidst paper craft (7)
- 22 Board with gold picture (7)
- 23 Hypothetical question to spouse endlessly concealing lid (4,2)
- 27 Support stage item (4)
- 28 Irish poetry lacks introduction (4)