# Autism, Alzheimer's and Angst

## Abstract

Psy continues to invent disorders, frequently beginning with the letter A. This article examines rhetorical devices within the publishing and Psy industries that keep these mythic constructions current.

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# Autism, Alzheimer's and Angst

## Craig Newnes

SUMMARY: Psy continues to invent disorders, frequently beginning with the letter A. This article examines rhetorical devices within the publishing and Psy industries that keep these mythic constructions current.

KEY WORDS: Inscription, diagnosis, autism, Alzheimer's, ADHD

In the halcyon days of my training as a clinical psychologist – some 35 years ago – there seemed an ever-varying range of therapies to try our hands at. Cognitive Behaviour Therapy was a blip on the horizon, the ground being contested between versions of psycho-analysis and Maudsley-dominated behaviourism. In the non-statutory sector humanistic approaches were everywhere and training funds not hard to obtain. None of these seemed to make a great deal of difference to the souls incarcerated within Victorian asylums at Lincoln and Sleaford, all of whom were on a cocktail of drugs and despair that made Jim Morrison look like a cheerful, drug-free kind of guy. We were enabled to try out a remarkable number of psychometric and projective tests – the MMPI, Rorschach, WAIS and tests from Queen's Square were all used. Whatever their utility in helping understand a patient, they were invaluable in disguising our lack of expertise and gave us something to *do* in the face of insurmountable ward conditions that gave no prospect of changing much for service recipients.

In the middle of all this were placements with supposedly different patient populations demarcated by age or IQ. Referrals for assessments with older people often included a request that we delineate between two forms of inscription – 'depressed' or 'dementing'. This was no idle differentiation. People inscribed with dementia would return home or to the ward with drug regimen

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unchanged – usually deadening neuroleptics to make 'management' easier. A mark of 'depression' could result in ECT, as if electrocution could benefit people hidden on back-wards from society's gaze. I have discussed elsewhere clinical psychology's 'bystander' position in relation to ECT (Newnes, 2014). This article will focus on the inscription by Psy professions of people described as autistic – now a spectrum that like the Diagnostic and Statistical manuals from *DSM-III* on can include us all.

## The letter A

One task for psychometricians before the 1980s was to distinguish between conduct described as functional and that seen as stemming from an organic cause. For those of us keen to exclude people from the damaged inflicted by ECT this could lead to attempts to mark people as suffering from dementia. There were three pre-senile (below age 60) types – Huntington's Chorea (an inherited condition leading to odd movements as well as other changes, now termed Huntington's Disease), Alzheimer's Disease and Pick's Disease (marked by supposedly uninhibited sexual conduct). These last two could only be confirmed by post-mortem examination. But these were the days before search engines; somehow dementia has become 'Alzheimer's' a term used to alarm older people and their relatives and a justification for numberless press stories concerning 'breakthroughs' – frequently in *mice*. To take but one example from the august *Daily Telegraph*: 'Animal tests have already shown that the drug difluorothylornithine, (DFMO) stopped mice developing Alzheimer's and improved memory in creatures *who* already *had the disorder*.'(my italics) (Knapton, 2015)

There is no doubt that changes in the attention-span or conduct of older people create powerful reactions in their loved ones. The urge to simply smother the sufferer with a pillow is no better described than in John Bailey's *Iris Trilogy* (Bailey, 2003). Similarly, awkward children are inscribed as 'autistic-spectrum' and children bored by the discipline of the class-room can be inscribed with Attention-Deficit Hyperactivity Disorder by parents, teachers and Psy professionals (see Newnes, 2015). These terms support a vast Psy industry including the academy, research, clinicians and publishers. And, of course, they all begin with the letter A.

Rhetorical devices are to be expected in commercial advertising. The language of Psy is ubiquitous in advertisements concerning Psy-related products. Hogrefe, for example, is based in Oxford, England and publish over *700* tests as well as 35 journals. A brochure advertises products concerning Autistic Spectrum Disorders. Suggesting that, '… diagnosis can be challenging, …' the introduction continues, '… the characteristics of Autism, ADHD and learning disorders can often strongly resemble one another.' Use of the advertised tests – The Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), the Autism Diagnostic Interview-Revised (ADI-R), Social Communication Questionnaire (SCQ) and Social Responsiveness Scale, Second Edition (SRS-2) – is restricted to, '… professionals who fulfil certain qualification criteria.' Criteria include: 'LEVEL 1: Evidence of eligibility to practice professionally within the clinical/ educational population at which the product is aimed …, LEVEL 2: … Certified training and experience in a relevant discipline and membership of a professional organisation appropriate to the focus of the test.' For level three the user must also complete test-specific training e.g., Griffiths Mental Development Scales (GMDS) or Autism Diagnostic Observation Schedule (ADOS). The tests take from 10 minutes (for the SCQ) to two and a half hours (for the ADI-R). (www.hogrefe.co.uk, 2014a). The website also offers on-line testing (Hogrefe, 2015).

A second Hogrefe leaflet advertises 'Clinical Assessments: Executive Function and ADHD.' The reader is first introduced to the idea that ADHD is a 'neurological condition' where testing of 'executive function' is recommended as an aid to determining treatment. The statement is illustrated by a multi-coloured illustration of the brain represented by cogs and wheels. The opening section ends by noting, 'Unfortunately, the condition can be difficult to tell apart from other disorders as well as that of high normal activity.' The leaflet recommends three assessment tools – the Behaviour Rating Inventory of Executive Function and accompanying software, Conners' Adult ADHD Rating Scales and Connors 3, a test purporting to address Oppositional Defiant Disorder and Conduct Disorder. Despite the recent publication of *DSM-5* the third test is aligned to *DSM IV-R*. (Hogrefe, 2014b). None of the tests physically address brain function even though the 'disorders' are claimed to be neurological in origin – as with any psychometry, they test how people fill in tests. Publication and marketing of such assessments in the context of broadening criteria for disorders increases the likelihood that actual brain injury leading to specific behaviour – for example an apparent inability to remember numbers – will be missed. CAT scans, though not consistently reliable, *can* identify brain trauma (for example, tumours) but will not be the first recommendation in assessment in part due to cost and in part due to the ubiquity of diagnosis and accompanying positioning of undesirable conduct as genuine medical/physical conditions. In this way Psy procedures may delay, or sometimes deny, physiological testing. This is common in medicine and Psy; a person already diagnosed, for example, with 'depression' is likely to have physical symptoms ascribed to the supposed disorder rather than investigated. A pertinent example in the busy lives of general practitioners is to refer for help with 'hypochondria' when physical examination has failed to reveal the cause of symptoms.

It is, on the face of it, too simple (*pace* Foucault) to randomly access and deconstruct text. Referencing an article such as this could follow a similar praxis; mass media, the Internet, blogs, journals, Psy texts and auto-biographies (particularly from those self-defined as 'survivors') offer many analytic opportunities to the historian, sociologist or anthropologist. The text can be scanned and sections selected using no *criteria* before analysis of style and content. Such analysis might be seen as mimicking the Psy endeavour whereby *people* are scanned and conduct selected arbitrarily before labelling and intervention.

Writing reifies and makes thought captive. However lively the prose – a rare event in the writings of Psy – the written word is dead, already distant from the thought processes of the writer. Socrates didn't write down his philosophy; this was left to Plato in The Republic, a volume that may be unread by therapists claiming advantages to the method of Socratic questioning. His position was revisited by the philosophes sans oeuvres of the 1950s, a group who preferred the conviviality of Le Coupole on the left bank to the material rewards of publication. For Psy professionals, however, writing and publication is integral to their cultural capital and, for academics, a required aspect of employment. The *act* of publication is more important than the readability of the text as publication adds to the curriculum vitae of the author and may harness research finance for the institution (Newnes, 2014, op.cit.).

Psy writings are richly nonsensical. A concern for the deconstructionist is how to discern *any* meaning in the text. An example is provided by the October 2014 issue of *The Psychologist* devoted exclusively to 'Autism: Myth and Reality' (BPS, 2014). An introductory article by Uta Frith suggests that autism is a 'puzzle' solvable by considering 'myths and realities.' Describing her 'attraction' to Asperger syndrome, Frith notes her interest in 'the autistic mind' going on to say, '… we now know that autism can occur at all levels of intellectual ability, including very superior levels.' The author cites 'profound social communication problems' as the 'core of autism.' Noting that Asperger syndrome no longer appears in DSM Frith suggests that the expansion of criteria for inclusion in the grouping Autism Spectrum Disorder (ASD) means that some people with '… problems in social relationships and other features reminiscent of autism' have been labelled Asperger's but 'actually belong to a different category' which remains 'sadly' ill-defined and '… even part of neurotypical individual variation.' (Frith, 2014).

After a discussion of the, '… ability to provide to provide insightful observations about their experiences.' and '… new possibilities to investigate the autistic mind …' amongst adults diagnosed with autism Frith notes the publication of her subsequent book on autism and Asperger syndrome continuing, 'Many psychologists and psychiatrists had only just become aware of autism, and now they had to embrace a whole autistic spectrum …'. The lack of validity of the concept does not deter Frith from then remarking, '… the impact is still felt even if the label Asperger syndrome no longer appears in the 5th edition of the *Diagnostic and Statistical Manual* of the American Psychiatric Association.' (Frith, op.cit.).

The nature of the 'impact' is not explored in detail though, like autism and autistic spectrum disorder, Asperger syndrome has entered the vernacular. A lack of validity is not a bar to such terms entering ordinary discourse. This aspect of habitus is familiar to any historian or social commentator: terms such as 'mongol' or 'imbecile' lose their scientistic gloss to become part of common speech. As Boyle has remarked it is the *repetition* of technical language (for example, the everyday use of terms such as schizophrenia or 'clinical' depression in the mass media) that gives them the appearance of referring to real disease or disorder *without the need* to establishment on scientific grounds their existence (Boyle, 2008). Frith's two page article uses the word autism *33* times.

She positions as 'provocative' her suggestion that, '… the mildest of the mild cases of Asperger syndrome should be classified as having 'autistic-like personalities' rather than an autistic spectrum disorder.' There seems no sense of irony here that such individuals are indistinguishable from the supposedly normal population; thus we are *all* now to be seen as 'autistic like.' The position is similar to Freud's all-encompassing theory of the unconscious wherein all are analysable, all subject to various psychic defence mechanisms and all fall under the gaze of the suitably qualified expert. Later, Frith 'draws a line' claiming, '… people with autism really have a very different mind and different brain,' though she is prepared to change her mind '… if the weight of evidence' convinces her. David Smail might have argued that the vested interest in maintaining her belief leaves Frith in a position of faith rather than science: she requires 'evidence' that something doesn't exist rather than convincing proof that it does (Smail, 2005).

The article maintains tropes of science, expertise and allusion to 'mind' or brain for an audience dominated by similar vested interest and conversant with the same tropes. Similar rhetorical devices appear in Patricia Howlin's later article on understanding autism after 70 years of research (Howlin, 2014). Howlin notes the origins of 'the condition' going on to remark that subsequent to the inclusion of 'the disorder' in the *DSM-III* of 1980 prevalence has steadily risen – from 0.4 per 1000 to 14.7 per 1000. Addressing perceived fears of 'an epidemic of autism' as mythic, Howlin claims that the increased incidence reflects increased professional and public 'awareness.' Perhaps again attempting to dilute alarm she notes Rutter's work demonstrating the 'differences between autism and schizophrenia' (Rutter, 1968). This raises one straw man against another – a classic rhetorical move – as neither schizophrenia nor autism are valid entities it is *only* possible to suggest they are similar to or different from each other via definition. Simply changing the definition of the terms will exclude some individuals and include others; no 'research' is necessary.

Howlin cites Frith's studies of cognitive processing and subsequent suggestion that one 'characteristic of the disorder' is a difficulty in, '… understanding others' minds.' This is simultaneously a far cry and very close to Sartre's position that understanding *anyone* else is impossible - hence, 'Hell is other people' (Sartre, 1943). By locating this universal phenomenon in the realm of a particular population, however, Howlin maintains the expert praxis of 'othering' and places those seen as autistic firmly within the purview of the gaze. Howlin suggests that functional imaging techniques (of the brain) have been used in the context of 'very small or poorly ascertained groups of participants …' makes a plea for 'changes in brain structure, functioning and connectivity' in autism and concedes '… the condition is characterised by wide aetiological and phenotypic heterogeneity.' A more succinct summary might be, 'The people we studied are very different from each other.' Again, the justification for grouping persons within a particular diagnostic banding is open to question. Howlin acknowledges, 'There are currently no imaging techniques that can reliably identify autism at an individual level …' Theories of 'causation' – parental 'pathology', organic conditions and genetics – are shown to be either unproven or common across other diagnostic clusters. 'Treatments' show equal variability and lack of impact whether based on psychoanalytic or behavioural theories. Unsurprisingly a twenty hour *per week* two *year* treatment programme focusing on communication problems 'suggests' improvement in some modalities if measured against 'un-treated' children. Acknowledging that there is '… great variation in treatment response …' Howlin says that generalisation of treatment effects to new skills is 'limited' and there is '… no evidence of long term impact …' Despite this Howlin suggests a broadening of the target treatment population to include less affluent families. The gaze is thus extended *from* the middle classes *to* the working or unemployed classes *in the absence* of the gaze having positive results for the population observed. This is consistent with Foucault's original conception of the gaze offering the more powerful professional and middle classes a further tool in disciplining the less powerful poor.

Howlin concludes by urging a consideration of the limitation of the diagnosis to children suggesting 'studies and systematic reviews' of adults with the diagnosis and the impact of ageing.

In summary, identification and treatment of the so-called disorder has been haphazard and unsuccessful for seventy years. In order to retain the gaze, not only the characteristics of autism are to be widened (*pace* Frith) but so are the age and class parameters. A more *scientific* approach might be to conclude that Psy has no place in interfering with the lives of children (and adults) who are struggling in ways increasingly described as 'autistic.' Howlin uses a simple rhetorical device to draw an opposing conclusion, stating, '*If* the advances in comprehensive treatment programmes for very young children can be applied across the lifespan, then the current generation of children with autism *may* face a more positive future.' (my italics). As the article has given no examples of successful treatment and Psy professions have made no in-roads in seventy years Howlin's conclusion is, like re-marriage, more a statement of hope over experience and cannot be justified in her own – scientific – terms.

## Angst

As increasing numbers are inscribed with terms such as ADHD, Alzheimer's and Autism so a circular process continues whereby the concerns of relatives, the monetary rewards of a benefits system geared towards diagnosis and the efforts of Psy professionals to garner cultural capital whilst attempting to ameliorate misery all contribute to a system driven by angst. For some this may be frustration that experts seem not to be of much help, for others an annoyance that, despite constantly changing the language of disorder, the terms remain invalid and unreliable constructs. For some there will be a sense that – despite all the labelling – not much, apart from medication and hard-to-follow 'parenting' or 'carer' programmes is on offer. For researchers there is a maddening realization that experiments with mice don't seem to get us far in understanding why some folk begin a drift into old age accompanied by people termed 'carers' rather than more socially valued friends and relatives.

Alongside the almost farcical use of the Psy lexis by professionals (and, increasingly, the press and public) there is an angst that inevitably results from striving for meaning using a meaningless vocabulary. This paper has not intended to add to that angst but I should urge readers to think twice before using Psy terms beginning with the letter A.

## Dedication

This is for Guy Holmes who kept his head while all were losing theirs, lost it and found it again moments after retiring.

## References

Bailey, J. (2003) *The Iris Trilogy.* London: Abacus.

Boyle, M. (2008) 'Can we bear to live with-out the medical model?' Paper presented at De-Medicalising Misery II conference on 16 December 2008, at University College London.

British Psychological Society (2014). Autism: Myth and reality. *The Psychologist, 27* (10), 718–800.

Frith, U. (2014) Autism – are we any closer to explaining the enigma? *The Psychologist, 27* (10), 744–745.

Hogrefe (2014a) *Autism Spectrum Disorders.* Oxford: Hogrefe.

Hogrefe (2014b) *Clinical Assessments: Executive function and ADHD.* Oxford: Hogrefe.

Hogrefe (2015) http://www.hogrefe.co.uk/clinical-and-educational/qualifications.html Retrieved 15 December 2014.

Howlin, P. (2014) A continuing journey. *The Psychologist, 27* (10),796–798.

Knapton, S. (2015) Drug that 'reboots' immune system heralds cure for Alzheimer's disease. *Daily Telegraph*, 15 April, p. 1.

Newnes, C. (2014) *Clinical Psychology: A critical examination.* Ross-on-Wye: PCCS Books.

Newnes, C. (2015) *Inscription, Diagnosis and Deception in the Mental Health Professions: How Psy governs us all.* Basingstoke: Palgrave-Macmillan.

Rutter, M. (1968) Concepts of autism: A review of research. *Journal of Child Psychology and Psychiatry, 9* (1),1–25.

Sartre, J.-P. (1956) *Being and Nothingness.* (H. E. Barnes, Trans.) New York: Philosophical Library. (First published in 1943)

Smail, D. (2005) *Power, Interest and Psychology.* Ross-on-Wye: PCCS Books.