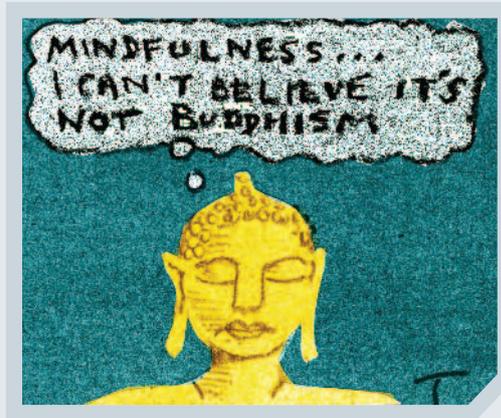


For mindful teaching of mindfulness

Edo Shonin's interview of Jon Kabat-Zinn [published as an online exclusive on *The Psychologist* website at <http://thepsychologist.bps.org.uk/meets>] is timely particularly in light of recent calls by the Mental Health Foundation for mindfulness to be made more readily available on the NHS. However, the debate regarding the clinical use of mindfulness has never really been about whether it leads to health benefits. Rather, mindfulness stakeholders have repeatedly deliberated (in some cases quite fiercely) whether 'mindfulness', as it is conceptualised in interventions such as mindfulness-based stress reduction (MBSR), still bears meaningful resemblance to the traditional Buddhist interpretation of this term (Monteiro et al., 2015).

Kabat-Zinn states that his teachings and the intervention he developed (MBSR) are not: (a) about Buddhism *per se*, or (b) spiritual in nature. However, he then states that MBSR is about 'the movement of the Dharma into the mainstream of society' ('Dharma' means the Buddhist teachings). The rhetoric used by Kabat-Zinn is arguably both confusing and misleading. How can an approach that purports to be bringing Buddhist teachings into the mainstream not be about Buddhism and not



be spiritual in nature?

Patients receiving mindfulness-based interventions are invariably under the impression that they are receiving a clinical intervention to assist with mental health issues. However, if in conjunction with treating such issues, the primary purpose of interventions such as MBSR is to expound the Buddhist teachings, then there is an ethical obligation to make this abundantly clear to participants.

Most mindfulness approaches include in their name the term 'mindfulness-based'. On the surface, this appears to be an entirely acceptable and transparent approach

because it implies that such interventions are based on mindfulness, but do not teach mindfulness in a manner that is necessarily in keeping with the Buddhist model. In other words, the term 'mindfulness-based' is consistent with what is arguably a common understanding amongst psychologists that these interventions have adapted a Buddhist (and therefore spiritual) meditative technique in order to develop an attention-based psychological intervention.

A problem arises however, when individuals such as Kabat-

EU referendum – what's the question?

One's first reaction may be 'not again' but it has been reported that minds are now turning to what the question should be, for the forthcoming referendum across the UK. Prime Minister Cameron is said to have suggested that one wording might be 'Should the UK remain a member of the EU?'

There are claims that elements other than the purely political can affect voting behaviour. Thus the taller of two (presidential) candidates has a very slightly better chance of being elected. A name at the top of a list has a slightly better chance of receiving votes than one at the bottom, and though the 'bias is

trivial if...the choice... [is]...between two men or two parties', where the contest is close it may be better not to ignore this. Psychologists might also reflect on whether an option to say 'yes' may gain wider approval than would be given to a wording looking for rejection of the proposition 'Should the UK cease its

contribute

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Letters

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Robert Sternberg, Oklahoma State University

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Zinn give the impression that MBSR and similar mindfulness-based approaches operationalise the Buddhist teachings in all of their 'essential fullness' (Williams & Kabat-Zinn, 2011, p.15). A key difference between Buddhism and MBSR is that in the case of the former, mindfulness constitutes only a small part of the meditative journey and is practised in the context of a comprehensive set of guiding ethical and spiritual principles (Shonin, Van Gordon, & Griffiths, 2014). This is very different from the ethics taught in MBSR, which, according to Kabat-Zinn, are embodied by the Hippocratic Oath (i.e. First do no harm). In the Buddhist setting, the ethical code of the authentic mindfulness and Dharma practitioner goes well beyond simply 'doing no harm' and requires that they dedicate each of their thoughts, words, and actions to their own and others' spiritual development (Chah, 2011; Dalai Lama, 2001).

Shonin's questions provided Kabat-Zinn with an opportunity to clarify some of the ambiguity surrounding the popular mindfulness movement. However, in our opinion, elements of the responses were vague and contradictory. Furthermore, aspects of Kabat-Zinn's approach appear to run tangential to established principles concerning the transmission of the Buddhist teachings. For example, a central theme of Buddhist training is that individuals should approach Buddhist teachings with the 'right intention' (i.e. to develop spiritually) and of their own accord. In other words, authentic Buddhism does not seek to 'convert' people or force its ideals onto them. This is quite different to what appears to be Kabat-Zinn's approach of

thrusting (what he deems to be) Buddhism into the mainstream and teaching it to the unsuspecting masses (i.e. without their 'informed consent').

William Van Gordon
Mark D. Griffiths
Nottingham Trent University

Editor Jon Sutton comments: It's good to see an online offering sparking discussion and debate. The interview with Jon Kabat-Zinn, as well as one with John Amaechi OBE, was published 'online first' at <http://thepsychologist.bps.org.uk>. They may well only be published online: I am still trying out different ways of integrating our print and web offerings. Don't miss out: keep an eye on the site and follow us on Twitter @psychmag.

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Explaining the educational imbalance

membership of the EU?'. This matter should be discussed in a perspective of what any available studies (which are replete with engaging mathematical contentions) on wording of propositions may have indicated.

My initial suggestion would be to have two sentences on the voting paper: one would be: 'Should the United Kingdom of Great Britain and Northern Ireland remain a member of the EU?'; and the other 'Should the United Kingdom of Great Britain and Northern Ireland cease its membership of the EU?'. Voters would be asked to place an X alongside which of these two options they prefer (rather than an X alongside the chosen one of two printed options for Cameron's single question with either a Yes or a No).

The research evidence is of only very slight differences connected with apparently cosmetic options – but they may turn out important in a heated contest and should if possible be avoided.

J.M. Wober
London NW3

So the tutors on the Newcastle Educational Psychology course are worried that only white females are applying to train to become EPs (Letters, May 2015) and wonder why. There are, I suggest, two main reasons.

First, there would appear to be an imbalance in terms of gender and race when young people are choosing their first degree. It is well known that psychology undergraduates are overwhelmingly white and female.

The second reason concerns funding. Under present funding arrangements young people usually in their mid-twenties are expected to train to become EPs on a salary of under £15,000. If at this age you are settling down in a relationship and looking for a home or even planning to start a family, such remuneration is clearly insufficient. There is also an issue of loss of pension rights



for those in training. Despite societal changes in attitude, males are still perceived as the main earners, especially those that are fathers, and clearly you can't bring up a family on £15,000.

There may be changes in funding arrangements that would make it more attractive for males to join EP training courses, but how to attract more males to study psychology in the first place is beyond me.

Jeremy Swinson
Educational Psychologist
Formby, Liverpool

Two-fold nature of autism

With regard to the recent correspondence in *The Psychologist* regarding the diagnosis of autism (Letters, December 2014, March–May 2015), I would like to propose that all of the viewpoints expressed, from the sceptical (Collins) to the orthodox (Jordan) via the confused (Hassall) could be reconciled by a basic change in the way in which autism is conceptualised. The current conceptualisation of autism is best summed up in the phrase of the late Lorna Wing as being a ‘lumpy continuum’, in which autism is regarded as having a two-fold nature, being both a discrete, and hence diagnosable, disorder, albeit one that falls short of the requirements of a syndrome, and simultaneously a set of traits that can be identified independently of both general cognitive ability and other identifiable developmental pathology. However, unlike the wave/particle dual nature of light, there do not appear to be any objective conditions for resolving under what circumstances autism is a category or a trait! However, developments in the field of molecular genetics (Happé & Plomin, 2006) lend support to the notion that autism is probably two genetically distinct traits, namely impaired social communication abilities and repetitive,

restrictive and ritualistic behaviour, but which tend to have a high frequency of co-occurrence. It is therefore the degree of co-occurrence that results in autism being erroneously regarded as a distinct clinical entity.

Such a two-fold model of autism currently underpins the current DSM-5 definition of autism, whilst acknowledging the possibility of the separate occurrence of each set of traits, both of which are readily measurable in themselves. In the case of impaired social communication, this is measurable using the tools such as the Social Responsiveness Scale (Constantino et al., 2003), whilst the trait of repetitive, restrictive and ritualistic behaviour is particularly amenable to measurement using instruments such as the Repetitive Behaviour Scale (Moss et al., 2009). Re-conceptualising autism as two co-occurring traits also enables us to make sense of the continuing difficulty in identifying a specific aetiology or genotype for autism, an issue that is all the more surprising given the effort put into this and the apparent ease with which the aetiologies of much rarer developmental disorders and syndromes have been identified.

On this basis, if we regard autism as

a pair of stable human traits that are more or less distributed throughout the population, we can resolve the question posed by Richard Hassall (Letter, May 2015) of whether there is a difference between having autism and having a diagnosis of autism by referring to how autistic someone is, rather in the manner that might refer to how tall a person is. Hence, issues of diagnosis are essentially made redundant whilst still retaining an objective basis for determining clinical, educational and social need.

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I am sorry Richard Hassall (Letters, May 2015) is still confused about autism and even more that I am apparently responsible for some of the confusion. I can see that it appears paradoxical to claim that ‘diagnosis is not a good basis for services’ while still maintaining the value of diagnosis, so let me explain further.

Services should indeed be individually based, but there are conditions (such as congenital blindness, cerebral palsy, autism) where development is atypical and thus where parents and practitioners cannot just ‘read’ individual needs from observing behaviour. In such cases, it is necessary to know the diagnosis to understand what the behaviour might mean in the development of that individual. Treatment for the individual will vary

according to that interpretation.

Thus, behavioural observation is vital but not sufficient for determining needs in these cases; the observation has to be through the ‘lens’ of understanding of how development occurs in autism. The ‘behavioural indicators’ of diagnostic systems alert one to the possibility of autism (or another condition) but the diagnostic decision puts those indicators in the context of the developmental history of the individual. The best diagnostic tools (e.g. DISCO: Wing et al., 2002) emphasise careful case histories of development. In autism, one would be looking for signs of early disturbance in instinctive responses to social signals such as those involved in joint attention and response to one’s own name. ‘Complex social deficits’ would

be a strong alert for autism, but it would be the nature of those difficulties and their course in the individual’s development that would be key determiners of actual diagnosis.

I am concerned about some of the effects of DSM-5 in making its now duo of diagnostic criteria compulsory for an ASD diagnosis and thus making rigidity in behaviour and thinking a determining criterion. In DSM-IV there was a triad of criteria for ASD with the category PDD-NOS needing to score on only two of the three criteria. Since PDD is now gone from DSM-5, so also has PDD-NOS. This classification has always been problematic (characterised more meaningfully in ICD-10 as ‘atypical autism’), but including these children within the broad category of ASD did allow their possible

‘autistic’ development to be taken account of. Some research has indicated that this group may not develop a full obsessive type of ritual behaviour until late childhood and so they may fail to meet the rigidity criterion in DSM-5 and thus fail to gain an ASD diagnosis.

Richard Hassall assumes (as do many others) that their needs will be met by being included in the new ‘social-communication disorder’ category. However, this is a category set up to cover children with similar social and communication behaviours to autism but with possibly very different developmental histories. It would cover those with pragmatic language disorders where the social difficulties may not be primary, but arise from the communication problems. Where that is the

case, such a diagnosis will be misleading when it comes to interpreting the behaviour of those who would be better understood as being on the autism spectrum. Since this category is new, there will also be few staff qualified to understand and work with these children and the outcome of these diagnostic changes needs careful monitoring if many more children are not to 'slip through the net' of services and support.

To answer the final question posed by Richard Hassall, a diagnosis of autism provides a signpost to understanding the individual with autism. As we agreed in the NIASA report on diagnosis (2003) where there are behavioural indications of autism but not a definite diagnosis of the condition, it would be the 'least damaging assumption' for parents and practitioners to help and support the child as if they had autism, while remembering that it may turn out they do not after all. There is nothing in the good practice recommended for autism that would harm the development of others, whereas neglecting to attend to the autism in a child with the condition is most likely to lead to further problems. The real issue is how to increase understanding of autism in diagnosticians and practitioners so that all children can be included, recognising the importance of this understanding, while basing resources on need determined through that understanding.

Rita Jordan

*Emeritus Professor in Autism Studies
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Therapist self-disclosure

I found the article, 'Opening up to disclosure' by Anna Ruddle and Sarah Dilks (June 2015) a refreshing reminder of the complex issue of how much, if at all, a therapist might choose to reveal about themselves to a client.

Of course, therapists self-disclose the minute a client walks into the consulting room. The therapist's wedding ring, for example, might have particular significance for a client struggling with divorce or sexual identity. But, it is the purposeful act of self-disclosure that is at the heart of the matter.

In my own early clinical training self-disclosure was discouraged because it supposedly negated a potential useful source of information, i.e. the client's phantasies about the therapist. Storr (1990) offered a clear example of this issue in what he saw as a calamitous episode of self-disclosure by himself. A client, wracked with guilt over masturbation, asked Storr whether he, the therapist, had ever masturbated. He replied in the affirmative, the client never came back, and Storr saw it as missed opportunity to explore the deeper meaning and phantasies of the client's inner world. He concluded that his self-disclosure had been anti-therapeutic; it served no purpose.

Therapists sometimes talk about self-disclosure in binary terms; you either do or you don't. But, as

I was most interested to read the article on self-disclosure by Ruddle and Dilks (June 2015). Although this phenomenon (formerly with SD as its abbreviation but seemingly now growing an extra letter as TSD) has been researched quite extensively over the years, its roots in humanistic psychology have perhaps led to it being regarded as somehow non-mainstream. In my years of practice as a clinical psychologist it has neither featured in training curricula nor in academic lectures.

The article did not mention the central, if now rather historical, role of the Canadian psychologist Sidney Jourard (www.sidneyjourard.com), who until his untimely death in 1974 in a freak accident was



a, perhaps the, leading researcher and academic in the field. He was a charismatic figure and a member of that quite rare species, a successful left-wing American academic.

As an inky-fingered undergraduate I was introduced to his work by John Davis, then at Sheffield University, and under his supervision undertook a research project that attempted to investigate some of the components of SD by attempting to distinguish between modelling and social

Spinelli (2002) has commented, the issue is probably not about whether or not a therapist should self-disclose but *when* should a therapist self-disclose. In short, in what circumstances might self-disclosure offer a potential benefit to a client? This change of focus moves away from any sense of a structured approach to self-disclosure and requires the therapist to sense the uniqueness of each individual client when considering the possibilities for self-disclosure. And, at times, perhaps timing may be more important than content.

Whilst self-discourse can undoubtedly serve as a positive therapeutic factor, it also offers the therapist an unhelpful avenue to self-indulgence cloaked in a belief that it is really for the good of clients. As Storr (1990) noted, therapists, just like clients want acceptance and understanding but a psychotherapy session is not the place to fulfill such needs.

Dr Alistair McBeath

Edinburgh

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exchange interpretations. We found that experimenter SD tended to increase both subjects' disclosure and their rating of the experience.

Once I advanced into clinical practice and later clinical supervision, I found that the lack of 'official' interest in SD was not reflected by numerous trainees over the years who, especially during their early clinical placements, tended to be both curious and anxious about how much of themselves to bring to the therapy session. They were aware of the value of the 'therapeutic alliance' but were always interested to learn more about some of the methods they could use to foster it.

So, having now retired from NHS practice, it is nice to watch the world turn and see my long-term interest hit the headlines in *The Psychologist!*

Dr Adrian Skinner

Harrogate

Who teaches the teachers?

The introduction to Silvester and Wyatt's article on developing political leaders (May 2015) quotes Robert Louis Stevenson's comments that politics is the 'only profession for which no preparation is deemed necessary'. I am not sure how Stevenson enjoyed his studies at the University of Edinburgh, but I suspect his teachers there had no preparation whatsoever for their pedagogical duties, other than perhaps the didactic models of their own lecturers.

Since the establishment of education development centres and induction courses for new academics, the situation is perhaps somewhat better today, but I would contend that university teaching is still largely an amateur affair. This is especially ironic since universities maintain a stranglehold on the preparation and credentialing almost every profession,



from accountancy to veterinary medicine. And it is doubly paradoxical in the case of psychology, given that the great bulk of research on effective teaching practices has been done by psychologists, and we

now know a good deal how our teaching and assessment approaches affect student learning outcomes.

More's the pity then that a good deal of teaching in psychology fails to reflect what the evidence tells us about effective learning. To cite just the two most obvious examples, the lecture still predominates in many departments, and assessment often relies far too much on inauthentic formal examinations. Psychology has come a long way in adopting principles of evidence-based professional practice. What a shame we have yet to achieve the same standards when it comes to our teaching.

Christopher Knapper PhD, FBPsS
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 Queen's University, Kingston, Ontario

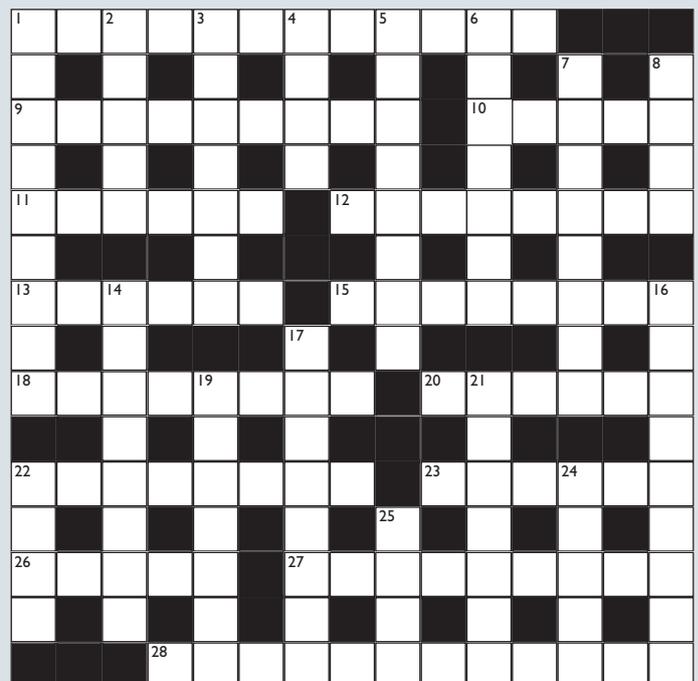
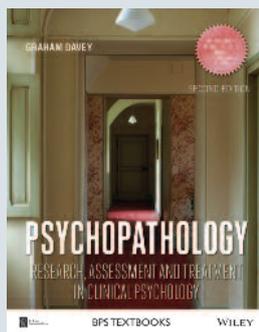
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Changing behaviours

Sue Gerrard (Letters, June 2015) makes some useful comments on the behaviour change briefings reported in the BPS Annual Report for 2014. However, her view that the focus of the briefings by the Society's Behaviour Change Advisory Group is almost entirely on individual behaviour is perhaps slightly overstated.

The briefing on physical (in)activity presents an ecological model of the determinants of physical activity, which includes interpersonal, environmental, regional or national policy, and global influences. Inhibiting the marketing of credit to younger people, a measure recommended by the briefing on personal debt, targets the government and financial institutions rather than individuals directly. Similarly, encouraging manufacturers to make TVs without a stand-by facility (energy conservation briefing) is not an individual behaviour change intervention.



The remit for the behaviour change briefings specifies that they should show what psychology has to offer and that they should be evidence-based. While we agree with the correspondent that policy making is about changing complex systems as well as individual behaviour,

lack of evidence precludes making useful recommendations about how to bring about complex change.

Stephen Sutton

*On behalf of the Behaviour Change Advisory Group
www.bps.org.uk/behaviourchange*

across

- 1 Good person's substandard return to bring about reaction time demonstration (6,6)
- 9 Easily-influenced by male label at sea (9)
- 10 So catch tailless swimmer in hat (5)
- 11 Almost swallow sailor's drink that's heavenly... (6)
- 12 ...sailor's in the drink (8)
- 13 Urge that's close to being realised, we hear (6)
- 15 Looking down, farmer's corn fully contained (8)
- 18 Under strain to recall sweets (8)
- 20 Think about a boy
- 22 Vessel needing to adjust sail near Irish islands (8)
- 23 Cheerful rendezvous meeting with latest (6)
- 26 Make mark (5)
- 27 Guru has him confused with Sharia (9)
- 28 Learned response to stimulus that improves shock, say (12)

down

- 1 Half-heartedly seem to overlook shenanigans with meaning (9)
- 2 Old Testament priest in church artefact (5)
- 3 Effective with musical books (7)
- 4 Like some seamen coming up to island? (4)
- 5 Whistling noise in response to survey (8)
- 6 Dismiss clerk (7)
- 7 Finish knitting second clothing already worn (4-4)
- 8 Does change final two parts of medicinal measure (4)
- 14 Physical taking place about four? That's fair (8)
- 16 Left double gin mixed without hesitation that's not going away (9)
- 17 Still get tranquillised (8)
- 19 Tots move around and prepare to fight (5,2)
- 21 Grass used to make paper produced a poster (7)
- 22 Bachelor dips into trifle with beer mug (4)
- 24 For the most part, have a go at being very musical (5)
- 25 Opportunity for injection (4)



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