

is fundamentally wrong with the world in which we find ourselves.

We already have multiple indices of unhappiness in the form of referrals and prescriptions for mental health treatments. Whilst these indices also have many flaws, they are scientifically more robust since they reflect actual practices, are generated from numerous sources, and at least partially open to external verification. But a government implementing spending cuts that will greatly increase inequality is unlikely to appreciate these advantages, because such indices consistently show that unhappiness is strongly associated with social inequality, and always concentrated amongst the swelling numbers of the marginalised, excluded and dispossessed.

So we question the motives of a government whose 29 cabinet members include at least 18 millionaires, and yet seemingly want us to believe that happiness – rather than economic equality – is the most valid indicator of societal well-being. We strongly urge psychologists to be wary of further debasing their discipline through any association with this pernicious and cynical project.

Jon Cronby, on behalf of the Midlands Psychology Group

Editor: For more, see Forum: The Real World on p.9 and News on p.12.

it being simply one outcome of the client's self-exploration. Sexuality is perhaps more fluid and multifaceted, and identity less fixed, than Kapp's letter (paradoxically) implies. I suggest we need to respect developmental autonomy and the evolution of the unknown self – core values, it seems to me, that can help to provide a protected psychotherapeutic space for reflection on the deeply personal mystery of sexuality.

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Sex differences – a welcome dialogue

I would never stereotype Cordelia Fine, or indeed anyone. To stereotype is to view an individual not as an individual but purely in terms of their group membership. Stereotyping is wrong because an individual may not be representative of the group, and therefore the characteristics ascribed to the group may not apply to the individual. My comments about Cordelia Fine's book (Book reviews, November 2010) are simply based on my reading of her book. My reading of it is that it is *anti-biology*, and *fuses politics with science*. Other readers can decide for themselves. These are in my view the two weaknesses in what otherwise is an excellent and welcome review of the social psychological literature on sex differences.

I disagree with Fine that there is no evidence for sex differences in 'theory of mind'. To take just one example, typical males show decreased activity bilaterally in the inferior frontal gyrus during the 'Reading the Mind in the Eyes' Test relative to typical females (Baron-Cohen et al. 1999). Of interest, people with autism spectrum conditions show even less activity in this region during this task (Baron-Cohen et al. 2006). We use dimensional measures to test for individual differences in theory of mind (including sex differences) since categorical measures lack the sensitivity to detect a wide range of scores and may be prone to ceiling effects (e.g. if used in typical populations after the age of four years).

Regarding the newborn baby study, we made every effort for the experimenters to be blind to the sex of the baby. We succeeded in them remaining blind in at least 95 per cent of cases. Cordelia Fine is right that it would have been nice if this had been 100 per cent of cases, but this is real-world research: running experiments in a maternity ward, with 24-hour-old babies. The handful of cases where the experimenters may not have succeeded in remaining fully blind to the baby's sex are unlikely to have affected the results. As will be apparent below, I do not

'summarily dismiss' her criticisms or 'shut the door first'. Rather, I think she makes some excellent points that might help us think about how to design future experiments. Indeed, I would like to thank her for her careful reading of our experiment, which prompts the following reaction to her suggestion.

The only way we could have removed any risk of the sex of the baby influencing the stimuli (human face vs. mechanical mobile) would have been not to use 'live' stimuli and instead present them via a computer. That way the stimuli would have been presented in an identical fashion every time. We took the decision that it is hard enough to get the attention of a newborn baby at all, and that a live



person's face – a more ecologically valid stimulus – was more likely to succeed in eliciting 'natural' responses from the baby than a computer-presented image of a face, especially given the limits of what a newborn baby can see. However, it would make sense to repeat the experiment but this time presenting the stimuli on computer screens, so that all babies saw the very same stimulus.

Fine asks for more information about the newborn baby experiment, which I am happy to provide here. The order of the face and mechanical mobile was counterbalanced: half the babies saw the face first, and half saw the mechanical

mobile first, and babies were randomised into of these two orders they received. This was precisely to guard against order effects, such as fatigue. This design ensured that if such effects had occurred, they could not have affected one sex more than the other. Finally, she asks about those babies who were excluded because they were unable to remain calm enough to be tested. I can confirm that the number of male and female babies who were excluded did not differ significantly.

Fine is right to ask probing questions of research. Science needs critics like her.

Good researchers remain open-minded to the possibility that their results could be explained in different ways. Fine fears she failed to impress me with her intellectual charms, but the opposite is true. A lively dialogue such as the one she has stimulated is precisely what we seek in research. I thank her for her important contribution. Lastly, she may be surprised to learn we both share the same political agenda, which is to aspire to equality for the sexes. But politics and science are two separate endeavours. One's personal politics should have nothing to do with

the scientific question of whether there are essential sex differences.

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Not seen or heard? Children of forces personnel

The recent focus on British military veterans and serving troops' mental health in *The Psychologist* and elsewhere has made no reference to the psychological impact on families. Many children will be affected by paternal or maternal absence, injury, trauma or death as a result of combat duties, and yet these statistics are not centrally collected, and families have no immediate access to psychological support. As Moshe Price of Combat Stress comments (Forum, December 2010), it is often only when family and friends become concerned that help and support is sought and accessed for veterans.

The focus of the MoD is clearly, and perhaps rightly as an employer, to encourage resilience and return troops to work. However, a generation of British children is silently experiencing the aftermath of the Iraq and Afghanistan conflicts with no acknowledgement that they may need support to understand why a parent has changed.

Clinical psychologists understand that alcoholism impacts on the family, and that PTSD can impact on relationships and lead to irritability, aggression or self-medication. We also know that involving the family in neurorehabilitation can improve outcomes. However, despite the fact that a serving soldier's family is perhaps the most valuable resource in terms of his or her well-being, it is not significantly recognised in terms of psychological research or treatment strategies.

There is therefore a potential role for psychologists outside the remit of the MoD to think and act creatively, perhaps in partnership with some of the larger charity organisations, in order to research and address the experiences of sons, daughters or younger siblings of servicemen and women who encounter mental health problems, or are disabled or killed as a result of

deployment. What we now know about attachment to parental figures and its longer-term impact on emotional responses and behaviours should assist us in understanding and ameliorating some of these experiences.

In 2006, members of the US Congress and the Secretary of Defence asked the American Psychological Association to establish a Defence Mental Health Task Force that would identify the psychological needs of military members and their families, and implement a strategic resource plan. This request, and the subsequent report, acknowledged that mental health issues relating to a military career can impact on the whole family (Shannon et al. 2007). Stigma is an issue for all mental health services, and particularly in relation to those working with young men (Vogel & Wade, 2009).

A psychological approach that provides timely attention and care for all family members could

reduce stigma and increase resilience within forces families, although of course there are short-term cost implications. I would be interested to hear from any psychologists currently working with forces families.

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