

SPECTRUM

BY KIYOSHI BHUIYAN
PhD student in Clinical Psychology
University of Edinburgh



Let's talk about autism

The main objective of this series of articles will be to give an overview of autism, tackle misconceptions, and further the general understanding of autism for people.

Firstly however, we need to tackle a few terms and do some 'jargon busting.' The field of autism is an ever growing one, and as such I will start by going through how most researchers in the field look at autism now, and run through some terminology which I will continue to use in this series.

Autism is a condition first described by Leo Kanner in his seminal 1943 work where he described a group of children who displayed communicative problems, repetitive physical movements (for example, hand flapping) and difficulties in learning and operating language. Around the same time, Hans Asperger worked with another set of children with similar problems but without as much difficulties in language development.

This is extremely important, primarily because even from this early phase, it becomes clear that there is a wide range of abilities within this one umbrella term of autism. However, it is only recently (2013) that the Diagnostic and Statistical Manual of Mental Health Disorders or DSM collates the two conditions under one; Autism Spectrum Disorder (ASD) or Autism Spectrum Conditions (ASC). More on the names a little later.

For a long time, ASD was seen as a binary condition, which means, you either have it, or you do not. This changed once researchers started looking at ASD as a Spectrum (the term is first coined by Lorna Wing). This means that as opposed to a binary condition, we now start using terms like 'traits'. Therefore, if we start imagining that the condition is more like a line, where the severity of the traits push you to one end of the spectrum or the other.

This makes the condition a lot easier to understand, and is one way in explaining the range of different abilities expressed by individuals with autism. As with most things, it is not that simple, but I will leave that for another time.

When you start looking at autism as traits and not a condition, you begin to realise that, like all of us, individuals with autism do not all have the same strengths or difficulties. Some of them might have more difficulties than others; many of whom can function in society and have jobs and families. Here we tackle a misconception of autism.

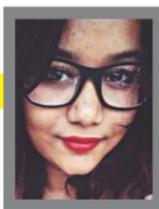
A diagnosis of autism does not mean that that individual now cannot function in society anymore, or that they need specialised help and guidance. There are cases where that is the reality, but not always. If we start looking at the condition closely and recognising that many people you may know share certain traits, we remove this concept of 'us' and 'them' and start seeing all of us as people. This distinction is incredibly important.

In this very short article, we have tried to examine the origins of autism, where we currently sit in terms of research, and how maybe our entire perspective on ASD need to be adapted and focus more on inclusion as opposed to separation. We understand that there are a lot more issues to address and queries need to be answered.

But this is what I hope this column to become, a place where we can, as a collective unit, discuss both the cutting-edge research in the field of autism, as well as tackle social understanding of the condition.

CANDID CONVERSATIONS

BY ZAHRAH HAIDER
Freelance writer



Body Image

We live in a society where advertising companies tell us that what we currently have either isn't good enough, or just shouldn't exist in the first place. There are industries that thrive off the insecurities that they breed, while we're left with low self-esteem. We're shown flawless slim models on television and in print, and when we look at ourselves in the mirror we wonder why our pores are so visible, why we have stretch marks, why our hair isn't as long and silky.

Young people especially are easily susceptible to media influence – studies have shown that a large percentage of young girls are influenced by magazine images to lose weight, even though most of them are of a healthy weight. And we have to admit, we put a lot of pressure on girls to be physically attractive.

It's only recently that the concept of 'real' women has entered mainstream media. Bodies come in all shapes and sizes but despite this, we're regularly exposed to a limited selection. Of course the uncomfortable truth is that sex sells, therefore unnecessary pairings like beautiful women and furniture end up going hand in hand. The same goes for men too; no matter what the product is, more often than not it will be advertised by convention-

ally attractive male models. It teaches our sons that they have to look a certain way to appear masculine and that they are barely men unless they have defined muscles.

These industries also benefit from teaching us that the natural things we are born with are undesirable. Things like acne and body hair are prime examples. Somewhere along the line, we were told that we had to shave our legs, for no real purpose other than to fit in with the norm dictated by the media. Today we spend a considerable amount of money on a monthly basis on procedures to remove something that is perfectly natural, and in most cases, hidden under clothing. Similar to how we rarely see any body hair on models and celebrities, we also don't see acne, yet almost 8 out of 10 teens will experience it as they go through puberty. As common as it is in teens and adults, acne has negative connotations in popular media; it's associated with unattractiveness and bad hygiene despite having nothing to do with either.

More companies need to use 'real' men and women in their advertisements. They're the people we can relate to, and being able to relate is what draws us to the brand and makes them a success. Win-win, right?

Dr. Jhumu Khan's Laser Medical



First time in
Bangladesh

WORLD MOST POWERFUL SYSTEM FOR HAIR REMOVAL

Synchro REPLA:Y

DEKA Intelligent Technologies:
Experts from the Starts

- ◆ Hair Removal
- ◆ Vascular Treatments
- ◆ Benign Pigmented Lesions
- ◆ Non-Ablative Skin Rejuvenation
- ◆ Pseudofolliculitis Barbae (PFB)
- ◆ Onychomycosis

New : Alex at 5 Hz!

DEKA

The Code of Excellence



Dr. Jhumu Khan

MBBS (DMC), DCD (UK),
MSc(Germany) Board Member WOCPM,
Diplomat (WOSAAM) Dermatologist, Anti aging
& Regenerative Medicine Specialist

NEW LOOK NEW LIFE

Gulshan
01711660938

Dhanmondi
01727001199

Uttara
01954333888

f/lasermedicalcenter | lasermedicalbd.com