

LETTERS

Letters should be marked clearly 'Letter for publication in *The Psychologist*' and addressed to the editor at the Society office in Leicester. Please send by e-mail if possible: psychologist@bps.org.uk (include a postal address). Letters over 500 words are less likely to be published. The editor reserves the right to edit, shorten or publish extracts from letters. If major editing is necessary, this will be indicated. Space does not permit the publication of every letter received. Letters to the editor are not normally acknowledged.

Statutory regulation – Emerging concerns

THE Division of Counselling Psychology's Executive Committee is concerned that the Society may not adhere to its stated aim 'to ensure that the move towards statutory regulation does not compromise the Society's standards and aspirations' in its drive towards statutory regulation via the Health Professions Council (HPC). We hear the messages 'we have no choice' and 'this will protect the public', yet no definitive agreements from the HPC to maintain standards or the profession are forthcoming.

It is claimed that Society members approved joining the HPC in a referendum regarding statutory regulation. However the HPC was not created until 2002, after the vote, and members have not had the chance to vote on whether a regulatory body not solely for psychologists is acceptable.

The HPC has to date regulated health-related professions mostly embedded in the NHS. Psychologists may be reluctant to embrace a regulatory organisation so influenced by the Department of Health.

The currently regulated professions within the HPC are primarily at graduate level. There are as yet no written guarantees that our professional standards or monitoring of training will be maintained with rigour equal to that of the Society.

There is lack of clarity over how the HPC will approve training for doctoral level courses leading to registration, and concern that course inspectors will primarily be non-psychologists without qualifications equal to the courses they are inspecting.



It is possible that future training will become focused on becoming 'registered' rather than 'chartered', which the Society is saying will become the 'gold standard' above and beyond registration. What will motivate practitioners to attain that further standard?

The HPC monitoring process for continuing professional development appears less rigorous than that of the Society, and annual practice certificates will not be issued. How does all this protect the public or the profession as effectively as present Society procedures?

Several other health professions have their own regulatory bodies. The government has made it clear it wants all future regulation under central councils such as the HPC and does not wish to support further individual regulatory bodies. As a result, Society members are told we must join the HPC. This lack of cooperation from the government should not result in us unreservedly handing our profession over to the HPC.

THE current debate on statutory regulation has required British psychologists to reflect on many aspects of their professional identity. Some have argued that a robust self-regulatory regime is both desirable and consistent with professional status. However, that argument appears to have been lost, and the government is adamant that something akin to the General Medical Council is not the way forward. Two options remain: first, a new 'talking therapies body', and second, the HPC. Council has rejected the former; therefore, the HPC route has been endorsed, if only by default.

There is the very real fear that the HPC regulatory regime, as currently constituted, leads to a 'never mind the quality, feel the width' approach to standards.

Professions run the risk of being forced into a 'tick box' approach where procedures, protocols and paperwork displace professional judgment, 'de-skilling' the professional and leading to 'defensive practice'. One need look no further than the increasing tendency on the part of American psychologists to avoid treating clients whose problems have become associated with greater malpractice liability. Such 'legalism' is the very antithesis of the exercise of professional judgement.

For any profession, the key to minimising such risks is the existence of a sound code of ethics that allows professionals to act as such, within a well recognised and accepted set of principles. Such a code must be based on the interests of the public, while being neither self-serving nor tolerant of 'bad

practice'. Professionals must be aware of the code's provisions and have confidence in its relevance and efficacy.

Clearly, British psychologists will be entering a 'brave new world' as the result of statutory regulation. Of particular concern is the fashion in which the HPC publicises the nature and substance of complaints against its registrants, as found at www.hpc-uk.org/legal/index.htm.

One current example identifies the health professional in question by both name and place of work, and reads as follows: 'I hereby give you Notice on behalf of the Conduct and Competence Committee that your fitness to practice as a Registered health professional is impaired by reason of your misconduct in that whilst in the employ of [your employer] you: (a) stole

money from patients; (b) attempted to steal money from patients; (c) searched without justification patients' property'. Such allegations are published despite the fact that a formal hearing may not take place for several months.

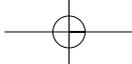
It is important to learn from the experience of other professions, both at home and abroad, and to enter this new era with as much confidence in the central role of professional judgement as can be mustered. British psychologists must engage with the HPC in as strong a position as possible, and avoid inviting that body to 'fill in the gaps'.

Eric Drogin

*Franklin Pierce Law Center
Concord
New Hampshire*

John Williams

*Department of Law
University of Wales, Aberystwyth*



Caffeine and health

IN December's *Psychologist* Rebecca Thompson and Karen Keene discuss caffeine and its potential impact on health and well-being ('The pros and cons of caffeine'). There were some reassuring messages for caffeine consumers in their review, perhaps especially the notion that caffeine consumption may help protect against cognitive decline – results from epidemiological studies show positive correlations between caffeine intake and better cognitive function, and this relationship is stronger in older age.

A plausible mechanism for this benefit involves the enhancement of the neuroprotective effects of adenosine (caffeine is an adenosine A1 and A2A receptor antagonist) and, specifically, greater protection during ischaemic events, which are a significant cause of cognitive decline and dementia. Studies using animal models

show that acute pre-treatment with caffeine actually increases ischaemic brain damage, whereas chronic pre-treatment reduces it, suggesting that a protective effect is gained through up-regulation of adenosine receptors, perhaps in combination with caffeine withdrawal.

It is becoming increasingly evident, however, that daily caffeine consumption is associated with various adverse effects. For example, overnight caffeine withdrawal causes tiredness and slows cognitive and psychomotor performance. This caffeine 'hang-over' is rapidly relieved by consuming some more caffeine, but there appears to be no net improvement in functioning. A long-standing problem is that studies have confounded the effects of caffeine with the effects of acute caffeine withdrawal. When this confound is avoided by withdrawing caffeine chronically, re-exposure to

caffeine does not immediately improve cognitive performance or mood, even when alertness is reduced by restriction of sleep (Rogers *et al.*, in press). Other results obtained using this method show reduced levels of tension, fatigue and headache after long-term caffeine abstinence.

Perhaps of most concern, though, is the risk that caffeine consumption poses for cardiovascular health. Dietary doses of caffeine increase blood pressure, and while this pressor effect is fairly modest, a recent estimate is that it could account for 14 per cent of premature deaths from coronary heart disease (James, 2004). The potential impact of caffeine on population health is large because it is so widely and frequently consumed – about 80 per cent of the world's population consumes caffeine daily.

As Thompson and Keene point out, elevated blood pressure can also be expected to increase risk of stroke, and indeed James (2004) estimates that caffeine consumption might account for 20 per cent of deaths due to stroke. If this

is the case, perhaps the consequences of stroke are ameliorated somewhat by enhanced adenosine-related neuroprotection, and separately caffeine (or coffee) might significantly reduce risk of cognitive impairment through lowering the incidence of Type 2 diabetes.

Despite extensive research, not enough is known to do a full risk assessment on the health effects of caffeine, or its 'vehicles' (coffee, tea, cola, etc.). What is clear, however, is that caffeine itself increases feelings of tension rather than relaxation, and causes physical dependency rather than acutely elevating performance.

Peter Rogers
Department of Experimental Psychology
University of Bristol

References

- James, J.E. (2004). Critical review of dietary caffeine and blood pressure: A relationship that should be taken more seriously. *Psychosomatic Medicine*, 66, 63–71.
- Rogers, P.J., Heatherley, S.V., Hayward, R.C., Seers, H.E., Hill, J. & Kane, M. (in press). Effects of caffeine and caffeine withdrawal on mood and cognitive performance degraded by sleep restriction. *Psychopharmacology*.

RAGS-TO-RICHES OPTIMISM VS. CYNICISM

DAVID Scott is of course correct in highlighting that the EU has conflicting interests that result in double standards (Letters, November 2004). That the EU also subsidises tobacco cultivation is an ironical situation well known by tobacco control researchers. We are also aware of the differing magnitude of these subsidies that can be used as an indicator of the relative importance of preventive efforts and economy growth. The choice of the 'Just Say No' campaign at the EU level is another indicator of differing priorities. The question remains whether cynical comments on European-wide efforts to develop science-driven actions will engender greater success than efforts of 'rags-to-riches' researchers.

Hein de Vries

Maastricht Health Research Institute for Prevention and Care



Letters

Gender as variable in career choice

WARMLY welcome the Society's report on widening access to undergraduate courses, particularly with respect to gender, disability and ethnic diversity, mentioned in *The Psychologist* ('Society', November 2004), an issue to which I recently drew attention ('All for one and one for all?', October 2004). The report is well argued and supported by five pages of references. These, however, conspicuously lack the substantial research available on sex and gender as variables in the choice of academic subject



Many more males than females choose to study psychology

and career, even that which specifically relates to psychology. Their effects appear very early in life and are both robust and

widespread – USA, Europe, China. Research also shows in more detail the factors that lead men and women to choose psychology.

The report points to the 80 per cent female/male imbalance in psychology. Of its 12 recommendations one, no.7, mentions the encouragement of more male students, to be done 'through the accreditation process', though how is unclear. It would carry more weight if the research data base of the report had been more comprehensive.

John Radford
University of East London

INFORMATION

■ I AM a third-year undergraduate psychology student at the University of Glasgow. I would be very interested to hear from any **educational psychologists in Glasgow** who would be willing for me to shadow them and gain experience of their working environment.

Alison Moore
*Flat G/R, 17 Highburgh Road
Glasgow G12 9YF
E-mail: 0206599m@student.gla.ac.uk*

■ I AM in my final year of a psychology degree at University College Worcester. I am searching for **voluntary work experience** in relation to **clinical psychology** to start September 2005. I have full CRB clearance and am extremely enthusiastic about becoming a clinical psychologist. I am currently writing my dissertation on attitudes to schizophrenia and whether there are sex differences in the relationship of causal beliefs to stigma. I have experience working in a daycare centre and a special school.

Louise Eccleston
*22 Jackson Crescent
Stourport-on-Severn DY13 0EW
E-mail: eccleston@tinyworld.co.uk*

■ I WOULD like to find a chartered psychologist working within a **sport context** who would be willing for me to shadow them or provide me with **voluntary work experience**. I have a BSc in psychology (2:1), an MSc in applied sports psychology, and I am currently conducting doctoral research into the role of

sport confidence in world-class sports performers. I wish to pursue a career in sport psychology and at present I'm undertaking a period of supervised experience with the British Association of Sport and Exercise Sciences (BASES). To extend my knowledge base I am keen to observe psychologists with differing theoretical approaches. South Yorkshire area preferable but willing to travel.

Kate Hays
*74 Peveril Road
Sheffield S11 7AR
Tel: 0783 226 3741; e-mail:
kate.hays@sports-psychology.co.uk*

■ I RECENTLY graduated from Trinity College Dublin with a first class honours degree in psychology. I am currently studying for a master's in foundations of clinical psychology at the University of Wales, Bangor. I am interested in **voluntary work experience or observation under a clinical psychologist** in the North Wales area. I have four years' experience working with people with mild mental illness, intellectual disabilities and autism. I have also worked as a research assistant for the past six months.

Any advice, information or offers would be appreciated.
Sara McCabe
*106 Penchwintan Road
Bangor
Gwynedd LL57 2YF
Tel: 01248 355285, 0777 047 5894;
e-mail: mccabesara@yahoo.ie*

■ I OBTAINED an MSc in research methods in psychology in

2004. I have two years' experience as a research assistant and I have worked as an assistant psychologist for more than two years. Currently I am reading for an MPhil in biological sciences with patients diagnosed with schizophrenia and neurological disorders. I am looking for any **voluntary opportunity to shadow or work part-time within the NHS, supervised by a clinical psychologist**. I want to enter the Doctorate in Clinical Psychology in September 2005, and I am currently looking for offers in the Cambridgeshire and London areas.

Patapia M. Tzotzoli
*Tel: 0787 929 5667; e-mail:
pmt31@cam.ac.uk*

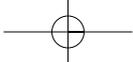
■ WE are the newly formed **Leicester Assistants Group**. We are composed of assistant psychologists, research assistants and graduates pursuing a career in clinical psychology. Our meetings will be based in Leicester, but we welcome people from surrounding areas. For details please contact us. **Leicester Assistants Group**
E-mail: leicesterassistantsgroup@hotmail.com

■ I AM a final-year psychology student with the Open University and am keen to pursue a career in **clinical psychology**. I am seeking **part-time voluntary work** or work shadowing a clinical psychologist in the Hertfordshire/Bedfordshire area.
Catriona George
*Tel: 01727 839151; e-mail:
catriona@chgeorge.fsnet.co.uk*

■ FINAL-year mature psychology student with the Open University seeking **voluntary work experience with an NHS clinical psychology department**. I have previous experience of working with young people with social and emotional problems and would appreciate any opportunities within the Norwich area.
Johanne Daniels
*Tel: 01493 377928; e-mail:
johanne.daniels@btinternet.com*

■ DR Daniel Freeman and Professor Philippa Garety wrote an interesting article on paranoia in the November issue. Has there been any **research as to why diabetics are prone to paranoia?** Can anything be done to alleviate this?
Dulcibel McKenzie
*89 Cornwall Gardens
London SW7 4AX
Tel: 020 7584 7674*

■ I AM a BSc (Hons) psychology graduate (2:1) planning to apply for a postgraduate course in clinical psychology. I am looking for **voluntary work in a clinical setting in the Beds, Herts and London area**. I am particularly interested in anxiety disorders, depression, eating-disorders and social phobia and would be grateful for any experience that would help me gain access to a clinical course.
Nicola Swan
*44 Kingsdown Avenue
Luton LU2 7BU
E-mail: nikki_a_swan@yahoo.co.uk;
tel: 0781 185 8709*



Emotional intelligence is not personality

THE authors of 'Emotional intelligence' (October 2004) believe 'the future of EI lies in its conceptualisation as a personality trait'. In our view, EI is not part of personality, but is about how we manage our personality (traits) from moment to moment to be both personally and interpersonally effective. That is, EI is the *practice* of using thinking about feeling (and feeling about thinking) to guide behaviour.

The essential point is that EI is 'the practice of' – it is the *doing*, not the *being* as implied by trait theory. Some other key differences between EI and personality traits are:

- EI is based on bodily awareness of emotional

state (wants, fears, likes, fears, etc.); personality traits focus on awareness of behaviour.

- EI is changeable and developable; traits are relatively stable.
- EI is about performance; personality traits are not.

The concept of EI is valuable principally because it is different from personality and explains how we can manage our personality traits to guide our behaviour.

Jo Maddocks

John Cooper

JCA (Occupational Psychologists) Ltd

Tim Sparrow

Centre for Applied Emotional Intelligence

2005 – YEAR OF RELATIONSHIPS

This year is the Society's 'Year of Relationships', the second in a Publications and Communications Board plan to coordinate Society events around a central theme. Look out for articles in *The Psychologist* throughout the year.

We are also looking for short contributions (under 400 words) to go on our letters pages to fit in with the theme of personal relationships throughout the history of psychology – engaging and possibly light-hearted perspectives on famous collaborations, feuds, love relationships between psychologists, fantasy 'what if x and y had worked together?' pieces, etc. Send them to the editor, Dr Jon Sutton, on jonsut@bps.org.uk.

If you would like to suggest themes for future years, please contact Dr Pam Maras (Chair, Publications and Communications Board) on p.f.maras@gre.ac.uk.

Solution to Prize Crossword No.18

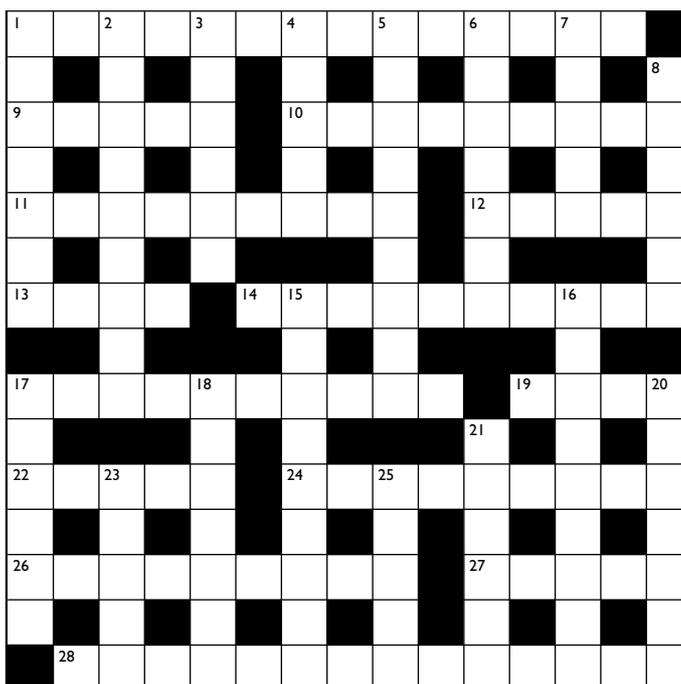
Across: 1 Lateral thinking, 9 Bemused, 10 Pivotal, 11 Root, 12 Asperger's, 15 Titania, 16 Tempo, 18 Rupee, 20 Dormice, 23 Potential, 24 Afro, 27 Evident, 28 Inherit, 29 Short-term memory.

Down: 1 Laboratory, 2 Time out, 3 Rose, 4 Lodestar, 5 Hopper, 6 Navigators, 7 Interim, 8 Gall, 13 Antecedent, 14 Noteworthy, 17 Idealism, 19 Proviso, 21 Inferno, 22 Statue, 25 Mews, 26 Thee.

Winner: Martin Tolley, Northamptonshire

Send entries (photocopies accepted) to: Prize Crossword, The Psychologist, St Andrews House, 48 Princess Road East, Leicester LE1 7DR. Deadline for entries is 28 January 2005. A £25 book token goes to the winner, drawn at random from all correct entries.

PRIZE CROSSWORD No.19



Across

- Nothing for financial transaction as form of discipline (4,10)
- Unit of weight for vegetable in report (5)
- Psychologist, say, rejected conditioned stimulus initially for tiniest error (9)
- Mythical picture almost in a set of lines (9)
- Bloomer I noticed during return visit (5)
- A singular catch at Dover? (4)
- Cornwall consumes beer flavourings in exploitative workplaces (10)
- Pretend to be having a ball? (10)
- Fifty per cent of scholars get to be boss (4)
- Assessed unusual trade (5)
- Preserve a Conservative proceeding by abrupt leaps (9)
- Exotic as a ritual in the country (9)
- As before going around to expunge (5)
- Reconsideration of cognitive processes a short time before (6,8)

Down

- Lunch is dished up by researcher into primacy and recency (7)
- Data subject to change corrupted viral base (9)
- Fashionable humorist has best seller (4-2)
- Drunkard falling about at opera (5)
- Great number rising to help girl in milking parlour (9)
- Ring to cancel meeting with you and me (7)
- Spirit heard overhead (5)
- Shares a device for inflicting punishment (6)
- Argument over a boy's incoherence (4,5)
- Alternative therapist making excursion to tea shop (9)
- Growing up and down the dunes? (6)
- Experience European articles on turn (7)
- Clothing going around US city upset by lack of alcohol? (7)
- Means of access to the French cake (6)
- Discernment shown by old Bob in gallery (5)
- Reluctant to detest endlessly (5)

Name.....

Address.....

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