

# ABA – what's the name of the game?

As parents of a child with autism, whose family have been implementing applied behaviour analysis interventions for 12 years now, we wish to add our voices to those in the academic community questioning the role of the British Psychological Society in failing to address fundamental misunderstandings and misrepresentations in the Department for Education of Northern Ireland Task Group on Autism Report (2002). There is a wide body of professional opinion in the educational establishment in Northern Ireland and

beyond with no expertise or insight into the application of applied behaviour analysis, or who in fact are actively hostile to it; despite the increasing number of distinguished and research-active behaviour analysts in the north of Ireland, reviews and reports into autism services invariably draw on those in the former category to advise on efficacy of treatments and approaches.

Failure by the leading psychological society to challenge the statements in the Task Group Report has allowed subsequent reports and reviews to

repeat inaccurate and damaging assertions about ABA as fact, thereby marginalising evidence-based behavioural approaches and perpetuating lost opportunities for children with autism. Up until now, these reports have largely been lengthy exercises in self-justification by authorities and agencies, and have not improved services to children and families. The BPS has been asked to coordinate the responses to the most recent report, the Autism Spectrum Disorder Strategic Action Plan; it is also

In his letter, 'ABA – a question of misinformation?' (January 2009), Mickey Keenan comments on the Society's review of the Northern Ireland task group report on autism. He states: 'Worryingly, there were no ABA professionals involved in producing the review. This is a remarkable omission given the remit and the Society's code of ethics and conduct on operating outside one's area of competence.' I wonder how he defines an 'ABA professional' or indeed on what basis he draws his conclusions regarding the competences of the members of the

review group. ABA (applied behaviour analysis) is part of mainstream psychology and is practised by many psychologists, but they do not describe themselves by titles such as 'ABA professionals', and there would be no reason for them to do so. Appropriately, the Society has no Division to charter psychologists working in this field as being in some specially defined category, and if it did so it would fragment psychology to a meaningless extent.

As a psychologist practising and providing training in the ABA field for

many years (and as a member of the review group), I was responsible for establishing and for nine years directing one of the first ABA units for autism in the world. Perhaps if I called myself by a special title and joined an organisation such as the European Association for Behaviour Analysis to which Keenan refers – and I could gain full membership simply on the basis of having 'completed a university degree or college diploma in

In his response to my letter ('ABA – a question of misinformation?', January 2009) Professor Conway makes two mistakes. First, he gives no attention to the consequences of operating outside one's area of competence. Second, he does not recognise that the use of the term 'controversial' to describe the findings of ABA is related to the first mistake. The 'balanced' review produced by the BPS is a reflection of these mistakes.

A definition of ABA will

help clarify things: 'Applied Behavior Analysis is the science in which tactics derived from the principles of behavior are applied systematically to improve socially significant behavior' (Cooper et al., 2007, p.20).

With this definition, consider the following. It is suggested that ABA is 'only one approach' and because every child is different, it cannot be suitable for all children. Its uptake is rejected also because it is said to be method-driven and not

child/person-centred.

Anyone interested in effective intervention would argue that the application of the scientific method is applicable to the design of treatment for all children. When the problems addressed are varied, it makes sense to harness the

scientific method to develop procedures tailored to the needs of the individual. A

to be hoped that they examine closely the interpretation and understanding of ABA by those compiling the report, that as a professional body they satisfy themselves as to the competency of those making statements about scientifically-validated teaching approaches with a behavioural basis, and ensure that the report is free of bias. Then those of us who actually need an autism 'Action Plan' can be sure that we will get one that will do what it promises.

**George McKerr**

**Lynne McKerr**

Kilrea

Co. Derry

a related field' – then I would become an 'ABA professional', and no doubt acquire a new set of competences in the process.

I believe there is a great danger to the integrity of psychology in the proliferation of professional titles. I therefore refrain from describing myself as an 'ABA professional', an 'autism professional' or any other unnecessary title. I am happy to be described instead as a psychologist.

**Tommy MacKay**

Cardross

Dumbartonshire

scientist begins with the process of assessing the needs of the individual (controversial?). Then an intervention is designed, based on proven effectiveness (controversial?). Then the intervention is implemented (controversial?). Finally, reassessment is used to determine whether the intervention has been effective or if it needs further adjustment (controversial?). If the scientific methods of ABA are to be categorised as *only* one approach not suitable for all, then the same could be said about any science. How would it seem if someone argued medicine was *only* one approach, not suitable for all physical ailments and that non-scientific methods were to be preferred?

The scientific method on which ABA is based is not controversial to thousands of parents and professionals, nor is it controversial to the Surgeon General in the United States amongst others (see [www.behavior.org](http://www.behavior.org)). Why is it controversial to psychologists who are not trained in ABA?

Even if the 'balanced' view lauded by Professor Conway were to be accepted unconditionally, then one would expect to see evidence of 'balanced' investment, that is supported, or better still, driven by the BPS. Sadly this is not the case! An eclectic approach is actively promoted (i.e. funded) across the UK, yet when the Department of Education in Northern Ireland was asked for evidence of an eclectic approach being equal

to or more effective than ABA, they admitted they didn't have any. Investments in commercial products like TEACCH are consistently given preferential status to the scientific method promoted by ABA.

The current state of affairs can be likened to the Allegory of the Cave, in which Socrates compares the human condition to people being held prisoners in a cave. With their hands tied and their backs to a fire they watch on the wall a procession of shadows cast by people and objects passing behind them. When a prisoner escapes and experiences sunlight, he returns to free his fellow prisoners only to find he is rebuffed and considered unbalanced.

Politicians who are reliant

## Language, baby buggies and lullabies

Congratulations to Dr Suzanne Zeedyk for arousing public awareness of the language deprivation of children pushed in away-facing buggies (News, January 2009). I began an unavailing campaign in 1985 with studies that counted parent-child interactions in public. But the latest buggy fashion now is to cover the baby from view with an enveloping blanket or coat, like a parrot in a cage, to keep it quiet – a 'baby burqa' that looks stifling and scary for the child inside in the dark.

Also important for earliest child language, can psychologists also study the importance of singing lullabies for babies' early love of words and the human voice, bonding, and parent-soothing? Hospitals now give music CDs to new parents to soothe infants; there are plenty of lullaby CDs with 'keep-awake' musical accompaniments, often jangling; sleep clinics teach babies to put up with loneliness, but do not suggest lullabies or rocking. For some years I have been trying to persuade choirs or solo singers to make a CD of lullabies with just the human voice singing the melody unaccompanied. So easy, so cheap. I can send anyone the words of twelve well-known lullabies; copyright is not involved

for the simple old melodies; lullabies from many countries would be wonderful.

In Australia, language is suffering – some five-year-olds arrive at school hardly talking; teenagers are preferring music (Yule, 2008); swearing is generally reduced to one word repeated; a radio director reportedly called radio talks 'batshit', and obscuring broadcast voices with background music is justified as 'ambience', more important than content.

**Valerie Yule**

Mount Waverley

Victoria

Australia

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on accurate information to draw up policy decisions have no way of knowing who is balanced and who is unbalanced. We teach our students that science progresses when there is open dialogue. The BPS should reconsider its position so that politicians are not misinformed.

**Mickey Keenan**

School of Psychology

University of Ulster

Coleraine

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# Appropriate or shocking? The forensic

It was with some interest that we read Denis McVey's letter (December 2008), which questioned the practice of job adverts in mental health trusts and independent hospitals. The letter talks of the advertising of vacancies that can be filled by either a forensic or clinical psychologist as a 'trend' (in some ways it is), part of a general movement within employment towards focusing on a competencies model of employment. Thus, job descriptions and person specifications will now list the competencies required, and give as a guideline the type of professionals who may be able to provide those competencies (e.g. 'post likely to be suitable for a forensic or clinical psychologist'). Dependent upon the vacancy being advertised, not all forensic or clinical psychologists would meet the essential requirements of the vacancy.

We are aware that the writer of this letter is not a psychologist himself, and so may not be aware of the qualification and training routes into the various branches of applied psychology. However, as most readers of this magazine are, we would direct him to the BPS website for more detailed information on the training routes to chartership as a clinical or forensic psychologist. Clinical and forensic psychology are both branches of

applied psychology, a term which covers the application of the scientific body of knowledge of psychology to human problems, such as crime or psychological distress. As such, both professions share a core scientific knowledge base (psychology) although they specialise in applying it to different but overlapping areas. As Mr McVey will be well aware, there are not many people who engage in persistent or serious antisocial behaviour who do not have significant emotional, cognitive or interpersonal difficulties. Therefore, a training focusing on working with people committing crime will by necessity include working with people with 'mental' or psychological problems. Although legally offenders may be divided into those with a 'mental illness' and those without, we do not consider that there is a clear dichotomy, rather that a range of psychological difficulties impact across the spectrum of those showing offending behaviour.

It is also important to note that, as in other professions, the competence of a psychologist does not stop at the point of qualification. For example, newly qualified clinical psychologists do not

necessarily qualify with the competencies to work in a forensic setting (although they may do if their specialist placements have been in clinical forensic work), but they are likely to be capable of developing the necessary competencies to apply their clinical skills and expertise to this context.

The same can be said of forensic psychologists who similarly on completion of training may or may not have had significant experience of working with people with a 'mental illness'; however they are well placed to develop competencies to work successfully in forensic settings with people who are described as having a mental health problem.

Finally, all members of the British Psychological Society are obliged to adhere to the BPS Code of Conduct,

Denis McVey ('Enmeshing clinical and forensic', Letters, December 2008) has managed to bring to light a number of very worrying issues about the presumed competence of an unidentified number of forensic psychologists. Only this week I received a letter from 'a psychologist' requesting clinical psychology assessments, presumably so that they could offer mental health treatments for which they have no formal mental health qualification. The problem is that the criticisms apply in both the forensic and clinical directions. The BPS has been aware of this development for some years, but apparently chooses to look the other way. Some two years ago, I wrote to the BPS seeking clarification about what clinical and forensic competence actually means, after I became aware that a clinical psychologist with no forensic experience or relevant qualification could apply for a senior post in a forensic speciality. I did not receive a satisfactory response.

In my experience, clinical psychologists are seldom requested to come in to prisons to supervise clinical assessments and therapy. I am not sure whether the Ministry of Justice is fully aware that assessment (including risk assessment) and therapeutic interventions might be improved if there was an organisational openness to both disciplines working collaboratively within psychology departments in prisons. Currently, we appear to face the situation where clinical

psychologists cannot get jobs in prison psychology departments, whilst qualified forensic psychologists are leaving the prison service to work in clinical settings, predominantly in the independent sector. This situation cannot be explained by financial considerations alone. Any honest attempt to address the issues of competence raised by Denis McVey will inevitably open the old wounds of professional status, envy, rivalry and resentment.

Given the level of need in prisons and other secure settings, perhaps it is time for the development of forensic clinical training courses to produce clinicians competent to address the complexity of assessment and intervention in the forensic clinical context. I would be more than happy to contribute to such a development. However, I am fully aware that anyone having the temerity to criticise the status quo, however unsatisfactory or misleading it might be to prisoners or patients, is likely to be frozen out. But, in the spirit of setting aside counterproductive differences, should we give it a go? Any takers?

**Adrian G. West**  
Edenfield Centre  
Prestwich Hospital  
Manchester

# and clinical overlap

which includes a clear mandate to work within your own competence and with appropriate supervision where relevant. If Mr McVey is aware of a member operating outside his or her competence, it would be appropriate for him to bring this matter to the attention of BPS's Regulatory Affairs Team. We are delighted that from later this year applied psychologists will finally be statutorily regulated, after which anyone concerned that an applied psychologist is working outside of their own competence would be encouraged to bring the matter to the attention of the Health Professions Council.

We are aware that we have not answered Mr McVey's questions separately, but felt that this would have

I could not agree more with the serious concern raised by Denis McVey in his letter 'Enmeshing clinical and forensic' (December 2008). All his questions are valid and require urgent professional attention; at their heart is the ethical imperative to ensure that the services we deliver to patients, the majority of whom in this context are detained under the newly revamped Mental Health Act 1983, are provided by the people with the best possible skills, derived from the most appropriate knowledge base and professional training – ultimately patients' freedom depends on it.

As the former Head of Psychological Services at Ashworth Hospital (1997–2004), with a long history of working within a high-secure healthcare setting, I was responsible for the employment of forensic psychologists to enhance our service to patients. I did so with some considerable hesitation, but as your correspondent suggests, there were issues, at that time, of attracting clinical psychologists to work in a high-secure hospital. I was very clear that the role of a forensic psychologist was circumscribed in the context of mental health care and was essentially to contribute to the delivery of a very limited number of offence-related, group work programmes – sex-offender programmes and a thinking-skills programme – both within the competencies of forensic psychologists at the time.

Since leaving my post, though still involved in clinical forensic work, I have

become rather repetitive – the basic message is that in our opinion it is not at all unlikely that a post within a forensic mental health setting could be appropriately filled by either a clinical or a forensic psychologist. Who should fill it and what work they should undertake should be based on their competencies (both those acquired during and post-qualification). Any psychologist working outside their own competencies should properly be asked to account for their actions.

We do hope that the above answers Mr McVey's questions satisfactorily.

**Carol A. Ireland**

*Chair of the Division of Forensic Psychology*

**Jenny Taylor**

*Chair of the Division of Clinical Psychology*

been dismayed, and increasingly disturbed and concerned, by the loss of any sense of distinction between the two professional groups in practice; they are truly 'enmeshed'. While not wishing to implicate the whole profession, I have been shocked by the lack of any sense, from some forensic psychologists I have encountered, that there might be important gaps in their knowledge and skills base and that they ought to be very concerned about how they represent themselves to patients. The definition of a professional includes the idea that one should be very aware of the limits of one's competence – to be clear what one doesn't know, and therefore what one is entitled to claim.

It behoves those with responsibility for managing and delivering psychology services within the healthcare system – whether in the public or private sector – to give the most careful attention to the issues raised in this very important letter. I would also urge the Professional Practice Board to consider again its position as reported by Denis McVey – I for one do not accept the reassurance, or consider it valid. I suggest that, in these times of increasing transparency and accountability, if we professionals do not put our house in order, then patients and their legal representatives might well do our job for us.

**Moira Potier de la Morandière**

*Consultant Chartered Clinical and Chartered Forensic Psychologist  
Liverpool*

## FORUM WEB CHAT

Psychological profiling has been heavily criticised in recent weeks, following Robert Napper's admission that he killed Rachel Nickell in 1992. The police issued a formal apology to Colin Stagg, the man they charged unsuccessfully with the murder in 1994, following a psychologist-led operation described by the judge as a 'honeytrap'.

Writing in *The Observer*, columnist Nick Cohen (<http://tinyurl.com/9nyeaf>) described psychology as a science 'redolent with danger' and as a 'disreputable profession'. But others argued for more input from psychology, not less. In *The Times* (<http://tinyurl.com/7b43hu>), forensic psychologist Professor David Canter (University of Liverpool) wrote that: 'Any officer trained in psychology as a science would have known that inferring the fantasies of an unknown killer was a fool's errand, but that it was reasonable to assume that the vicious killer of a woman on an open common was probably known to police for previous violent or sexual crimes. With that basic training, detectives would not need to rely on an "expert" to help to shape a honeytrap, but would have made sure that Napper was carefully interviewed before resources were focused on Mr Stagg.'

In the *Telegraph*, Richard Edwards quoted Canter and criminology professor David Wilson in explaining that profiling has never been about entering the mind of a killer, as it is popularly portrayed, but more about prioritising leads and focusing enquiries (<http://tinyurl.com/4ugela>). Wilson explained: 'It has more to do with looking at how the victims are chosen, how they are treated, what forensic evidence is left at the crime scene or on the victim's body, and how the body is disposed of.'

Today, accredited psychologists continue to play an important role in crime prevention and detection. Edwards highlighted the fact that Scotland Yard even employs 'a behavioural specialist to draw up a list of the putative profiles of the 100 most likely murderers and rapists of the future before they commit any crimes'.

Meanwhile, the psychologist at the heart of the controversy told the *Telegraph* that he had advised the police of a possible link between Nickell's murder and a series of rapes now believed to have been committed by Napper ([tinyurl.com/a2nvkz](http://tinyurl.com/a2nvkz)). 'I told them where they would find him and how', Paul Britton said. 'They did not listen. They did not want to know.' The police deny this.

**Christian Jarrett** is staff journalist on *The Psychologist*. This column aims to prompt discussion on psychological debate online.

## NOTICEBOARD

I We seek to interview practitioners who offer therapy independently or in small organisations about their **experiences of sexual attraction to clients**. The study investigates how practitioners understand sexual boundary issues in their therapeutic encounters and how they manage feelings of attraction towards clients. Find out more at <http://tinyurl.com/9rr8v2>, or contact me.

**Dr Anna Madill**

*University of Leeds*  
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I I am a second-year trainee studying towards the Professional Doctorate in Counselling Psychology at London Metropolitan University. I am investigating **South-east Asians' experiences of undergoing cognitive behavioural therapy in primary care services**. I am being supervised by Dr Mark Donati. If this interests you or if you have conducted research in this area, I would be eager to hear from you.

**Zakia Mahmood**

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I I am a counselling psychologist and psychotherapist with an interest in **personality disorder as a political (as opposed to medical) construct**.

I would be grateful to hear from anyone who has presented papers in the past five years (whether published or not) in support of this view. I would particularly like to hear from two gentlemen (whose names I cannot remember) who presented a paper on BPD at the SPR (UK) Annual Conference in Ravenseas in the early 1990s.

**Heather Steven-Snell**

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I I have a **full set of issues of The Psychologist** from Volume 1 (1988) to the present. I would be happy to give the set away to anyone or any institution that is willing to collect.

**Ingrid Lunt**

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## Dealing with student stress

Many teachers in higher education will have experiences of the debilitating effects of stress on student motivation, performance and well-being. Dave Putwain ('Examination stress and test anxiety', December 2008) discusses some of the key reasons leading to examination stress in GCSE students, and these are of course also valid to other student groups. However, as someone who has been running stress management workshops for both undergraduate and postgraduate students, I believe further elaboration and extension is needed in explaining some of the causes of exam stress at the university level.

Firstly, the time, effort and financial commitments associated with studying in higher education make it especially difficult for some students to separate academic self-concept and achievement from overall self-esteem. Problems can arise when student interests and expectations of a degree course

are misconceived. The sacrifices made for studying at university may be deemed as too large to contemplate change, irrespective of a loss in motivation for the subject area, leading to a reluctant and stressful approach to examinations.

Even for positively motivated students, the

### obituary

## Professor Emeritus T.R. Miles (1923–2008)

Tim Miles was a pioneer of dyslexia whose ideas inspired research in the field for some 50 years. Respected by scholars and practitioners alike, no one with a serious interest in dyslexia could have escaped Tim's theories regarding what he regarded as an 'intriguing anomaly of development'. Tim was a founder member of the British Dyslexia Association, and one of its Vice Presidents. He received the OBE for services to dyslexia in 2004 and, together with his wife Elaine, was the recipient of many awards including the US Orton Society's International Leadership Award.

Working with colleagues on the committee of the ICAA Word Blind Centre in the 1960s, Tim's insights from two children referred from a child guidance clinic were the foundation of his 50 years of research, which was distinctive in combining theory and

practice. With Elaine, he devised methods of teaching for children with dyslexia, and later extended these to embrace problems experienced by those with arithmetic difficulties as well as to young adults in higher education. He was also most concerned that teachers should be able to 'diagnose' dyslexia; with this in mind, he developed the Bangor Dyslexia Test in 1982, now translated into several other languages. Sadly, one of Tim's unfulfilled aspirations was to produce an updated version with colleagues at the Bangor Dyslexia Unit, which he established. Active despite ill health and failing eyesight, he completed a draft of a paper 'on the perniciousness of IQ' in the last few days of his life.

Tim was appointed to a lectureship at Bangor University in the Departments of Education and of Philosophy in 1949. He later became founding Professor in

the Department of Psychology in 1963, and remained its head until the late 1980s. Less well known was his prowess on the tennis court, his interest in world peace, his musical talents and his contributions to philosophical discussion on theology and religious belief. He will be remembered by all who knew him as a magnanimous, wise, gracious and humble man, a giant in stature as well as in intellect. The firm belief that guided him throughout his life was that 'people, science, scholarship, and particularly dyslexia, matter'; for this, and much else he will be fondly remembered.

Our thoughts are with his wife Elaine and their son Patrick.

**Maggie Snowling**

*University of York*  
**Markéta Caravolas**  
*University of Liverpool*

current summative-assessment and knowledge (rather than skill) focus of many degree courses can yield a highly structured and controlled learning environment. Such an environment can be rather difficult for some students, who are perhaps at a life-stage where there is a natural need to exert control in one's life and affirm identity. Exam stress may then culminate from the frustrations of a lack of control in the assessment process. On occasion, simply reminding students of the 'bigger picture', and how ultimately they are in control through their choice of being at university, can be enough to address such frustrations.

It's also the case that sometimes the most able students are also those who are most prone to exam stress. For example, in some cases the importance of the exam (its consequences) or the threat to self-esteem may be so large that this may lead to thorough (and even over-compensatory) exam preparation and subsequently high academic achievement. In other cases, the intrinsically high academic standards and values of some students may

lead to exams being viewed as critical checks on their core being.

Some of the possible solutions for exam stress are slowly finding a foothold in traditional universities, e.g. formative assessment methods, flexible course design, student-centred learning and teaching, experiential (meaningful) learning, improved content-needs mapping to reduce the student workload, project-centred learning, etc... However, many pastoral care systems still lack the sensitivity and qualified (expert) support to foster student development in the important life-skill of stress management. Dealing with exam stress means also dealing with improved self-awareness, which in itself can act as a spur for personal development, improved study and work motivation, and the alleviation of any negative self-beliefs and modes of thinking. The challenge is to make such cogent pastoral support an integral and accepted part of the teaching curriculum.

**E. Alpay**

*Faculty of Engineering (EnVision)  
Imperial College London*

## Divisions too divided?

Over the years psychology has developed and of necessity diversified, especially in its applied areas, where Divisions and have proliferated. In this it is much as in the medical model; but instead of, for instance, attending specifically to 'anatomical' or 'neurological' or 'biochemical' functions, psychologists attend specifically to 'ability' and 'behaviour/performance' functions. In both models the human individual, in function as a 'whole', tends to be neglected.

In addition there are many further fragmentations. For example, within child psychology we not only have the Division of Child and Education Psychology and the Division of Clinical Psychology, but also the Psychology of Education Section and Developmental Psychology Section. I should not be surprised to find a 'Child Psycho-Neurology' Division established soon.

Unfortunately there seems to be little consultation between these member networks.

Perhaps it is time to organise Inter-Division/Section Exchanges as annual events to provide a platform of communication in order further our psychological understanding in the areas of infant and child development and hopefully enhance delivery of application.

Would *The Psychologist* perhaps initiate a debate on this thought?

**Phyllis Preston**

*Tunbridge Wells*

**The Editor, Jon Sutton, replies:** I think the Society's Annual Conference could serve as a good example of this kind of communication, but I am happy to open the issue up to our readers for debate. Indeed, part of the thinking behind our new Forum columns is an attempt to foster more inter-Division debate. In particular, one of them will involve a Division raising an ethical or practical issue that they think would benefit from input across Divisions. I hope to run the first of these next month.

## Fictional framework for life

I was delighted to read that cognitive psychologists are showing an interest in fiction as a psychological mechanism ('The mind's flight simulator', December 2008). My only regret is that this didn't happen sooner.

I graduated as a mature student in 2001, keen to explore the connections between psychology and fiction. With a background in fiction writing, I had always

been intrigued by the ideas of Jung and his followers, particularly the concept of 'monomyth', a universal narrative inhabited by archetypes. I thought it would be interesting to question the

monomyth from a cognitivist stance, to see what (if any) fundamental mental mechanisms underpinned its cross-cultural existence.

Unfortunately, I could not find a psychology department remotely connected with either Jung or fiction. This not to say that no psychologists were interested in Jung, but that they were all working in other disciplines. I decided that if I could not bring fiction to psychology, I would bring psychology to film. Southampton University offered me a place on its MA Film Studies course.

My dissertation, 'Film and Construction of the Self', incorporated many of the ideas Professor Oatley mentioned in his article, including theory

of mind, the heuristic value of narrative, and its role as 'equipment for living', a term first used by the philosopher Kenneth Burke in relation to literature.

The dissertation was the most satisfying work I have ever done. However, although I received enormous support from my supervisor, I was aware that others in the department were dismayed by my insistence on citing psychological papers instead of established film theory to support my arguments. I do not blame them, of course, and will always be grateful for the opportunity to be a maverick.

I now satisfy my interest by teaching a class of aspiring novelists. However, I hope that Professor Oatley's article will encourage the psychological community in Britain to look at fiction in a new light.

**Margret Geraghty**

*Bath*

## Obesity – managing energy intake and output

I read the obesity debate in the January issue with interest.

When athletes are referred to me I often find there is a lack of nutrition, dehydration and an inability to rest. This is such a contrast to obesity, characterised by excessive intake of nutrition and a relative absence of exercise activity. However, I postulate that one issue common to both is the timing of nutrition.

When athletes adopt a timely regimen of full hydration their energy levels rise, their sleep improves, anxieties reduce and their general cognition improves. If they eat a carbohydrate-rich (60–65 per cent) meal within one hour of strenuous exercise, they will fully recover within 24 hours, providing that lost electrolytes (body salts) have been replaced. Equally, a fibre-rich complex carbohydrate breakfast will sustain activity for several hours without simple sugar top-ups. The problems caused by the high fat content of diets

of the overweight can often be exacerbated by eating late at night, disturbing sleep and giving no opportunity for the ‘energy’ to be used and thus stored. If hydration is improved the benefits demonstrated by our athletic population could be more widespread.

Exercise also plays an important part. If we take the approach adopted by those managing recovery from chronic fatigue syndrome, three principles underpin the improvements gained by sufferers: core stability exercise (addressing physiology); cognitive behavioural therapy (psychological); and pacing of exercise output and energy management (psychological/physiological). Core stability forms a basis for exercise, such that muscle weakness is incrementally strengthened.

‘Pacing’ is a goal-directed concept, based upon the requirement to utilise available and finite energy during ‘active’ periods such that

reserves are always made available for the next period. This also prevents the common ‘boom and bust’ cycle of energy depletion. According to the NICE guidelines, failure to ‘pace’ so often creates

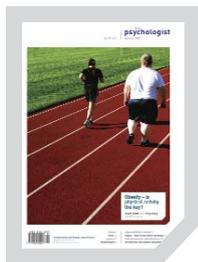
temporary ‘burn-out’ and a longer recovery period. If we were to apply these principles to weight-reduction management, the approach would start with developing core-stability as a preamble to supporting exercise activity. Pacing thus physiologically facilitates ‘adaptation’ as well as psychologically supporting measurable achievement.

When I was a member of a community mental health

team, we organised weekly two-hour activity sessions at a local sport centre for those clients with chronic mental health problems, including schizophrenia and bipolar disorders. Some were obese, some overweight, partly as a result of their medication. What we discovered was that the exercise helped improve mood and social relationships, reduced isolation, and increased trust with professionals, and exercise was viewed as socially inclusive. The group was supported by social work, occupational therapy, physiotherapy and psychology practitioners.

The psychology, as I see it, is in developing the motivational environment to act consistently in a healthy mode. Without support and reflective thinking, molehills may always remain the size of mountains.

**Phil Johnson**  
Sport and Performance  
Psychology  
Somerset



## IAPT – in whose interest?

The recent Division of Clinical Psychology conference provided an excellent platform for the promoters of IAPT who used a series of slick PowerPoint presentations to make a strong ‘business case’ for the unravelling of the IAPT programme – the brainchild of Richard Layard and his New Labour supporters. However, amongst the enthusiastic flowcharts portraying the intricacies of ‘stepped treatment’, ‘low versus high intensity therapy’ and ‘clinical outcomes’ there was no mention of some glaringly important matters.

For instance, why, when Layard identifies the wider social environment as among the key causes of unhappiness and distress, are the government (and so many unreflective psychologists) keen to focus upon individual psychological interventions as the supposed answer to these problems? Second, is there enough evidence to show that psychological

therapies – including CBT – constitute proven technologies of personal change, in the way that Layard and David Clark and company seem to assume? Third, why are the outcomes in the IAPT trials based upon psychiatric diagnostic categories such as depression, which – according to NICE and many researchers – are lacking in both coherence and validity?

In the question and answer session, the panel was unable to address any of these points, and chose instead to assert the proven effectiveness of CBT and to deny that Layard had made a link between social and economic factors and psychological malaise. On the basis of clinical evidence alone the first claim is highly questionable and the second is simply wrong. Moreover, the panel’s refusal to tackle the issue of diagnosis-driven treatments further underscores the

likelihood that the whole IAPT enterprise is scientifically flawed.

But perhaps these were the wrong questions to ask, when the most important issue is that of whose interests are being served by all of this. Do psychologists really want to get involved in a healthcare and benefit system that seeks to use ‘therapy’ as one means of cajoling the unwell and the impoverished into jobs that, for many, will be poorly paid, unrewarding and, indeed, unhealthy? What is needed is a full and reasoned debate about these questions, and that is something that we have yet to see.

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# Philosophical reflections

I would like to support John Champion's call for philosophical thinking in psychology (Forum, January 2009). His reference to neuropsychology is useful; and I believe that clinical psychology in general would benefit from more rigorous philosophical reflection, in both our theorising and our practice. A few examples come to mind. What is the epistemological status of 'negative automatic thoughts'? Is psychological therapy a matter of rhetoric or persuasion fundamentally? Do therapeutic changes, in the final analysis, depend on 'will power' (the patient's and perhaps ours); but what is the ontological status of 'will power' anyway? When I ask such questions, trainees often feel at a loss; and I feel sad that we do not have sufficient time to work these (and other similar) questions into our curriculum.

As a young psychologist practising psychological therapy I often wondered 'What is actually happening between me and this other person – we are making utterances and exchanging words in this 'therapy', but what do these words "do"?'. It is this not-taking-things-for-granted attitude that has sustained me in continuing to ask fundamental questions about my practice.

Another area that we should reflect on is the history of clinical psychology. A critical analysis of how our theories and practices are shaped by broader societal contexts will provide us with important material for philosophical reflection on the seemingly simple question of 'What are we really doing as psychologists?'. This reflexivity must inform our work. Again, I feel sad that we seem to have no time for such considerations in our training or CPD curriculum. Perhaps we are too comfortable resting on the top of the Agenda for Change hierarchy?

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Whilst I broadly agree with Ron Dultz (Letters, December 2008) that we would benefit from reintroducing philosophy into psychology, I think his letter highlights some of the very reasons why psychology has distanced itself from philosophy. The major factor was undoubtedly our wish to legitimise our fledgling enterprise by aping the 'hard' sciences, but a large part was driven by the lack of utility of an academic philosophy lodged in medieval concepts. It's as if we have not read anything beyond the 17th century with talk of 'truth', foundation blocks, philosophy of 'man' and the 'psyche'.



David Hume

It is ironic in this regard that Dultz cites William James, who with his championing and building upon the work of Charles Pierce and pragmatism did much to, for instance, challenge the notion of 'truth'. Some months ago we had an excellent article on Adam Smith. How about starting with David Hume, looking at what his arguments were for the rejection of a notion of 'self'. I believe this might address some of the problems social constructionists, for instance, have had with relativism and agency.

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## FORUM THE REAL WORLD

These are bleak times, of credit crunch and of global economic woe. But is there a silver lining for some? A number of commentators have remarked that the downturn provides leadership opportunities for members of minorities who don't normally get much of a look in when all is going well. Writing in *The Observer* on 4 January, Richard Wachman noted that 'according to several organisations that spearhead campaigns on behalf of female entrepreneurs... opportunity knocks for women, especially in a recession'.

The shining example of this comes from the bleakest source: Icelandic banks. In late 2008 the three national banks collapsed, taking with them around £5bn of investors' cash (including £100m from UK universities). Hitherto, all three banks were renowned for their aggressive approach to business — an approach epitomised by the men at their helm. So who would be appointed to try to clean up the mess? Step forward Elin Sigfúsdóttir and Birna Einarsdóttir: new chief executives of two state-run banks and the first women to assume leadership positions in the Icelandic financial sector. Elsewhere, hot on the heels of another minority representative – Barack Obama – getting what several commentators described as 'the worst job in history', Mary Schapiro was selected as the first woman to lead the US Securities and Exchange Commission, charged with solving the problems of the US financial system.

Interestingly for psychologists, the pattern of such appointments might have been anticipated on the basis of a large body of work on 'the glass cliff' by Michelle Ryan and colleagues at the University of Exeter. Their archival, survey and experimental research suggests that when groups and organisations are in crisis, they are much more likely to appoint women to leadership positions than they are at other times. There appear to be multiple reasons for this, including a desire to signal change, a willingness to try a new approach, a belief that a 'communal' style will be more successful than an 'agentic' one, and the fact men are less likely to push themselves forward (or be pushed forward by their 'old boy' peers) when their prospects are less than rosy. The data supporting these ideas was greeted with some scepticism when it was first published (well before the current global crisis), but it appears to have been peculiarly prescient.

Bearing this in mind, it may be worth reflecting on several other findings from the glass cliff literature. First, it would appear that one reason why women's leadership skills are sometimes seen as inferior to those of men is that they suffer from the negative attributions that derive from being at the helm when organisations are most likely to fail. So while male leaders get the credit when organisations succeed (as shown in James Meindl's classic work on 'the romance of leadership'), women often end up getting the blame when things go pear-shaped. Second, even if they do turn organisations around, there is evidence that women have difficulty holding on to leadership positions when things improve. Third, a key reason for this is that, as a result of the types of leadership opportunity they are given, women are more likely than men to find the experience of leadership highly stressful – making them more likely to 'opt out' of organisational life altogether. And if they do, this is typically presented as a 'lifestyle choice' or as an indication of their lack of resilience. In this way, when women (or other minority group members) are pushed from the top of glass cliffs, this is conveniently interpreted as a jump.

So, yes, for those so often left out in the cold, there may indeed be some comfort in harsh times. But beware, lest this serves only to entrench inequalities once the economic going improves.

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