

Greening our practice and research

We were glad to see the February special issue of *The Psychologist* on how psychology can contribute towards dealing with environmental problems, and increasing 'green' (pro-environmental) behaviour. Anthropogenic climate change is generally accepted by climate change specialists internationally (Intergovernmental Panel on Climate Change, as referred to by Alexa Spence et al. in the February issue). Yet some people still completely reject the evidence, and a much larger number are uncertain and do not start changing their behaviour.

Psychologists could have a major role in addressing the second group by considering psychological phenomena relevant to acknowledgment of problems and taking responsibility. Confirmation bias, the tendency to selectively attend to information that confirms our opinion or preconceptions, mean that people may primarily attend to minority views, even those not from climate change specialists, and will reject or deny evidence from specialist bodies.

Psychologists can also be green-minded in their work, and psychology practitioners could incorporate a green approach directly with clients. Interactions with other professions can also be important (Patrick Devine-Wright made an excellent case in the February interview). For

example, caring for the natural environment in adulthood is often a result of early experience. Educational psychologists could influence the extension of school-based provision of such experiences through classes or suitable play areas. Lecturers and teachers of psychology can address older groups by incorporating material on sustainability throughout the curriculum (e.g. see www.teachgreenpsych.com). Health, clinical, and counselling psychologists can also contribute. For example, the restorative effect of nature for physical and psychological well-being, explained by Rosemary Wright (February issue) in connection with her work with people with learning disabilities, can be applied more widely.

As regards occupational and business psychologists, Matthew Davis and Rose Challenger (February issue) made an excellent case for them to encourage green

Getting the message across

I recently received an e-mail alert from the London & Home Counties Branch of the BPS concerning what it describes as a 'major event called Psychology for All' on 14 March. It transpires that this 'major event' features a keynote address by Ruby Wax, who it transpires is apparently completing 'an MSc in Psychotherapy'. As this is the

first time to my awareness in the 100-year plus history of psychology that a keynote address has been given by an MSc student, I can't help feeling that this has more to do with Ms Wax being a celebrity than a learned student of psychotherapy. A new low point in psychology's obsession with the trivial perhaps.

Can we sink any lower? As some psychologists somewhere are probably actively supporting the attack on Gaza, the answer is probably yes.

Sincerely not interested in celebrity psychology.

Ron Roberts
Faculty of Arts and Social Sciences
Kingston University
Surrey

Response from Gene Johnson and Karen Powell-Williams from the London & Home Counties Branch organising team for the event: We are grateful to Ron Roberts for giving us the opportunity to tell readers about our Psychology for All event in London on 14 March (www.bps.org.uk/psychology4all), featuring Ruby Wax and

behaviour in the workplace. The Appreciating Change website (www.appreciatingchange.co.uk/blog.html) gives guidance on how organisations can encourage green behaviour in the workplace.

In addition to practitioners, researchers in various areas of psychology can join in, by researching into underlying constructs, such as environmental concern (e.g. Snelgar, 2006). But a particular research challenge now is the psychological phenomena relevant to the problem of achieving behaviour change towards pro-environmental behaviours. Funding exists (e.g. ESRC).

Finally, the role of psychologists in the important crisis of climate change requires a central lead. As Alexa Spence et al. point out, other national psychological societies are much further ahead in engaging with it – will the British Psychological Society take up this role in the UK?

Rosemary Snelgar

*Department of Psychology
University of Westminster*

Sarah Lewis

Appreciating Change

Reference

Snelgar, R.S. (2006). Egoistic, altruistic, and biospheric environmental concerns: Measurement and structure. *Journal of Environmental Psychology*, 26, 87–99.

Integrating psychology, from all perspectives

Professor Lynne Segal ('One on one', January 2009) makes an important point, 'It would be useful for psychosocial studies...to incorporate the biological more successfully'; but, in her piece, a few lines before, she gave us her view of 'One great thing that psychology has achieved' by saying, 'Shown us, by its own multiple mistakes, the folly of dealing only with individual behaviour which is strictly quantifiable. Eysenck is no longer in fashion, and spent the last 20 years of his life pondering the merits of astrology.'

Hans Eysenck did much during the last 20 years of his life; 'pondering the merits of astrology' was only a very small part (see Corr, 2000). Eysenck is famous primarily for studying *individual differences*, not 'individual behaviour'; and he was one of the first to argue that psychology needs a truly biosocial approach – linking biological variables with social ones, which is the very approach seemingly favoured by Professor Segal. The inclusion of personality and individual differences in this biosocial model strengthens this approach – people do differ, and these differences have important consequences.

At this time, when the conceptual and

philosophical bases of psychology are being debated (e.g. see John Champion's letter in the January issue), a balanced perspective is needed on the contributions of Hans Eysenck, as well as others, who far from being 'no longer in fashion' continues to be recognised as one of the pioneers of psychological research from a multifaceted perspective. Indeed, Eysenck's perspective is enjoying a resurgence at present – for instance, the genetics and neuropsychological bases of personality and mental illness (e.g. as studied via cognitive neuroscience) is thriving – although this perspective was often met with strong opposition (e.g. from psychoanalysis). Psychosocial studies would be all the stronger by appreciating these lasting contributions.

Philip Corr

Swansea University

Reference

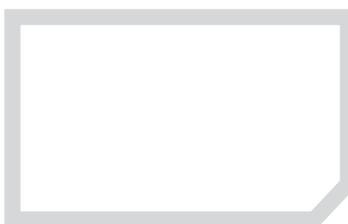
Corr, P.J. (2000). Reflections on the scientific life of Hans Eysenck. *History and Philosophy of Psychology*, 2, 18–35.

Dyslexia – coping with the reality

psychologist Richard Wiseman. The whole point of this event is to make serious psychology available to a wide audience. Ruby Wax is billed not as an MSc student, but as a 'comedienne' with connections and interest in psychotherapy; and while she is the 'attention-getter', giving a talk on 'How Ruby Found Psychology', the event also includes 40+ other sessions of a serious academic and practical bent. Using celebrities to generate interest in and publicity for an event is a time-honoured practice, hardly a low point for psychology.

I was scandalised this morning to see on BBC television Professor Julian Elliott, described as a professor of educational psychology at Durham University, associate himself with the proposition advanced by an MP that 'Dyslexia does not exist. It is only a defence for poor teaching.'

This extreme environmentalist view is tantamount to asserting that teaching can achieve anything, which is blatantly untrue. I accept his right to harbour this delusion; what horrified me was his criticism of the British



Psychological Society for having such a wide definition of dyslexia as to render it meaningless. I consider this criticism unjustified.

In my 50 years as an occupational psychologist I have had as clients a number of highly successful senior executives who were dyslexic.

Of its genetic origin there was absolutely no doubt. That they became millionaires was due to their developing effective coping strategies independently and in spite of the educational system.

These coping strategies can be taught. Rather than criticising the Society, Professor Elliott should address himself to the problems of accurate early diagnosis of a genetic condition that definitely exists and ensuring that the remedial action it necessitates is provided.

David C Duncan

Ruislip, Middlesex

Undemocratic, unjustifiable and uneconomic?

We have recently become aware that, at their meeting on 5 December 2008, the BPS Board of Trustees decided that they would no longer be providing the Statement of Equivalence (SoE) in clinical psychology. The SoE is the BPS qualification issued to clinical psychologists trained abroad, or to UK-trained non-clinical applied psychologists seeking to work as chartered clinical psychologists in the UK (who make a 'lateral transfer'). This decision was taken by the Board of Trustees without any consultation whatsoever with any of the stakeholders involved in SoE, and in many cases, without even any direct communication of this decision.

None of the seven national SoE courses was consulted, nor the Strategic Health Authorities (SHAs) who commission places on those courses, nor the relevant BPS subsystems – not the Board of Assessors who assess the work of SoE candidates, not the Committee for the Scrutiny of Individual Clinical Qualifications, who process and assess applications, not the Committee on the Training of Clinical Psychology, not the Division of Clinical Psychology, not

the Membership and Professional Training Board. This has been a totally undemocratic process.

We understand that there are currently about 120 psychologists enrolled on the SoE. In terms of numbers

the 150 applicants to the BPS each year require some further training.)

For overseas-qualified clinical psychologists who come from European Economic Area (EEA) countries, the HPC will have a legal requirement to set and

assess adaptation requirements as the route to registration. However, the majority of SoE psychologists come from countries outside the EEA. Although these psychologists, together with those wanting to make a lateral transfer, may be set an adaptation period by the HPC, it is not clear that it will be subject to any detailed quality assurance mechanisms. If the

Society, aided by national SoE

programmes, were to continue to provide a SoE process (albeit under a different name), then overseas and lateral transfer applicants could undertake any further training required by HPC within a system that is tried and tested. This would give them confidence in the training and experience that they were receiving, and would give their future employers some confidence that their employees were gaining the required further training in a way that was subject to established quality assurance procedures.

The role of the SoE in enabling clinical psychologists trained abroad and psychologists qualified in other areas of applied psychology to undertake further training to develop competencies in the field of clinical psychology seems absolutely consonant with the stated aim of the BPS to develop a 'learning centre' within the Society. Other professional bodies representing professions regulated by the HPC do undertake this role. At a purely business level, this also hardly seems to be an apposite time for the BPS to reduce the number of its subscriptions. The costs of running the SoE to the BPS

of trainees, this is equivalent to several doctoral clinical psychology programmes. In recent years, between 15 and 20 per cent of all new entrants to the profession of clinical psychology have come via the SoE, many of whom have become distinguished members of the profession and the BPS. The vast majority of places on national SoE courses are commissioned by SHAs, who fund these places because they see the SoE as delivering a cost-effective way of introducing greater numbers of often highly skilled and experienced clinical psychologists into the NHS.

Later this year, the Health Professions Council (HPC) will take on the statutory registration of all applied psychologists. However, since the Standards of Proficiency that have been developed by the HPC for registration are virtually identical to the current BPS core competencies in clinical psychology, we see no reason to believe that the numbers of overseas applicants requiring further academic, clinical and research measures would be any different to current levels. (We understand that over 90 per cent of

FORUM POLL

For more discussion, and to participate in this month's online poll, see www.psychforum.org.uk.

January's question: Will the current proposals for the statutory regulation of psychologists succeed in increasing public protection?

Result:

Yes: 2 votes

No: 1 vote

This month's question:

Are you at all bothered about having online polls on The Psychologist's discussion forum?

have consistently been well within the revenue generated, and it is one of the most easily economically justifiable of all the BPS qualifications.

The Board of Trustees needs to hear the voice of their constituents and think again.

Robert Marsh

Salomons, Canterbury Christ Church University

Malcolm Adams

University of East Anglia

Jan Burns

Salomons, Canterbury Christ Church University

Sue Watson

University College, London

Nigel King

University of Oxford

David Green

University of Leeds

Nan Holmes

University of Surrey

Peter Banister, Chair of the Membership and Professional Training Board, replies:

As you know the Statement of Equivalence was introduced to provide a mechanism for clinical psychologists trained overseas to achieve registration as a Chartered Clinical Psychologist. Once HPC becomes the regulator only that body will be able to formally and legally recognise equivalence across all the seven applied areas for EEA and non-EEA applicants. The Society will no longer have a Register of Chartered Psychologists and, although chartered membership will continue, it will not have specialist titles attached to it. Our accreditation of postgraduate programmes will be for the membership grade of Chartered Psychologist, not for any specialist titles.

The Society therefore is unable to offer any Statement of Equivalence in Clinical

Psychology since we will no longer be the 'competent authority' in law when this function moves to the HPC. It has been clear since the first Department of Health consultation on regulation by the HPC in 2005 that this change of authority would be an inevitable consequence of statutory regulation. Those HEIs who have a route for overseas candidates to qualify will need to consider how such training will fit with the HPC processes and may wish to seek advice from the HPC on this issue.

Of course, there are a number of unknowns in relation to statutory regulation. At the moment we do not know the threshold level for entry to the HPC register or the Standards of Proficiency they will publish. This means that we cannot predict how many international applicants might be rejected by HPC in the future. However, this is something which could be considered further when examining potential new services that the Society might provide to its members. Obviously, we would need to be sure that any activity in this area was sustainable, as well as being of benefit to members and the discipline and contributing to the development of the Society. All of these considerations would need to be addressed if new services in this area were proposed.

Over the next few months we expect to consult with members on various matters relating to the future of the Society, and as part of this process will welcome suggestions for services that we might offer.

COMMUNITY NOTICEBOARD

I would like to find relevant **literature, both published and unpublished, on 'mental health needs of asylum seekers and refugees'** (articles, chapters, reports, etc.). I am a trainee clinical psychologist currently undertaking a literature review in this area and would be very grateful for your help!

Dora Bernardes

Dora.bernardes@plymouth.ac.uk

We are two clinical psychologists working in assertive outreach teams looking to form a bi-monthly supervision group in the Yorkshire and Humber region. We would like to share **structured discussion regarding common clinical issues** (e.g. boundaries, endings, comorbidity, aiming to overcome blocks in therapy). Please contact either of us.

Kate Gendle

Kate.gendle@humber.nhs.uk

Claire Ackroyd

Claire.ackroyd@humber.nhs.uk

I am currently seeking an external expert to comment on the viability of my proposed PhD research. My research looks into the **relationship between psychopathic personality traits and career choice**. I require an external expert to read a 750-word proposal and compose comments. I am not necessarily seeking someone who has researched psychopathy in an occupational context: the expert could comment from a careers, clinical or forensic perspective.

Holly Andrews

h.andrews@worc.ac.uk

The forensic/clinical divide, continued

I write in response to Moira Potier de la Morandièrè's comment that she has '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' (Forum, February 2009).

Would it be fair to suggest that she has experienced a

similar sense of shock in response to some clinical psychologists? As Carol Ireland and Jenny Taylor point out (Forum, February 2009), clinical psychology training does not necessarily equip one with the knowledge and skills base to work in forensic settings, just as forensic training does not necessarily equip one with the knowledge and skills base to work in clinical settings. For both aspects of the profession it surely is about developing

expertise and we will do this far better if we collaborate rather than set up straw divides that become stone walls. Perhaps Adrian West's suggestion would be a suitable roadmap to peace.

Simon Duff

University of Liverpool

In the February issue of *The Psychologist*, Carol Ireland and Jenny Taylor, Chairs of the Division of Forensic Psychology and the Division of Clinical Psychology

respectively, provided a joint response to a recent query about the enmeshing of clinical and forensic psychology. In concluding their letter, they expressed the hope that their response addressed satisfactorily the concerns raised (initially, by Denis McVey, published in the November issue). As a member of both Divisions and holding Chartership in both areas – and sharing many of the concerns expressed by Mr McVey – I must inform them

that I am not satisfied with their response.

Dr Ireland and Dr Taylor sought to dismiss Mr McVey's concerns on the basis that they revealed his lack of awareness about the training undergone by both clinical and forensic practitioners. He did not reveal any such ignorance. He did, however, pose very specific

questions about the competencies of forensic and clinical psychologists to do the various tasks for which they are increasingly being held equally responsible, as if there was no difference in their professional backgrounds. His questions remain unanswered.

Caroline Logan
Liverpool

FORUM BEYOND BOUNDARIES

Cultural sensitivity is an important part of any psychologist's toolkit, but it may not be enough: madness does not speak a universal language. We assume that words are but tools to express the inner turbulence of mental illness, but a growing literature documents the fact that hallucinations and delusions can be language-specific. In a landmark study, psychiatrist R.E. Hempill reported on 30 multilingual South African patients, all diagnosed with schizophrenia, who heard auditory hallucinations in only one or some of their languages. More surprising was a case where the patient had extensive delusions when speaking one language but was insightful and non-psychotic when speaking another. Although pioneering, the 1971 study now makes for uncomfortable reading. As a self-described study of 'White and Coloured schizophrenic patients', it is dusted with the language of apartheid South Africa and clearly demonstrates that cultural and linguistic sensitivity are not nearly the same.

In more enlightened times, a 2004 case series by De Zulueta and colleagues reported on three bilingual patients who were formally assessed in both languages by the same researcher. All three were found to report language-specific psychotic symptoms, two seemed emotionally more insightful in one language rather than the other, and one patient was a higher suicide risk – but only when speaking Portuguese rather than English. Contrary to what we might expect, the native language was not always the tongue in which powerful experiences were more readily apparent. In a wide-ranging review published in 2008, psychologist Michel Paradis quotes studies suggesting that there may be a linguistic effect across the range of neuropsychiatric disorders, although curiously, psychosis seems the most likely to be differentially expressed.

The implications of these studies are clearly spelt out by the authors. Cultural sensitivity is necessary but not sufficient to address the mental health needs of people who regularly speak more than one language and who make up the majority of the world's population. In multicultural Britain these studies also question our reliance on interpreters as 'universal translators' through which we assume we can do our work adequately, even if it is not as well as we would like. It is clear that translators are still an essential service, but for bilingual clients we really need bilingual psychologists, because we may be missing and misunderstanding the experiences of the people we meet if we rely on only one channel of communication. We assume psychologists will be gifted communicators but it may be time to include the appreciation of another language as part of our development.

Vaughan Bell is visiting professor at the University of Antioquia, Colombia. This column aims to prompt discussion surrounding cross-cultural and interdisciplinary issues.

IAPT and our skills

Is it not the time for chartered applied psychologists who specialise in cognitive behavior therapy to be recognised for our training, work experience and CPD?

Under the new Improving Access to Psychological Therapies (IAPT) framework we are increasingly being pressurised to apply for British Association for Behavioural and Cognitive Psychotherapies (BABCP) accreditation and are being told (by the BABCP and IAPT) that our skill base is inadequate. Our practising certificates are becoming increasingly redundant, particularly within the NHS.

Isn't it time that the BPS stood up for the fee-paying members? How about creating a subdivision of CBT specialists that are recognised

by IAPT as psychologists who are sufficiently trained and experienced to be high-intensity therapists in the new framework?

Let's not allow our skill and expertise to be dismissed and for highly qualified, respected psychologists to be marginalised purely because the BABCP has appointed itself as the only organisation equipped to judge whether a therapist can apply CBT in the therapeutic arena.

Valerie Halbinger
Jo Gresham-Ord

Thetford Community Healthy Living Centre
Thetford
Norfolk

obituary

Laurie Worsley (1925–2008)

James Lawrence Worsley, known as Laurie, previously Head of Clinical Psychology Services at the North Wales Psychiatric Hospital, died on Saturday 6 December aged 83 years. Laurie was one of the pioneer generation of psychologists who started his professional life at the very beginning of the emergence of a truly independent profession of clinical psychology.

He started his adult life in the RAF training to fly fighter planes. This was in the latter stages of the war, which ended before he could fly for long on active service. After the war he enrolled at Manchester University to study psychology. There he met his wife-to-be Jean, and thus started a loving relationship which lasted the rest of his life. Following qualifying as a clinical psychologist, he worked for a time in London before moving back to Manchester. Then a position became available as 'Principal Psychologist' at the then North Wales Psychiatric Service. Many colleagues were baffled as to why he would want to leave the energy of Manchester to go the backwoods of Wales with a non-existent service, but Laurie could see fertile ground when it was there for the taking. By the time he retired a large department of clinical psychologists had been established, covering all the major clinical specialisms, and he was instrumental in setting up the North Wales Training Course in Clinical Psychology.

Laurie's particular interest in clinical problems was that of obsessionality. Reared in the days of frank behaviourism, he anticipated much of contemporary cognitive psychology with his counselling about the fruitlessness of obsessional worry, or, adopting his wife's Lancashire, 'worrying', and the

need instead for effective action and thought.

There was an earthy no-nonsense character to his dealings with both patients and colleagues, leavened with a twinkle in his eye. To use an old-fashioned term of endearment he was in the best senses of the word a gentleman. A man who raised his hat to his secretary when passing her in the street. A patient I inherited from him remarked with some astonishment how he had stopped and chatted to her when chancing upon her in a supermarket when all other professional staff she had contact with seemed to need to look straight through her in such a context.

Fearful about how he would cope with retirement, his wife Jean bought him some flying lessons, and with his previous RAF experience he quickly secured his pilot's licence and treated all and sundry to joyrides over the Welsh landscape.

Many psychologists leave a legacy of multiple books and publication papers; Laurie wrote one slim volume but left countless grateful patients who remember him with warm affectionate regard and a generation of psychologists enriched by his teaching and management.

At his funeral, Laurie teased us with his lack of any particular religious faith when a poem by James Leigh Hunt was read out. In this, a man is visited by an angel 'writing in a book of gold' the names of all those who love the Lord. About Ben Adhem cannot count himself among them, but asks to be recorded as 'one who loves his fellow man'. It was enough for God, and a fitting epitaph for Laurie.

Richard Corney
Royal Alexandra Hospital
Rhyl



A blooming mistake

As a keen gardener as well as a neuropsychologist, I enjoyed the picture of spring snowflakes (*Leucojum vernum*) on the cover of the February issue. I was a bit disappointed to see the implied reference to these as snowdrops (*Galanthus spp.*) overleaf. While this distinction is not, I imagine, a majority concern, aspirations for scientific accuracy should extend beyond the boundaries of psychology.

Richard Warburg
Stourport on Severn

Editor Jon Sutton responds: I quite agree, so apologies for the error. On this occasion our in-house botanical expertise was not up to spotting the mistake made by the commercial picture library that supplied us with the photograph, which they had catalogued as of snowdrops.

Biophilia – who was first?

In her interesting article 'Conservation work – a therapeutic intervention?' (February 2009), Rosemary Wright claims that the word *biophilia* 'was first used by zoologist Edward Wilson in 1984'. Not so, though Rosemary can hardly be blamed for repeating a myth contained in authoritative sources that she cites.

When Wilson's book, *Biophilia*, was published in 1984, the word was already decades old. It is not in the *Oxford English Dictionary*, but it is in the third edition of the *Oxford Dictionary of*

Psychology (published in February 2009). According to my researches for that entry, the German psychoanalyst and Holocaust refugee Erich Fromm used it first in *The Saturday Review* (4 January, 1964): 'There is an orientation which we may call love of life (*biophilia*); it is the normal orientation among healthy persons' (p.22); and he goes on to contrast it with necrophilia. I think we should give the credit back to Fromm.

Andrew M. Colman
School of Psychology
University of Leicester

Help-seeking and stigma – a broader view

We read David Vogel and Nathaniel Wade's article on the impact of stigma on seeking psychological help with great interest ('Stigma and help-seeking', January 2009) and would like to contribute some reflections to broaden the discussion.

Our current research focuses on access to mental health care more generally and on how stigma and discrimination may act as barriers to access. Concerns about the self-stigma relating to seeking psychological help are certainly part of the picture, and receiving psychological help can usefully be viewed as stigma marker. There are a number of other potent stigma markers

including seeing a GP for a mental health problem, being on psychoactive medication,

receiving a mental illness diagnosis, seeing a psychiatrist, being hospitalised, and being treated under the Mental Health Act. Individuals may vary in their sensitivity to stigma markers, and we need to understand more about how this impacts on help-seeking.



Stigma may contribute to drop-out from treatment

Vogel and Wade's article focused on common mental illness and limited itself to discussion of the individual as help-seeker. When considering access to mental health care more generally it is useful to expand the focus to include the role of the family as help-seekers. In psychotic disorders and other severe mental illnesses the nature of the symptoms can deter the affected individual from seeking help and family members may seek help on their behalf. However, family members

may anticipate stigma against themselves (sometimes known as courtesy stigma or stigma by association) or may have concerns about the stigma or discrimination their family member is likely to face (which may be termed vicarious stigma). We therefore need to learn more about the complex ways in which family stigma and help-seeking interact.

Vogel and Wade briefly mention how stigma may contribute to drop out from treatment. We believe that it is helpful to conceptualise help-seeking and engagement (with services and treatment) as two key components of access to mental health care. The relationship between stigma

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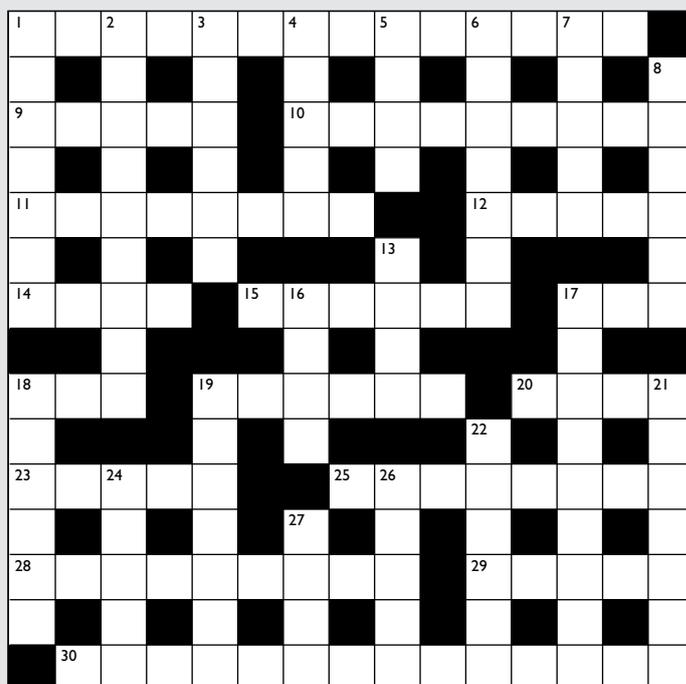
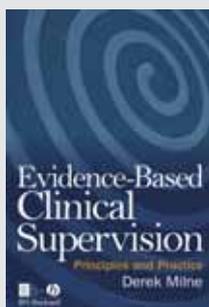
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and engagement is under-researched and is as a vital area for further exploration. Also, it was clear from our previous work that both anticipated and experienced discrimination have a negative impact on many areas of life (Thornicroft et al., in press), and our current research will explore how these two processes affect access to mental health care. We conjecture that experiencing discrimination after seeking help is likely to negatively influence future help-seeking behaviour.

Lastly, we would like to draw readers' attention to the literature in health psychology, medical sociology and anthropology about how many different health problems, from cancer to heart disease, may threaten or compromise an individual's self-identity, which may deter help-seeking

and engagement. Self-identity and self-stigma are overlapping concepts, and we may have much to learn about help-seeking for mental health problems from this wider vantage point.

Our research will begin later this year, and we would be very pleased to hear from others working in this important area (sarah.clement@iop.kcl.ac.uk).

Sarah Clement

Elaine Brohan

Graham Thornicroft

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Institute of Psychiatry
King's College London*

Reference

Thornicroft, G., Brohan, E., Rose, D. et al. (in press). Global pattern of experienced and anticipated discrimination against people with schizophrenia: A cross-sectional survey. *The Lancet*.

FORUM LIGHTER SIDE

A recent paper in *Physics Reports* has 2512 co-authors. What I wonder did they all do? I remember asking a friend of mine about a paper he published. There were two authors. I asked him what the second author had contributed to the paper. 'Oh,' he replied, 'he checked the spelling.' An extreme case, I know, but it makes you wonder. Still, at least the spell-checker was the second author. But what happens when there are three authors? There seems to be an unwritten assumption that the first author writes it, the second author, probably the junior partner, did the boring work and the third author is the money. So first and last is probably better than the middle, but once you get four or five authors, is there a preference for the middle positions? Is it better to be second or fourth author in a five-author paper? What about being 2511th in the *Physics Reports* paper?

Frankly, once you get beyond three authors, you wonder if there really is enough work to go round, unless like film credits you start listing the assistant clapper-loader's hairdresser. However, surely this can't be the reason the *Physics Reports* paper has so many authors – after all have you ever looked at a physicist's hair? We can probably eliminate hairdressers, wardrobe and even dialogue coaches. The truth must be that lots of people get their names on papers when they haven't really done any of the work; they are small cogs in some Big Science enterprise. If you turn on the CERN Hadron collider in the morning, you probably get your name on the papers, albeit somewhere in the middle of the pack, about 1379th.

Should psychologists move in the direction of Big Science and Hollywood? Consider the consequences. I write two papers a year, apply for a new job and my CV shows 10 papers in the past five years. Fine. But if I gang up with some like-minded colleagues, draw up a pact whereby, say, four of us (let's not go mad here) agree to put all our names on all our papers, I now have 40 publications in the past five years. And the job's mine...

Clearly if we're all going to move in the direction of multi-authored papers we should lay down some ground rules for where your name goes in the list. We've already seen that up to three authors is reasonable and we all have an idea of who did what. Now what about when someone who we chatted to and made a few suggestions gets added, when do they fit in? Obviously not first or last, but should they be second or third?

Maybe psychology can come to our aid here; consider the 'serial position' curve. Given a list of names to remember we tend to recall the first names in the list quite well (the 'primacy effect') and the last names well (the 'recency effect'). The stuff in the middle we're not so good at. So could we put the serial position curve to use in pursuit of academic stardom? I asked Professor Alan Baddeley this down the pub last night, and if anyone knows he should. I'm sure he said primacy was more robust and then qualified that with some stuff about recency that I now can't remember. Thus proving the point. So if you didn't write the paper and didn't have the money, get your name as near to the front as possible.

Sometimes we might benefit from extra authors in other ways. Several years ago there was a researcher at Nottingham University called Wooster. The story goes that he wanted to establish a research collaboration with the distinguished head of the Psychology Department at St Andrews University, whose name was, you've guessed it, Jeeves... I like to believe that the story is true, even though I don't think any Jeeves and Wooster papers were ever published.

Peter Thompson is at the University of York. This column aims to prompt discussion and debate, and the odd wry smile.

across

- 1 Our compass cull damaged link between hemispheres (6,8)
- 9 Averted hoax when still in bed (3,2)
- 10 Extensive natural talent of English experimental psychologist (9)
- 11 Journeyed, say, needing toll initially for bypass (4,4)
- 12 Difficult question for a sitter (5)
- 14 Set down face backwards (4)
- 15 Genuine description of neurosis used by Freud and Reich? (6)
- 17 Month for hawthorn (3)
- 18 Signal what can be learnt through Pavlovian conditioning? (3)
- 19 Recoil from psychiatrist (6)
- 20 Impulse evident with the male (4)
- 23 Steal books for automaton (5)
- 25 Designs systems of behaviour (8)
- 28 Confection that may be concealed in program? (6,3)
- 29 Transgress again for myrrh, say? (5)
- 30 Movie recollections which have filtered through the ego's attempts at repression? (6,8)

down

- 1 Main trait is thus in Asch's theory (7)
- 2 Keeping description of anal type? (9)
- 3 Stimulants – one will be short of money on them (6)
- 4 Snake needs firm support (5)
- 5 Study air (4)
- 6 Dictionary with one friend's description of complex (7)
- 7 Manipulative types and drug takers (5)
- 8 Variable character seen on shop floor (6)
- 13 Go – round the twist? (4)
- 16 Stress caution (4)
- 17 Ashram I converted on greeting Hindu spiritual leader (9)
- 18 Layer of grey matter said to be caught by partner, once (6)
- 19 Drunkard given present – like it or lump it! (2,5)
- 21 Fools take offence in thoughts (7)
- 22 Sound system given scope for viewer? (6)
- 24 Bachelor so simple (5)
- 26 Fish measured by degrees (5)
- 27 Observed tantrum according to audience (4)