

TO THE EDITOR...

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.

Give peace a chance

I AM writing to enquire whether any members of the BPS would be interested in establishing some form of group that promotes peace issues.

This thought was initially triggered for me by reading Andrew Silke's article ('Action plan: Terrorism', November 2001). At a time of much emotion and extreme views Silke displayed, in sharp contrast, a measured, realistic and positive approach. In researching the area, I then re-read an article by Ed Cairns entitled 'War and peace' (June 2001) which set out practical recommendations for ending war and promoting peace, using research to support his suggestions.

A point made by Jonathan Sacks in his recent book *The Dignity of Difference* is that there is a rich language and understanding of the attitudes and behaviour of people involved in making war, but a poorly developed conceptualisation of peacebuilding. Johan Galtung conceived peacebuilding as working to effect changes in three domains – relationships,



social cultures and social structures. In all these areas psychological processes could be seen to be significant, emanating from the literature on individual differences, developmental and social psychology, or from applied fields such as clinical psychology.

Our profession should be well positioned to assist peace processes (a point strongly made by Cairns in his article) – by virtue of the value system within which we operate and in terms of the theories of mind, behaviour and social systems that we can access. Most

importantly however, in all the applied areas of psychology, we have the means to combine a realistic assessment of the situation (especially in terms of the human factors) with a constructive approach to resolution.

Another way of looking at the matter is whether psychology and psychologists can assist in finding measures that can be used in the peacemakers' toolbox, as well as assisting others to have a more constructive and less judgemental understanding of some of the current issues.

The American Psychological

Association has a Division of Peace Psychology (Division 48) that produces an academic journal – and the President of this Division is Professor Ed Cairns of the University of Ulster! Would there be a role for something similar within the BPS?

Rather than propose at this point how any such group might operate, I would be interested to hear the reaction of others within the profession through the correspondence section of *The Psychologist*. In addition, if members would like to contact me with any views in a more private capacity perhaps they could e-mail catherine@carrhome12.fsnet.co.uk. (It is probably helpful to make clear that I do not work professionally in this area in any way; I am a clinical psychologist working in the NHS.)

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The Chase
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Editor's note: See also the article by Ed Cairns and Christopher Alan Lewis in this issue (p.142).

CHARITY BEGINS AT HOME

YET again the subscriptions and fees for 2003 show no concessions for pensioners. Our press is full of the financial strains being placed on pensioners whose incomes, even though index-linked, fail to catch up with the ever-increasing cost of

living (a situation which many other learned bodies have long recognised). And now we have the pension funds fiasco! What is our supposed caring profession doing to help?

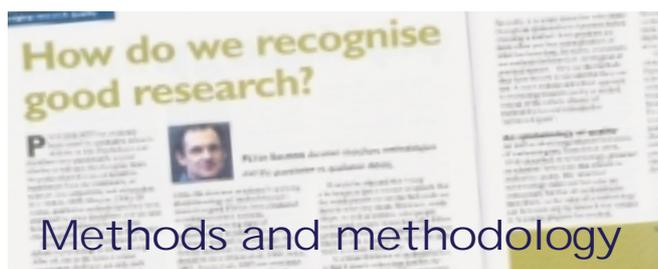
The usual answer I have received from the Society is 'Clause 26'. Surely someone there recognises the indignity

of 'means testing' – a lifetime of membership of our society merits more than this! We are supposed to be a charity; have they never heard that charity begins at home?

As Dominic Upton said in his interview ('Branching out', December 2002), 'retired members often do not see the

value of continuing with their membership'. Perhaps Branches can persuade our masters to recognise this problem, which sooner or later will confront all members.

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PETER Salmon's article in the January issue ('How do we recognise good research?') raises the evaluative bar of how the profession assesses the quality of research. Without falling into the endless and tiresome debate that pits qualitative against quantitative perspectives, he challenges researchers who use either paradigm to honestly examine the underlying premises that guide their respective research behaviours.

All too often researchers in psychology appear more impressed with their methodologies and methods than with the clinical and practical relevance of their findings. Both paradigms have their myths, which this timely article begins to expose. In quantitative research, for example, it is time we appraise what is meant by *generalisability*. Can we continue to believe that 100 or so undergraduate students in a UK or US sample represent the general population of the world? Likewise for qualitative research, is the ability to reflect quite as privileged as some researchers would have us believe? Is there really such a thing as a *naturalistic* setting?

In my work with both undergraduate and postgraduate research students there are three guiding questions I ask them to consider: What is real? Who knows what is real? and How do you know what is real? These are questions worth examining not only for pedagogical reasons but also for epistemological and ontological ones. As Salmon so well describes, methods should be rigorous but we should not

privilege one perspective method over another, as if the gods had ordained one more sacred. Many psychology researchers appear to value the methodology they employ, more than they value the research questions they ask. The *raison d'être* of psychological research should not be to obtain methodological excellence, but rather to improve the human condition. Unlike biological and physical scientists who are often more secure in their reasons for research, psychologists often hide behind performing complex statistical analyses in quantitative work, or the purported need to gain a deeper understanding of a phenomenon in qualitative work, in order to answer the question 'Who knows what is real?' ('I do! I'm the researcher!' is usually the answer.) Unfortunately the question 'What is real?' is seldom considered.

My only qualm with this article is that Salmon equates 'methods' with 'methodology'. They refer to very different concepts. Activities such as triangulation, interviewing, videotaping, statistical analysis and archival data collection are *methods* in research, while experimentation, grounded theory, discourse analysis, participatory action research, feminist analysis, and so on, are *methodologies*. In using this vocabulary, methodologies are drawn from paradigms and methods are the tools of methodologies and can sometimes be shared across them.

Paul M. Camic
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Research with rigour

PETER Salmon's article in the January issue ('How do we recognise good research?') stimulated me to consider what (I think) I do when refereeing an article or thesis. I came up with a set of seven points, begging a whole raft of epistemological questions.

1. Is this study in an area that it is currently useful to tackle and has the author focused on a worthwhile idea or aspect within it? This is a highly subjective judgement that contributes to the very low reliabilities found among reviewers. Kuhn (1962) rightly stresses the 'clubby' consensus underlying what the dominant academic community approves, disapproves or considers meaningful. I try to be objective, but cannot escape my personal values and intuitions.

2. Does the research ask a question and can it be answered? A research that just sets out to 'find out more about something' risks woolliness or even collapse. And even an exploratory research (the lazy person's term?) needs to be progressively focused.

3. Does the research make progress towards finding an answer? This is the methodology question; it demands judgements on the quality of the methods used, the competence with which they have been employed and the validity of the findings. Unlike Peter Salmon I am not hung up on what is or is not a 'method'. I just need to understand what procedures the researcher has followed, so I can judge whether they could produce meaningful results.

4. Has the author taken

reasonable precautions against getting false or unreliable results? If counting is involved, are differences between figures meaningful? For example, have appropriate significance tests been carried out? If interviews or questionnaires have been used, has the researcher any evidence that people have been telling the truth (if that is assumed)? Is there evidence that different people would interpret any observations made in the same way? Have the results been scrutinised for possible distorting or contaminating factors?

5. *Are the research results of any further applicability?* This is the 'crunch' question in terms of the qualitative/quantitative argument. An easy, much-overworked, defence of a qualitative project is that while no generalisations can be derived from the research it has deepened the researcher's understanding. This is a category one error: if nothing has been learned from the study that can be applied

beyond it, then the researcher can have gained nothing from it. No generalisability, no findings!

Finally, no comment needed:

6. *Does the writer have the necessary knowledge of what other people have done in this field?*

7. *Is the paper presented in a proper way which communicates adequately to its readers?*

My checklist does not produce scores. But it could perhaps help to externalise the basis of the judgements I make and to indicate to colleagues in a transparent manner why I have come to the conclusion that a study is or is not worthwhile, valid or publishable.

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Reference

Kuhn, T.S. (1962). *The structure of scientific revolutions*. Chicago: University of Chicago Press.

INFORMATION

■ IN 2004 the **Psychology Department of the University of Hull** will be celebrating its **50th anniversary**. The occasion will be marked by various events and activities, including a reunion weekend and the publication of a book of reminiscences. We welcome contact from any psychologists who were students or members of staff at Hull and who wish to be put on a mailing list for news of these celebrations, or who would be interested in exchanging memories or contributing memorabilia.

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■ I AM an Albanian-speaking psychology graduate (2:1) seeking **voluntary clinical work experience in London**. I have

extensive experience of work with asylum seekers and victims of trauma and war.

Arlinda Cerga
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■ I AM a clinical psychologist working in the Weight Management Clinic at the Royal London Hospital. I would like to hear from other **clinical and health psychologists who are working with people who are obese**.

I would appreciate the opportunity to swap ideas on clinical practice and research. Perhaps we could set up an e-mail list, if one doesn't already exist.

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Question time

■ **WOULD** like to suggest a new feature for *The Psychologist* and hope you find the idea of interest.

It seems inevitable that despite completing a very broad-based first degree in psychology, academics often get absorbed in one or two narrow areas and fail to take much interest in other aspects of psychology. Articles in *The Psychologist* written by experts in particular fields can of course be interesting to readers from other specialisms, but there is an inevitable passivity here. We are reading about things which others wish to tell us!

I suggest that we borrow an idea from *New Scientist*, whose back page is devoted to questions from readers and a selection of replies from other readers. A lively debate often ensues.

I have many questions I would like answering, but am not able to spend many lonely hours trawling through databases suggesting numerous possible keywords. Surely, there must be many psychologists bursting with similar curiosity, but with no one to ask?

Here are just three of my questions, which I would love to have some answers to:

Do those who design and plan road interchanges consult cognitive psychologists regarding processing of information? There are many places where our faculties of judgement seem to be dangerously overstretched.

Is learning to fail (or at least to struggle) good for the soul? Many adults I have met will not persist with anything they don't grasp in a short time. We learn at school to pursue things we find easier and drop things we don't, but can pursuing things

we find difficult be good for us?

Can introspection inform cognitive psychology? People who experience such phenomena as synaesthesia, where musical sounds may be coloured, or those who see arithmetical problems as 3-D images, say they grow up thinking that everyone else does too. Do cognitive researchers ever ask their 'normal' participants to describe what seems to go on in their heads? Personally, before I perform a three-point turn I kind of 'feel' the path the car needs to take, transposing it on to the road ahead. Also, I have always 'read aloud' in my head, and know no other way to read. Are these things normal?

This suggestion isn't just for fun, although I'm sure it would have lively consequences. Think of the wider effects. It could help psychologists regain interests in areas they no longer teach and research. It may also stimulate research questions among undergraduates, postgraduates as well as research and teaching staff.

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Editor's reply: Thanks, Gill. I think it's a good idea. Readers often use the 'Information' section to track down particular sources of information, but perhaps this 'Q+A' approach could be broader and a bit more fun. So send your psychological queries to The Psychologist at the Leicester address, or to psychologist@bps.org.uk (marked 'Question Time'). We'll publish the best and hope that readers can provide the answers.

DEADLINE

Deadline for letters for possible publication in the May issue is **28 March**

More to chew over

READ with interest 'The Food Dudes to the rescue' (January 2003), reporting the work of the Bangor Food Research Unit. The idea of using taste exposure, modelling and rewards for promoting fruit and vegetables to children is an attractive one. Indeed, so attractive that it seems to be these very methods that multinational corporations use to advertise food products targeted at children.

Foods targeted at children are often nutritionally poor and use artificial colours and flavours to mask poor-quality ingredients and preservatives to increase shelf-life. An Isle of Wight study (reported in *The Times* on 25 October 2002) found that artificial colouring and preservatives are 'highly liable to cause temper tantrums and disruptive behaviour in 25 per cent of toddlers'.

Knowing effective ways of

encouraging children to eat fruit and vegetables would appear to be a major step forward to the nation's children having a healthy diet. But multinational corporations continue to spend millions on marketing additive-ridden and nutritionally poor food for children. These companies appear to have little interest on the effects of their products and excessive interest in their profits.

Many would look to the government to take action. But whilst on the one hand I was pleased to see that government agencies have shown interest in the Bangor group's findings, I remain sceptical as to the outcome of their interest.

It seems clear to me that the government has forgotten the adage our grandmothers were familiar with: 'We are



what we eat'. Far more is needed than 'Education, Education, Education', with its increased teacher workload and ever more complex National Curriculum. Our diet as children affects what we become as adults. The government seems content to treat the symptoms of our children's poor diet rather than fully getting to grips with the causes.

I am extremely concerned that the diet of thousands of children means that they are not reaching their academic and social potential. We as teachers and psychologists can do little to tackle the multinational corporations, but having read the DfEE's publication *Educational Psychology Services (England): Current Role, Good Practice and Future Directions*

(2000), I feel encouraged by the thought that 'educational psychologists should write more actively for a wider audience of teachers, LEA officers and politicians'. I was further encouraged on reading Tommy MacKay's discussion paper on the future of educational psychology. He included the thought that educational psychologists are uniquely qualified to carry out research that will be most valued by society in the future (MacKay, 2002). I see research into effects of diet on education and social development as a prime example of this.

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Reference

MacKay, T. (2002). The future of educational psychology. *Educational Psychology in Practice*, 18, 245–253.

Editor's note: This letter has been edited.

Moving on to the core curriculum

GRAHAM Davey ('Time to turn the tables', December 2002) highlights the lack of profile psychology has in medical undergraduate education. This article raises a number of issues that I would welcome comments on.

While there are some of us who are employed by medical schools to deliver psychology teaching to medical students, much psychology input is still designed on a service teaching model. This is inappropriate for a number of reasons. The most obvious one being about resources: medical schools are reluctant to pay for what they perceive to be 'non-core' teaching. Despite the General Medical Council recommendation for more psychology in medical education, it is still viewed by many medical schools as *nice* to know rather than *need* to know. They clearly don't know what they don't know. In addition to this, being 'loaned' from one school to another often obstructs good team working and makes it difficult for the person being loaned to know who their real line manager is.

Those of us employed to deliver psychology in medical education work to our own agenda, there is no agreed core curriculum. While this might be good for individual creativity it does little to promote the role of psychology as a discipline in medical education. This gives us no forum for discussing the merits of our individually designed curriculum and few opportunities for quality control through peer review, sharing best practice or CPD in this area.

We, as psychologists, perceive psychology to be central to the study and practice of medicine; while medical students and many medical practitioners are often surprised that it has anything to offer at all. This mismatch is deeply worrying, how could the study of people and illness not involve psychology? I am interested in where medical students obtain the belief it is possible to interact directly with cells, organs and systems without using the medium of the person.

We are addressing these issues in Manchester, the biggest and, arguably the most innovative, medical school in the UK.

There is no shortage of psychology in the programme that we are responsible for in Manchester. We incorporate basic psychology, social psychology, cognitive psychology and learning in undergraduate teaching; we also teach applied psychology, health, clinical and neuropsychology at undergraduate and postgraduate level. In addition, we provide the theoretical platform for communication skills training and group working.

I would welcome the opportunity to meet with other similar people to share best practice.

Christine Bundy
Lis Cordingley
Medical School
University of Manchester

MY experience of the attitudes of most medical students at Manchester University, where I am a fourth-year medical student, is similar to the QAA extract quoted in Graham Davey's article ('Time to turn the tables', December 2002). Many medical students

at Manchester do think that the amount of theoretical knowledge relating to the social and behavioural sciences is too large. However, many also seem to fail to fully appreciate the importance or need for a theoretical framework to (a) underpin the practical acquisition and development of communication skills, or (b) complement their knowledge, in a more holistic way, of illness and disease.

The number of times the psychosocial aspects of the weekly medical case/topic, discussed by students in their problem-based learning (PBL) tutorials, has been swept under the carpet or given superficial discussion is far too frequent. I hope this brushing aside and disregard for psychosocial aspects of medicine by medical students is not adopted in their medical practice.

Medical students are studying a demanding degree, which takes up a lot of their time, especially in the new medical curriculum where it is up to the students themselves to self-direct their own learning. This involves, to a large extent, students deciding for themselves the amount and depth of knowledge they need to acquire. This coupled with, in most cases, little knowledge, awareness and experience of

If you read an article in *The Psychologist* that you fundamentally disagree with, then the letters page is your first port of call: summarise your argument in under 500 words. But if you feel you have a substantial amount of conflicting evidence to cite or numerous points to make that simply cannot be contained within a letter, you can submit a 'Counterpoint' article of up to 1500 words – but we need to receive it within a month of the publication of the original article. We hope this format will build on the role of *The Psychologist* as a forum for discussion and debate.

the social sciences means that the psychosocial aspects of medicine are prioritised less in the pressure to acquire the 'right' medical knowledge from a curriculum that sets out very broad learning objectives.

One solution to this problem may lie in giving medical students a more structured lecture-based course in both theoretical and applied social and behavioural sciences. This would do three things: (a) it would give students a much better idea of 'what they need to know' and what is relevant to their future practice as doctors; (b) it may more effectively demonstrate to students the value of acquiring a theoretical framework as they would be able to see the relevance of the theory directly applied to the real world; and (c) it would solve Graham Davey's complaint that 'psychology has to muscle in where it can into what are usually explicitly medically defined

modules'. This module would be run and organised by social and behavioural scientists not medics. The problem with this solution is that it goes against the current ethos of the new medical curriculum, which is for the student to direct their own learning and professional development without being spoon fed.

Graham Davey's suggestion to resurrect the Committee for the Teaching of Psychology to Other Professions is a good idea, as this committee could work with the GMC and begin to address these concerns about psychology teaching in undergraduate medical education.

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EUTHANASIA

I FELT impelled to write regarding Stephen Fisk's letter in January's issue, itself commenting on Payne and Haines's article ('Doing our bit to ease the pain', November 2002) on the role of psychologists within the palliative care services.

Rarely have I read a letter from a fellow psychologist with more alarm. But however unpleasant the contents are, I am glad it was written, as it opens up a much-needed debate on the current 'hot' topic of voluntary euthanasia.

Fisk suggests that 'psychologists should be at the forefront of developing services rather than simply acceding to existing practices'. So far, so uncontroversial. He then goes on to contend that Payne and Haines should add to their list of "'clinical issues" that need psychological services a responsibility to enable people to die in a dignified manner'.

Wait a minute. Is this suggesting that psychologists should be personally involved in advising or recommending such interventions? To my mind this has a deeply sinister resonance, bringing with it the

historical reminder of how psychologists and psychiatrists were drafted in to underwrite the eugenics programmes of Nazi Germany and Stalinist Russia.

Stephen Fisk goes on to claim (without any quoted evidence) that 'given the arguments in favour of voluntary euthanasia [Which are?], the fact that most people in Britain support it [Do they?], and the favourable experience gained in countries that already permit it [Entirely favourable? What about Australia's decision to reject it?], psychologists working within palliative care services should be [Should be?] campaigning for its introduction'.

Recently a Briton with motor neurone disease, Reginald Crew, ended his life with the help of Dignitas, the Swiss assisted suicide organisation. I find the words of its general secretary Ludwig Minelli, as reported in *The Sunday Telegraph* (26 January 2003) particularly chilling: "We have helped the mentally ill and depressed people", said Mr Minelli. He argued that where nature had made a "mistake" in producing people with defects, he had

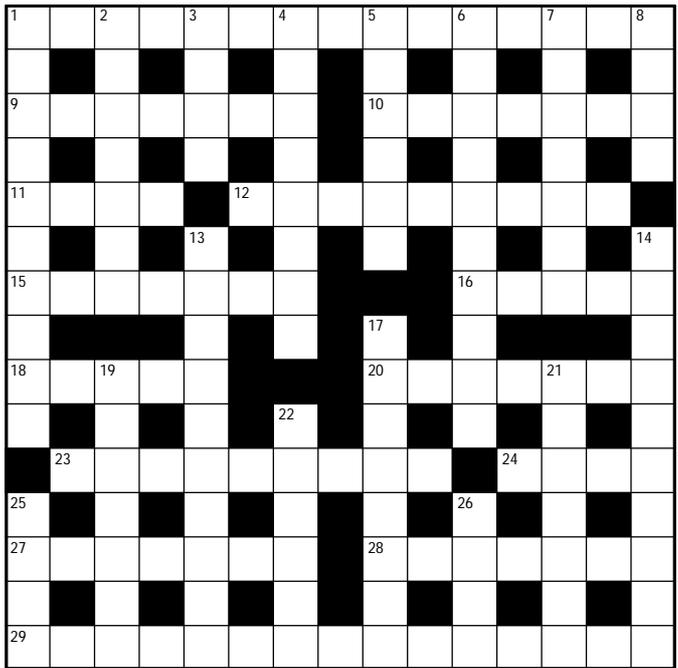
a duty to assist them in ending their lives if that was what they wished.'

This is not the place to discuss the pros and cons of the emotive and complex question of whether or not euthanasia is right. However, as members of a respected professional body, we should not allow the powerful pro-euthanasia lobby to have the field in this very important issue. If we sit back and allow the discussion to unfold in the rather one-sided way it already has – fuelled by recent high-profile cases of people in desperate situations seeking assisted death – we may find ourselves unable to take an active part in any decision making on this subject. I hope that in the near future there will be an issue of this magazine devoted to this subject and that we may see some well-publicised research papers presented at our annual conferences; we cannot afford to be left out of this literally life-or-death debate.

Elizabeth Heywood
Poulton-le-Fylde
Lancashire

Editor's note: This letter has been edited.

PRIZE CROSSWORD No.8



Across

- 1 A shocking experience for one facing up to bad habit? (8,7)
 9 Although talkative, conceal notion (7)
 10 Evening work? (7)
 11 Fragment which may be on the shoulder (4)
 12 Web-footed bird captured in Mons with mammals (9)
 15 Vessel with which expert took a cure-all (7)
 16 Bury having missed the start of season (5)
 18 Dance beat to fade out (5)
 20 Studying at university here? (7)
 23 Flirtation of one following everybody into ball (9)
 24 Bill posted appeal by shaft (4)
 27 A blockage discovered by worker is unyielding (7)
 28 One friend taking computer science to copy (7)
 29 This sneak ranges around as a treacherous friend (5,2,3,5)

Down

- 1 Look forward to caper I take with meat spread (10)

- 2 Feeling of energy prior to movement (7)
 3 Herb, a wise fellow (4)
 4 Potion mixed with aluminium is not compulsory (8)
 5 One of two siblings, for example, coming up with pain (6)
 6 Thrifty management of comical one (10)
 7 Nutriment, if slightly cooked will give one ailment (7)
 8 Goya's representation of exercise system (4)
 13 Several in stream, perhaps, breed with one from same class? (10)
 14 Illuminated headland as a result of intelligence (10)
 17 Salty rib-section of lamb eaten by mistake (8)
 19 Falls over once more seeing artist (7)
 21 Native American given a state (7)
 22 Tin not excavated in division of Switzerland (6)
 25 Church service of some weight (4)
 26 Telephone syndicate (4)

Solution to Prize Crossword No.7

Across: 1 Freudian slip, 9 Isolation, 10 Panel, 11 Heeded, 12 Academic, 13 Repast, 15 Creditor, 17 Creeper, 19 Acidic, 21 Rearrest, 22 Jetsam, 25 Erato, 26 Electoral, 27 Jack-in-the-box.

Down: 1 Flight recorder, 2 Evoke, 3 Drawers, 4 Axis, 5 Sinecure, 6 Impeded, 7 Animated, 8 Electra complex, 14 Prenatal, 16 Newspeak, 18 Persona, 20 Cheetah, 23 Scrub, 24 Keen.

Winner: Peter McCulloch, Omagh, Co. Tyrone

Send entries (photocopies accepted) to: Prize Crossword, The Psychologist, St Andrews House, 48 Princess Road East, Leicester LE1 7DR. Deadline for entries is 28 March 2003. A £25 book token goes to the winner, drawn at random from all correct entries.

Name.....

Address.....

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