



LETTERS

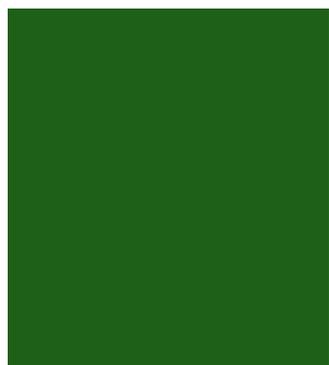
Letters should be marked clearly 'Letter for publication in *The Psychologist*' and addressed to the editor at the Society office in Leicester. Please send by e-mail if possible: psychologist@bps.org.uk (include a postal address). Letters over 500 words are less likely to be published. The editor reserves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

Statutory regulation – More views

THERE may be other members of the BPS who, like myself, are concerned by the news that the Society's executive appears to be planning to place responsibility for control of our profession firmly in the hands of the government. We should have read more carefully the detailed explanations by the executive about its intention 'since the 1960s', as stated in the President's letter to all members, to have psychologists subject to statutory regulation.

Regulation is of course essential to any profession, and only government can introduce and mandate that regulation if it is to have the force of law. But other health professions such as the General Medical Council and the Nursing and Midwifery Council are in charge of their own regulation and control, and wish to remain in control. Why should psychologists not have a similar independent body, sanctioned by law and controlled by the profession – with strong lay involvement to ensure balance? Why should our profession be subordinated to the Health Professions Council, as proposed in the Department of Health's consultation document?

We would be glad to be told that the HPC will not in fact control psychologists, but the President's letter seems to



suggest the opposite. However benevolent the control by an outside body, and however much psychologists might be involved in preliminary discussions with representatives on the HPC, the final arbiter on all key matters would become the HPC itself, not the BPS.

Some while ago the government threatened to take over control of the medical profession, following public anger over the Shipman affair – governments and the media are good at jumping in to make $N = 1$ situations seem like national epidemics of malpractice. So far, however, our medical colleagues appear to have avoided that danger by voting for a major increase in the proportion of lay members on the GMC, so that there will no longer be exclusive medical control.

The nurses are likewise determined to preserve their professional independence. In

response to news that the government has decided to review the regulation of all the healthcare professions, nursing unions have warned that they will resist any move for a non-nursing body to regulate nurses. In the words of the Royal College of Nursing, regulating nurses through a non-nursing organisation would 'dilute the knowledge and expertise of the (current nursing) regulatory body'.

We hope it is a mistaken impression that psychologists are prepared to lie down and accept an outside body as the future regulator for key branches of our profession. The present government (and its predecessors) have made this one of the most centralised states in Europe. That has only been possible because we as a body politic have allowed it to happen.

Walter Barker
39 The Furlong
Henleaze
Bristol

THE letter from Brian Osman objecting to statutory regulation (March 2005) was the first indication of opposition to this fraudulent and unworthy proposal that I have seen printed in *The Psychologist*. But Mr Osman is wrong about one fundamental point. This initiative has nothing to do with government bullying and everything to do with a small group of dedicated fanatics within the BPS. In fact the government have hardly any interest at all, and the Society has managed to find just one single MP (my own MP Jenny Tonge, Richmond Park, retiring at the next election) who has any enthusiasm for what is proposed.

Of course, the BPS claims

that members are overwhelmingly in favour, but this is based on such low returns that putting the best possible gloss on the figures could only show that 73 per cent of the members are either hostile or indifferent.

I am on record as having a £10 bet with former President Zander Wedderburn that this insulting initiative will not see the light of parliamentary day within the next five years. If it even started to look a little bit likely, the tabloids would have a veritable field day with our profession.

I am also on record as saying that I think there is more damage being done to the public by bad hairdressers than by the vast armies of rogue psychologists that the fanatics would have us believe in.

Perhaps it is time to reopen this matter and to have a proper debate within your pages rather than having to rely on the one-sided pap that we have been force-fed to date.

Timothy St. Ather
Foxy Associates Limited
London SW13

IHAVE just received the President's letter about statutory regulation, and read the consultation document. I believe that the proposals outlined are a mess, and will not result in the required outcomes. It will, however, seriously undermine the Society and our profession.

The protected titles will serve to protect no one. Anyone will remain free to invent and use a misleading term; for example, 'medical psychologist', 'therapeutic psychologist' (not to mention 'neuropsychologist'!).

If the profession wants proper regulation, then it needs

INTRODUCING A NEW WAY TO HAVE YOUR SAY

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- air your views on articles in *The Psychologist* or any psychological issues;
- seek information or work experience; and
- ask your serious and offbeat questions.

to firmly grasp the nettle and accept that what we want to regulate is use of the term 'psychologist' and all its qualifications. This needs to be done by the Society to fully and inclusively encompass everyone that works in the discipline. If the government is keen to see us regulated, then they should do it on our terms or not at all.

Tony Ward

*Newman College of Higher Education
Birmingham*

**Professor Geoff Lindsay,
Chair of the BPS Working
Party on Statutory Regulation,
replies:**

When the Society was seeking government action for statutory regulation, we received extensive support from MPs, members of the House of Lords and all relevant government departments; two senior Lords were prepared to promote a private member's bill. It is important, however, to appreciate that having accepted our arguments, it is the government that is now driving statutory regulation of applied psychologists within a major programme which includes new regulation of professions like ourselves, but is also reshaping systems for long-established regulated professions (e.g. medicine).

It continues to be the Society's view that statutory regulation for applied psychologists would be best achieved by a body specific to the discipline, as with medics,

for example. This is based on the diversity of the discipline: although all practitioners are in various ways concerned with well-being, there are differing emphases on health either as a focus of practice or employment (e.g. compare most clinical and health psychologists with most educational and occupational psychologists). Ministers, however, have resisted new single-discipline regulatory bodies. Also the GMC and NMC have not only been reformed but are now answerable to a superordinate body, the Council for Healthcare Regulatory Excellence, and further developments were announced in March by Dr John Reid, Secretary of State for Health.

The HPC is not the Society's choice but that of the government; it is an independent body. However, every process involving applied psychologists to ensure informed decisions. Nevertheless, we shall be stressing to government the need to ensure the HPC is the most appropriate vehicle.

Psychology has a large number of non-practitioners who reasonably refer to themselves as psychologists, hence use of specific protected titles for those subdisciplines recognised by the Society. This is not ideal, but avoids criminalising academic psychologists who do not need to register.

Psychology – Not all for the good

I CAN'T agree with Ken Brown's assertion (President's column, March 2005) – our profession may indeed be humane and altruistic, but our discipline is scientific and reveals some pretty inhumane and unaltruistic truths about us all. One cannot help but wonder whether social policies around the world would not have been more effective if a bunch of mad behaviourists had not managed to persuade everyone that all is learned and anyone can be and do absolutely anything.

As a teacher, I've been bemused by the recent amazing

discovery of phonics in the teaching of literacy. It sounds remarkably like the way I learned to read before a different bunch of mad psychologists came up with their ragbag of teaching and learning theories and educationists misunderstood and applied them.

I don't see as much as Ken Brown to be so smug about. Hasn't psychology really done more harm than good, and shouldn't we be a tad more modest in our desire to wield political influence?

Jonathan Miller

*Mount Pleasant Road
Wisbech*

Rebuilding Iraq

I TEND to agree with Ron Roberts and Anthony Esgate's letter ('Don't mention the war...', February 2005). Iraq has received much media attention in the last two decades, but *The Psychologist* has hardly offered an insightful perspective on the visible and invisible human misery in such war zones.

Despite the recent democratic election, the entire country is still witnessing lack of security, unprecedented unrest, terrorism, fundamentalism, mounting crimes, atrocities and destruction of the main infrastructures and essential services. The country has also inherited a destroyed healthcare system and endured an exceptionally high rate of infant and under-five mortality. And of course it has a poorly maintained public health programme, disrupted referral system, damaged economy, unemployment, de-skilled workforce, disrupted education, internal displacement and possible long-term internal polarisation in which scores

of ethnic or religious groups will be ferociously competing for power and influence. Moreover, the incidents of domestic violence, substance abuse, truancy, emotional and psychological problems and other post-traumatic stress symptoms are likely to be increased.

There are increasing numbers of adults and children with poor standards of mental and physical health in the post-conflict period. Further, the aggregate effects of long-lasting trauma suffered by Iraqi people, alongside other factors have created the conditions for further violence in the country. Improving security and sustaining an appropriate infrastructure will certainly prevent long-term suffering, reduce violence, and help vulnerable civilians, including children, to develop resilience to cope with the legacy of past traumas.

In any civilised society it is both a humanitarian imperative and a duty for professional psychologists to play a role in the assessment of damage

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 and numerous points to make that simply cannot be contained within a letter, you can write a 'Counterpoint' article of up to 1500 words, within a month of the publication of the original article. However, it is best to contact the editor about your plans, on jonsut@bps.org.uk. We hope this format will build on the role of *The Psychologist* as a forum for discussion and debate.



Letters

inflicted upon the civilian population during wartime in Iraq. The creation of a new BPS subsystem for disasters, emergency and trauma psychology could certainly fulfil a gap and provide much needed expertise to an uncertain world. However, the scientific community should also appeal to governments of coalition forces to contribute to the reconstruction and rehabilitation efforts in Iraq and to commission independent research to look at the true extent of civilian casualties in post-war Iraq.

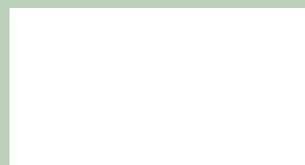
Rehabilitation efforts should also be extended to the higher education sector in Iraq. And of

particular interest are (a) the urgent needs of staff development to update subject expertise and skills in areas such as clinical psychology, counselling, psychiatry and other allied fields, (b) exchange arrangements for academic staff and postgraduate researchers, (c) professional development in management training, quality assurance, learning and teaching methods, diversity and human rights training, as well as (d) physical reconstruction and re-equipping of much-destroyed infrastructure and resources.

Amer Hosin
London Metropolitan University

THE LITTLE THINGS THAT MATTER

PSYCHOLOGICAL care in hospitals could do more under the components of psychological care referred to by Keith Nichols ('Why is psychology still failing the average patient?', January 2005). Both professionally and personally, as both patient and carer, particularly in experiences with the elderly, I have found a role at all three levels – awareness, intervention and therapy – to make life more bearable by simple observation and intervention, to be aware of how small, overlooked things affect patients' and staff's psychological states and well-being. Such as photographs of patients in their prime, where staff, patient and visitor can see them, to remind everyone that here is a human being, not a relic. Cards sent to patients placed where they can see them, not on the wall behind them. An un-timetabled cup of tea when talking with a patient. Concern whether patients can see the incessant overhead TV, or even want it. How staff can find magical



changes in relationships with some patients simply by changing their stereotyped verbals. The effects on many chronic patients, including children and the dying, of being taken outside, or being able to see a garden, or even work in one.

Regularly, when medical institutes are looking round for research projects or are reporting on what they do, I have put in reports about these inexpensive aspects of psychological savvy – sometimes with surprised and appreciative response. Once other staff pick up the trick of observing 'little things', they can do it too, and find pleasure in the reduction of fretfulness that results.

Valerie Yule
*57 Waimarie Drive
Mount Waverley
Victoria
Australia*

A question of quality

I READ with unease the recent AGM resolution for a Qualitative Methods in Psychology Section to be formed. On the basis of the accompanying information, I am concerned about how research in general will be presented within this Section. I found the proposal to contain inaccuracies and misrepresentations about research in general and to be defensive in nature.

To define qualitative methods in terms of the absence of something, namely statistical analysis, strikes me as strange. The proposal's authors also paint a grossly simplistic picture of statistical analyses in general, by referring to research questions 'which do not boil down to something being greater or less than something else', and wheel out the usual claim of

how 'rich' findings are from qualitative methods. Psychology has long since moved away from quantitative descriptions of things being 'greater or less than something else' and the authors may want to read about developments in the areas of latent growth curve analysis and multilevel analysis that provide rich sources of information about individuals, groups and clusters of groupings.

However, the resolution did provide some entertainment: if qualitative methods are suitable for when 'there is not enough understanding to formulate meaningful hypotheses', does this mean that they are appropriate for the exploration of meaningless hypotheses?

Mark Shevlin
*School of Psychology
University of Ulster at Magee
Campus*

Neatly robed – But stripped of meaning?

IN the Annual Report, Ken Brown draws our attention to the new BPS logo. Psyche is indeed a splendid specimen, streamlined, decently clad and with a fine new lamp, which she is apparently viewing admiringly. Unfortunately, the height at which she is holding the lamp means that she'd be completely dazzled, a phenomenon which the founders of the BPS would have encountered on a daily basis.

Intrigued, I inspected the



old logo. A very different Psyche appeared. She is a goddess with an urgent task. Her wings are unfurled, as she may have to flee if Eros turns out to be a serpent. Lamp held high, clothing in disarray (in the circumstances she wouldn't be too bothered about decency), she leans forward, intent on seeing the true nature of her lover. The new Psyche's wings are folded (she isn't going anywhere), she's neatly robed, and she's admiring her beautiful new lamp (probably conforming to all the latest safety standards) at a height which means she can't see a damn thing, let alone whether her lover is a god or a monster. Symbolic or what?

Sue Gerrard
*8 Croft Way
Market Drayton
Shropshire*

Making relevant experience pay

I AM writing in response to the letter from Jonathan Radcliffe ('Clinical work experience – An almighty waste?', March 2005). I am an assistant psychologist and coordinator of my local assistant psychologists' support group. It has been four years since I received my BSc in psychology and I am finally in a position where I have been short-listed for interview on a clinical training course. It has taken a number of different 'relevant experiences' to reach this point, and at times, all this has been frustrating. But I do not believe that it has been an almighty waste.

I believe that being an assistant psychologist and gaining relevant work experience is a vital stepping stone in the career process. It allows you to experience and observe the roles and contexts in which clinical psychologists work, and it has only served to strengthen my determination to succeed. The system is not perfect, but I believe that a main flaw is the lack of consistent communication, at the undergraduate level, about the process one must go through in order to secure a place on a training course. The students and new assistant psychologists I have had contact with have been lacking in answers to basic questions to set them on the path to training – namely: What constitutes 'relevant experience'? How do I go about getting it? How long should I expect to work for before I have a realistic chance of obtaining an interview for a clinical training course?

The information sent out by

clinical courses could be clearer, as it states that one needs, amongst other things, the equivalent of one year's relevant experience, including one assistant's post. If someone has a year of experience in a relevant profession, but has only just started working as an assistant, their knowledge about the profession and skills involved is often too limited to make them successful at clinical interview – thus raising false hopes that 'a year's experience' is all you need.

Another main difficulty new graduates face is that there are too few assistant posts, with the usual reply from initial interviews being 'Sorry, but there was someone with more experience'. This can be very frustrating, especially if you don't realise the wealth of jobs available that can boost your 'relevant experience' in order to first succeed in acquiring an assistant post, and then succeed in obtaining an interview for a clinical training course.

I do not believe that early selection will necessarily provide the answer, because until you have experienced working within the profession it is very difficult to be sure that (a) you are suited to the work involved, and (b) you have the ability to develop the necessary clinical skills in order to become a proficient clinical psychologist. Rushing the selection process might merely result in higher drop-out rates and will not necessarily prevent potential psychologists from 'cutting their losses and going off to do something else'. There is no easy solution, but preparing undergraduates for the journey they face might help reduce their related stress.

Karen Gair
Forensic Learning Disabilities Service
Flatts Lane Centre
Middlesbrough

Questions of screening

I AM responding to questions raised by Nimisha Patel and Dave Harper in connection with our programme *Torture: The Guantanamo Guidebook* (Letters, April 2005).

The programme's volunteers encountered a mild simulation of Guantanamo-style interrogation in an attempt to allow viewers to evaluate the techniques being used in the 'war on terror'. Such a simulation was necessary due to the extraordinary circumstances of Guantanamo, where access is even forbidden to detainees' lawyers, let alone the world's

media. Reading about the relatively innocuous-sounding 'sleep adjustment' and sensory deprivation in the papers is one thing, watching how such techniques are used to devastating effect in practice is another.

As with every programme that we make, the safety of those volunteering to take part in *The Guantanamo Guidebook* was obviously of paramount importance. In line with our standard procedures for assessing participants' suitability, volunteers were asked to submit to checks of their medical and

INFORMATION

■ I AM researching Munchausen by proxy and have prepared a paper for publication, the essence of which is an unusual case study. In spite of the case being anonymised, my local authority employer is clear that I cannot publish in my name, which readers will note is unusual, in case the client recognises herself. Journals will not accept pseudonyms for obvious reasons.

In any case, the BPS advice is clear that the permission of the client should be sought first. By the very nature of these cases this unlikely to be granted, even if it were possible to raise the issue at all.

I am simply looking for ideas and advice and, in particular, **information from colleagues about how they publish in this sensitive area of our work.** In the meantime my paper is gathering dust!

Essie M.B. Tough
Psychological Service
Cumbernauld
Glasgow
Tel: 01236 731041

■ I AM a second-year psychology,

childhood & society student at Roehampton University of Surrey. I am searching for **voluntary work experience in the London, Surrey or Sussex area** in relation to social psychology, organisational and occupational psychology, applied psychology or counselling to help me make up my mind which master's degree programme to undertake. I am very interested in those areas but need some insight.
Georgina Broughall
438 Merton Road
London SW18 5AE
Tel: 0794 449 9450; e-mail: g.broughall@gmx.net

■ I HAVE recently graduated from Leicester University, with a 2:1 in psychology. I am looking for **voluntary clinical work experience.** Any opportunities in the **East Midlands area** would be greatly appreciated.
Jennifer Beck
E-mail: jenk4@yahoo.com

Note to all seeking work experience: don't forget that you can now use our new forum at www.thepsychologist.org.uk.

DEADLINE

Deadline for letters for possible publication in the July issue is **3 June**



was to join the BPS, and with that its Occupational and Social Sections, serve on their committees, and attend their conferences. After about 20 years the BPS Division of Occupational Psychology had to be established and this further defined and confirmed the identity of the applied psychologist. After about another 20 years my efforts bore fruit with the emergence of Chartered Occupational Psychologists. This is a body of tremendous power and competence, and with great prospects for the future, and development of 'state of the art' psychology.

Why 'archaic academic attitudes'? Academic psychologists do, and have done, great things in applied psychology. They may get money for it, but no credit. So they are forced into the belief that it is non-psychology, and this has led many academic psychologists not to join the BPS.

One urgent research which the BPS needs to undertake is to identify more clearly every individual who joined the BPS, say, in 1930 and who remained loyal to the Society until they died, often as much as 60 years later, but who because they never held a post in a psychology department were written out of psychological

history as non-psychologists. As examples, I need only mention Charles A. Oakley in Glasgow, who founded the Caledonian University, Lord (William Picken) Alexander, who drafted the 1944 Education Act, and Winifred Raphael, whose annual lecture is funded not by the BPS, but by the Royal College of Nursing.

David C. Duncan
74 Park Avenue
Ruislip
Middlesex

Help - A great treat

AM I the only member of the Society to have noticed the appearance of *The Psychologist* magazine on the BBC2 series *Help* last month? It was amongst the mail the psychiatrist, played by Chris Langham, was sorting as his patient was under hypnosis.

If any member has not yet caught the series, they are missing a piece of true satire. It is a great treat.

Jeremy Swinson
54 Duke Street
Formby

Solution to Prize Crossword No.20

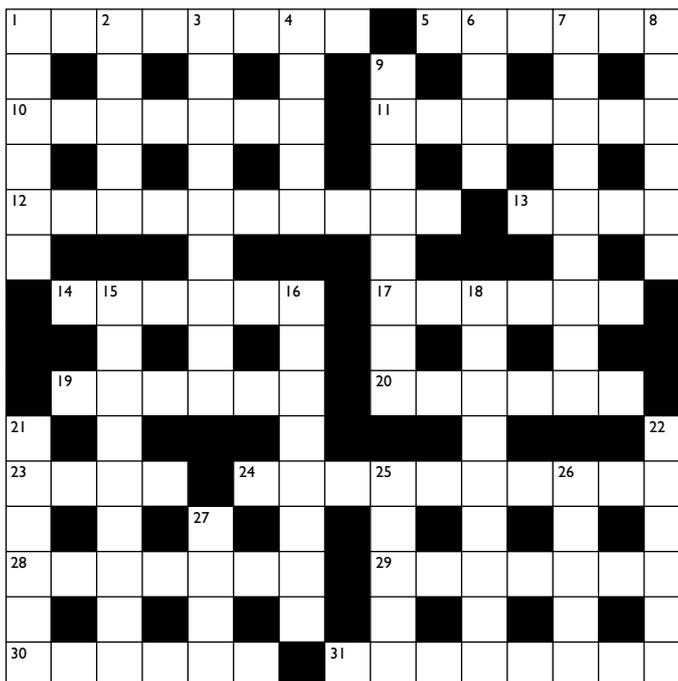
Across: 1 Aha experience, 8 Minster, 9 Mantrap, 11 Keep order, 12 Elide, 13 Abscess, 14 Ensures, 16 Ascetic, 19 Tripper, 21 Kayak, 23 Leg of lamb, 24 Tantrum, 25 Tirreme, 26 Metacognition.

Down: 2 Hunters, 3 Extrovert, 4 Parades, 5 Remorse, 6 Ernie, 7 Carrier, 8 Make a packet, 10 Pleasurable, 15 Skinflint, 17 Cayenne, 18 Colombo, 19 Tighten, 20 Placebo, 22 Karma.

Winner: Eva Holmes, London

Send entries (photocopies accepted) to: Prize Crossword, The Psychologist, St Andrews House, 48 Princess Road East, Leicester LE1 7DR. Deadline for entries is 3 June 2005. A £25 book token goes to the winner, drawn at random from all correct entries.

PRIZE CROSSWORD No.21



Across

- 1 Psychologist, being unknown, I'm going to pub for party (8)
- 5 Giving assessment to sailor (6)
- 10 Taking shelter in river until relaxation of hostility (7)
- 11 Summary is in poorly state (3-4)
- 12 Marsh plant is pointer to lawn (5-5)
- 13 Placate inner turmoil of clam (4)
- 14 Doctor in case mix-up for core groups (6)
- 17 It may bat if surprised (6)
- 19 Piece, black, I take to store (6)
- 20 Hose made from vinyl on satin (6)
- 23 Rear deer (4)
- 24 Rugby player having a look, it's said, at spreading of doctrine (10)
- 28 Session posing for artist (7)
- 29 Unaffected - just like a note (7)
- 30 He's very funny - Janov's was primal (6)
- 31 Resounding plot given to man (8)

Down

- 1 Signs menagerie almost topped acid-spill (6)
- 2 Test for car or engine (5)
- 3 I warn host about Canadian-born developmental psychologist (9)
- 4 Dull note at back (5)
- 6 Relative is somewhat daunted (4)
- 7 Liaison to order being cut off (9)
- 8 Set of chromosomes providing order in gene (6)
- 9 Intern so disturbed by America psychologist (8)
- 15 One causing estrangement given a legal right to overturn roster (9)
- 16 Splendid, for example, getting love to part of the psyche (8)
- 18 Illuminate school (9)
- 21 Proposition article for little sibling (6)
- 22 Dance to back vote (6)
- 25 Prison to Capone is about punishment (5)
- 26 Bundle of fibres in cheek (5)
- 27 A little drink taken up tower here? (4)

Name.....

Address.....

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