



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, see www.thepsychologist.org.uk to contribute to our discussion forum.

So what does the future hold for psychology?

I WAS interested to read Marc Smith's letter (April 2006) in which he responded to Jon Sutton's report of the British Psychological Society/Higher Education Academy seminar to discuss the future of psychology. As the Chair of the Association for the Teaching of Psychology (ATP) I have more than a passing interest in the issues under discussion and I was one of relatively few 'pre-degree' psychology teachers present (perhaps that was something to do with the date and venue, 19 December at the Royal Society in London).

The decision to classify psychology as a science subject, and to introduce it as early as Key Stage 3, could have significant implications for staffing in secondary schools. It may lead to an even greater proportion of teachers of psychology whose first degree is in another subject, because of the existing difficulties associated with achieving qualified teacher status (QTS) in this subject. This is an issue that the ATP has been pursuing for some time, particularly after we received figures to suggest that there will be even fewer PGCE places for social sciences graduates in the next two years.

As a biology graduate with 30 years experience of teaching at A-level (including health and social care, and physical education), I consider myself to be up to the task of teaching psychology, and I am

well aware that psychology is not the only subject that can be taught extremely well by non-specialists at this level. Nevertheless, I agree with Marc that it should be the norm for it to be taught by psychology graduates who have exactly the same access to QTS as any other teacher. This inequality of opportunity is something against which both the ATP and the BPS have been lobbying for years.

The universities appear to vary in their opinions of whether A-level psychology should be a prerequisite for studying at degree level and, as Marc pointed out, one of the major problems here lies in the existence of at least six different specifications in the UK, not including IB. How can the transition from A-level to undergraduate courses be 'seamless'? Who will make the decisions about what should

be taught at A-level in the future and how will specifications ever be truly comparable?

In my opinion there has been too little consultation with teachers and it has come too late. The Qualifications and Curriculum Authority has provided an online forum (www.qca.org.uk/scienceforum) where teachers can express their views on the new science criteria, but my feeling is that teachers have not been made sufficiently aware of the impending changes. Some are of the opinion that the move is a political one, increasing the apparent number of students who continue to study 'science' beyond Key Stage 4. Perhaps we should follow the lead of Finland, where it is compulsory for every student to take at least a short course in psychology.

I am sure that readers of this letter will have strong views on many of the issues raised here. Is psychology a 'science'? If so, what will happen to the humanistic and psychodynamic approaches? Is having an A-level in psychology an advantage (or a disadvantage) at university, and in whose opinion? Are universities providing appropriate degree courses? Should teachers be consulted about potentially massive changes in what they do?

The ATP is the only professional organisation for teachers of psychology in schools and colleges. We aim to represent the views of our members as well as to help them to provide high quality education for students of psychology. You can have your say by contacting us at www.theATP.org.

Dorothy Coombs

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WEAKNESSES DISCOVERED IN FOUNDATIONS

I STRONGLY agree with Marc Smith's assertion (Letters, April 2006) that 'the current state of A-level psychology is far from ideal'.

In a department of psychology which still interviews potential undergraduates, my colleagues and I find that candidates doing A-level psychology are able to tell us something about eating disorders, criminal profiling, serial killers and an investigation conducted by somebody called Milgram; but often have difficulty in answering questions demanding an appreciation of how the scientific method can be used to

study the simpler aspects of perception, memory, thinking and individual differences.

The A-level Psychology syllabus must surely include a range of experimental work if it is ever to become, as Professor Martin A. Conway suggests, a prerequisite for reading psychology at degree level. In fact many of us would still view A-level biology and mathematics as proper foundations for a later study of psychology.

Richard E. Rawles

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Planning for emergencies

AS someone who is responsible for emergency planning from an NHS context, I take a somewhat different view from that of Roger Miles to the work of Cocking and Drury (Letters, April 2006).

Miles is correct that emergency planners take account of psychological science in their work, but I think we are in a situation where it is good to revisit and expand the knowledge of crowd control, and to up our game. We could do more – both ‘dedicated’ emergency planners and ‘wider’ people engaged in such work – to learn from psychology.

On 7 July many of us in outer London braced ourselves for the order to evacuate central London, which could have

reception centres, will be important. In both of these scenarios the management of large, multilingual and multicultural crowds will become crucial. We need to keep asking questions about crowd behaviour, especially whether it changes in light of changing demographic, cultural and linguistic aspects and the increasingly self-oriented cultures we live in. Does research done in the past transfer to crowds likely to be seen now, especially in major urban centres?

To this extent, there is much to be learnt from New Orleans about crowd control but also about social psychological issues, intrapsychological issues in coping in disasters, organisational success, organisational design and organisational failure. In this context I welcome the work of Cocking and Drury.

Those of us responsible for emergency planning get used to developing plans – and testing them in simulations – which we hope we will never have to put into action for real. Even the best simulations have limits because of resource constraints or ethics. Crowd control falls into this.

There is much emergency planners still have to learn from psychology. The Civil Contingencies Act 2004 updated a range of obsolete aspects of civil protection, but there is a rich field for

organisational and occupational psychologists to study how well this is being implemented, as well as substantial opportunities for health psychologists to study long-term adjustment in those caught up in 7/7. But legal systems need to do this regularly, and recognition from other countries has shown their systems too need periodic updating in light of social change. In this context too, we ought to welcome the work of Cocking and Drury.

Roger Miles is right, the emergency planning profession in the UK is increasingly sophisticated. But our own local chemical release simulations, the horror that was New Orleans and the lessons from debriefings and evaluations of 7 July show that there is always room for improvement, and learning. Psychology must be at the centre of this.

Jim McManus
Barking & Dagenham PCT

resulted in our borough alone having to accommodate over 25,000 displaced persons within hours. With pandemic flu plans being finalised, management of antiviral stocks and other control measures, including restriction of movement and setting up 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 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.

Celebrity worship and self-esteem

I READ with great interest the article in February’s issue on celebrity worship ‘Praying at the altar of the stars’). As a postgraduate student in 2004, this was my ‘area’ when it came to my thesis. The research I carried out goes some way to answering the question raised in the article as to what possible roles celebrities play in our lives; I sought to investigate what the motivation to engage in celebrity worship is and what benefit there is from identifying with celebrities parasocially.

The results indicated four distinct motivations, three of which are consistent with the findings of John Maltby and his colleagues. For me, the most interesting result had not previously been directly addressed. My research supports the hypothesis that for certain individuals, celebrity worship is a way of increasing their self-esteem. With the formation of a parasocial

identity, these individuals exhibit an attachment and association with a celebrity to such an extent that their self-esteem can be increased. I was therefore able to add a parasocial dimension to the classic social identity theory of Tajfel and Turner (that, in general, identifying with groups held in high esteem by others enhances one’s self-esteem) and to propose an integrated model of parasocial identity.

Research into this area has been gathering pace over recent years, and I look forward to future developments. Maybe at some point there will be support for what I have proposed, or it may well be discounted. One thing is certain, I can’t foresee any decrease of the general public’s fascination with celebrities, so they must be getting something out of it!

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Making social support research manageable

IT WAS good to read something about social support in *The Psychologist* ('Your best interests at heart', April 2006), even if little seems to have changed over the past few decades. Social support research has always seemed so dry, dull and academic, yet it is clearly critical to all our lives. As the authors suggest, it is a vague nebulous concept and consequently hard to pin down, though one could argue that after decades of inconclusive research we shouldn't be trying to. Perhaps like 'schizophrenia' it is too complex and varied to be studied as a single entity. It needs to be broken down into more manageable questions.

For example, researchers in the field of personal relationships have long pointed out that social support occurs in the context of a living, breathing relationship between one or more people, and it is by studying the nature of these relationships that we are better able to understand when social support helps. To me as a clinician, this makes perfect sense. In that it is tied to the relationship and the attachment history of the individuals involved it would seem fruitless, even meaningless, to think of social support as some abstract fix or prescribed intervention for human problems. Furthermore, the idea of creating a laboratory analogue of social support seems

inherently problematic. Social support is not something that can be realistically turned on or off, or plucked out of context.

An equally interesting question is to think about how social support works its magic in specific contexts. Informational and instrumental support may be fairly straightforward, but how does emotional support work? Emotional support seems particularly effective, for example, when the individual perceives they have little control over the stressor they face (Cutrona & Russell, 1990); for example, someone adjusting to a serious illness. The way in which such support is expressed and received varies from person to person, and there are cultural expectations regarding caring and the expression of emotion (Wellenkamp, 1995), and culturally defined gender roles within families. Nonetheless,

emotional support seems to have the effect of validating a person's experience. It involves a safe environment in which people can release, share and clarify their feelings and thoughts. The very act of trying to put diffuse thoughts and feelings into words gives them shape and form, which often makes events feel more controllable, predictable and therefore more manageable. Much psychological therapy relies upon this process.

Expressing thoughts and emotions has been shown to reduce the physiological arousal associated with stress (Mendolia & Kleck, 1993). It helps people consider the problems they face and the options available to them, and it provides reassurance to people when making decisions. Finding words to explore the meaning of stressful events seems to enable people to integrate the events with their

MARY CAREY

THE sad news of Mary Carey's untimely death in March 2006 has been received by service users and her many colleagues in the NHS, social services and private sector care providers with shock and disbelief. Ex-colleagues with whom she worked in the past have sent messages expressing their sense of loss from across the country. Our condolences go to her nearest family and friends, with whom we share a deep sense of grief that Mary is no longer in our midst. Beyond the immediate feeling of being bereft, we miss her for the many ways she enriched our lives, both personal and professional.

Mary was a widely-known, admired and loved person, loved for her personal warmth and admired for her professional skill, knowledge, integrity and courage, and her devotion to the welfare of some of the most vulnerable members of our communities. Within our Trust she set standards of professional practice that many admired. We felt inspired by her commitment and integrity, we aspired to attain it but rarely achieved her humane approach. Her hallmark was to be relentless in championing services that would address the needs and wishes of her clients, her trainees and her colleagues. She would not be compromised in her deeply held conviction that the position of privilege she worked so hard to achieve conferred a special responsibility to share time, energies and expertise with those less fortunate than herself. For this and much else she deservedly earned enormous respect and gratitude. She was truly a standard bearer for an NHS that gives priority to service users' needs and welfare rights.

Rai Turton

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FINDING THE RIGHT ETHICS COMMITTEE

I AM a PhD student recruiting from a hospital patient population. As such, I am involved with the NHS and their research ethics committees (RECs) and multicentre research ethics committees (MRECs). MRECs can represent an obstacle to all researchers, but especially to non-medical researchers (e.g. psychologists). The main reason for this is that the ethics committee members often are unfamiliar with the methods and materials used in psychological research, thus applications are rejected or delayed as basic issues need to be explained. However, my understanding is that when there is a psychologist on an MREC this can make a very positive difference to applicants for psychological research. I know that there are some BPS members who sit on MRECs: would any of them be willing to make themselves known to other members so that future psychology researchers might approach your committee first, rather than risk rejection from a less well-informed MREC?

John Barry

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core assumptions about the world, and prevents difficult experiences becoming dissociated or split off.

Clinicians get to see and use such social support in action, but it is never a simple unitary thing. Until researchers find a way to ask smaller, more discrete questions, there is a danger that social support research will remain dry, abstract and of little practical utility.

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Orwellian psychotherapy

YOUR news report on Lord Layard's proposals for improving access to psychological therapies says that he believes 'it would be extremely cost-effective to offer psychological therapy to one million people who are on incapacity benefit due to mental health problems. Eleven sessions of CBT would likely result in 12 extra months free of depression and, perhaps more importantly to the exchequer, 1.5 months in work'.

Am I the only person to recoil at this crass economic justification of psychological therapy, trading off sessions of therapy for months back at work? It epitomises everything I see as wrong with the evidence-based approach to psychotherapy. There is the quasi-medical view of depression as an 'illness' that somehow happens to people. That psychotherapy is simply about 'curing' people returning them to a 'normal,' non-depressed state. The pseudo-scientific quantification implicit in the exact numbers cited (11 sessions, 12 extra months depression free, 1.5 months back at work). Not to mention the Orwellian way that psychotherapy is used at the behest of government to keep the workforce happy and, most

Four sessions bad, two sessions good?

importantly, working. I have no objection to more people getting access to psychological therapies. But I do object to these simplistic, politically driven justifications of therapy. Claims such as that made by Lord Layard are likely to backfire spectacularly. In my long experience of working as a psychotherapist, I have found it impossible to predict with any certainty who will improve and who won't with therapy. This is because people are complex and therapy a tricky business. The poet Louis MacNeice put it better: 'World is crazier and more of it than we think, incorrigibly plural'. We psychologists should beware of simplistic claims about how effective our therapies are as they will surely come back to haunt us.

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Precursors of genocide

I READ with interest the feature in May's edition about Mike Hewstone's talk on the role of intergroup contact in social integration. An interesting discussion was I felt marred by the simplistic consideration of events in the former Yugoslavia. To talk of either 'segregation' or 'desegregation' as critical determinants of 'ethnic cleansing' rather misses the point. To describe 'an invisible psychological wall' (whatever that means) as permeating the entire region is not only insufficient as an explanation but also untrue. Areas of the former Yugoslavia, such as Sarajevo, which were subject to the Serb onslaught, were extremely well integrated. The feature also ignores the case that many people in the region have mixed backgrounds, something which does not fit into the black and white picture which makes for convenient psychological speculation. Dislike, enmity and segregation never on their

own lead to genocide. Not discussed is the critical role of economic disintegration, corruption and crime with the undermining of traditional sources of political legitimacy. Whether in the Balkans, Cambodia, Rwanda or Nazi Germany these have been the precursors of genocide.

Psychologists have something valuable to contribute to debates on genocide and ethnic cleansing, but they must remain cognisant of the broader context in which enmity develops – otherwise they may end up telling us more about the arrogance of our discipline than about what is happening out in the world.

Ron Roberts

Kingston University

CORRECTION

The authors of last month's obituary for Gill Nyfield (p.270) – Peter Saville, Helen Baron and Lisa Cramp – were wrongly given as being with SHL Group PLC. Many apologies for any embarrassment caused.

RESTRICTING THE REWARDS FOR CRUELTY

BURR et al. ('Extreme pornography consultation', Letters, May 2006) make clear their dismay that the Society supports government aims to criminalise the downloading of violent pornography and note the literature points 'to no simple causal link between viewing pornography and committing crimes'. But they fail to mention that payment for downloading violent pornography finances the criminals who film the torture and rape of children. The adults depicted in violent pornography may be the same

individuals who were filmed at an earlier age as victims of violent child sexual abuse. Children caught in the terrorising web of organised abuse and prostitution do not escape simply because they have reached adulthood; the nightmare continues beyond puberty. The Society should support any move that might restrict the financial rewards for such cruelty.

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The 'isms' – Psychology's collective unconscious

RIGGS and Choi's article ('Heterosexism, racism and psychology', May 2006) filled me with a great sense of hopelessness. For at least 30 years now, concerned individuals, within and outside psychology and the Western world, have consistently stressed the dire need for psychology to rectify its shameful shortcomings regarding its entrenched 'isms' and phobias. They have called on psychology to divest its legacy of Euro-American-centrism and male chauvinism, in order to reflect the experiences of the populations it purports to serve, else it will cease to be a viable professional resource to those who, for reasons of 'race'/ colour, gender, class, sexual

orientation, etc., do not fit neatly into mainstream psychological models. At a BPS centenary conference in Birmingham, I (and co-presenter) reinforced and stressed this message to the gathering.

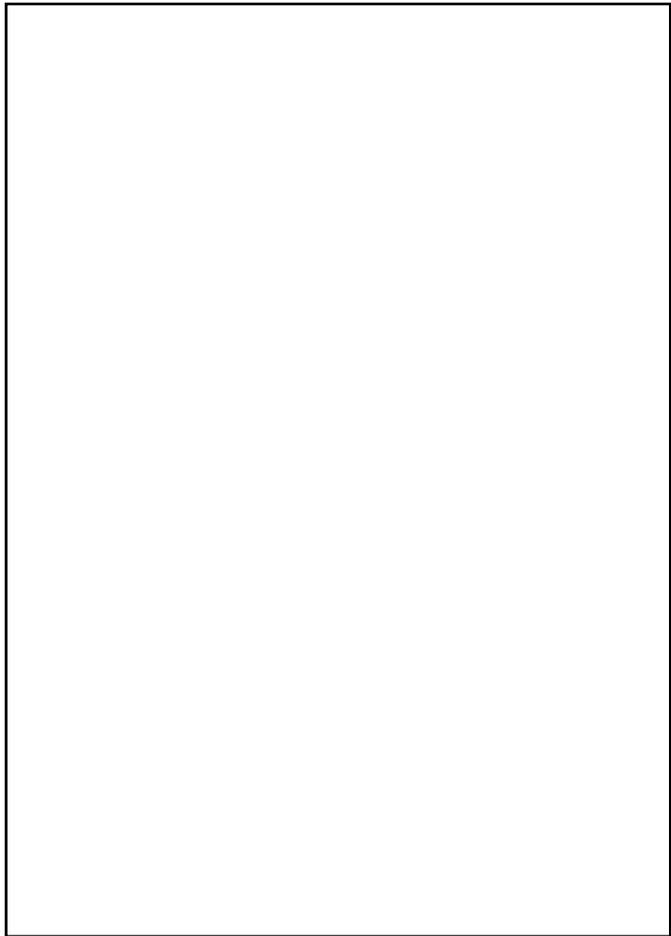
This challenge gathers extra weight each day. Due to Western nations' plundering and exploitation of the rest of the world ('globalisation'), coupled with the USA's quenchless thirst for global dominance (Chomsky, 2004), modern migratory patterns have ensured that every culture, with its bag and baggage, is represented in the UK, as elsewhere. Hence, psychology, wherever it is taught or practised, must reflect

Psychology continues to train people to be instruments of social control

this diversity. Besides migration, all the various isms entail considerable emotional, economic and social stress and distress. Thus, practice must reflect also the clientele's diverse experiences.

How is psychology, as a discipline and practice, meeting this challenge? Riggs and Choi's Australian research and experience palpably indicate that mainstream psychology has not paid the slightest heed to the concerns expressed by many – mainly members of socially underprivileged groups. If my very recent experience with final-year students (white = 100 per cent; females = 87 per cent) on a Doctorate Clinical Psychology Course is anything to go by, then it seems that psychology does not intend ever to do so – it is business as usual.

Namely, instead of educating students/trainees to become agents of social change, we continue to prepare them to be instruments of social control, guardians of the establishment. We fail to provide them with the



SMILE AND BE NICE

I READ with interest Jeremy Swinson's letter captioned 'Say cheese' (May 2006) about sex differences in the facial expressions of authors pictured in *The Psychologist*. I too have noticed this phenomenon and *The Psychologist* is not the only publication in which I have noticed it.

I put this phenomenon down to societal expectations of women. Women are expected to smile and 'be nice' to be seen as feminine so it is no surprise to me that female writers send in pictures of themselves smiling. A woman looking stern and serious tends to be regarded as hard-nosed, unfriendly, or worse. A man



looking stern would face no such judgement: he is seen simply as a man serious about his work, and is, as Jeremy so rightly says, 'keen to present a cool image of assumed superiority'.

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necessary level of awareness and understanding of the causes and effects of the structural factors that adversely affect marginalised groups in society, and to appreciate the relevance to practice of awareness and understanding of these factors, and the urgent need to dismantle them. In short, training should equip trainees to be socially, politically and culturally competent practitioners in a socially, politically and culturally diverse community. Professional training should seek to equip trainees to address the needs of the victims of social injustice.

Riggs and Choi rightly recommend a willingness to examine and appreciate the covert dynamics of institutionalisms, how they operate and are experienced by victims, as a way of meeting this challenge. In any institution where any kind of ism prevails (psychology being no exception), the power dynamics, institutional structure, policies and

procedures ensure its pervasiveness and normalcy, such that it becomes acceptable and unwittingly perpetuated by even the victims with in it. A majority of the group of students mentioned above were not prepared or willing to appreciate the importance of such an exercise.

Clearly, through IQ tests, personality inventories, and other psychometric tools, psychology serves the interests of dominant groups in society at the expense of the victims of its endemic isms. If, in my view, the attitudes of that group of students reflect those of students/trainees undertaking other courses accredited by the BPS's Membership and Professional Training Board, then I hope that I do not live to require psychological (dis)service.

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Reference

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Putting self-harm in context

WRITE in response to the letter by Jennifer Heath (April). I'm a psychology graduate and have recently begun a mental health nursing degree. I read the article in the *Nursing Standard* which was referred to (volume 20, no.28) about the introduction of safe self-harming and my initial reaction was one of shock. As I am on placement in an acute psychiatric ward I am familiar with self-harm and see the scars almost daily.

After discussing the article with the sister of the ward that specialises in self-harm, my way of thinking changed. I now understand that my initial reaction of shock was due to the belief that we have to prevent self-harm in order to

protect the patients. However, realistically, self-harm is a possible coping mechanism adopted by the patient in order to avoid suicide. Therefore, in order to help the patients we need to change our thinking.

The introduction of education for self-harmers into different ways of harm, such as using ice cubes or elastic bands instead of blades, is revolutionary. However, other continuous help must be offered, such as counselling.

It's just a shame that there are not enough psychologists in the NHS to be able to offer each patient such help.

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INFORMATION

■ IS there a graduate psychologist who would be interested in gaining some **voluntary clinical psychology experience**? This would be for a time-limited project involving clinical data entry and analysis, and offering experience of tools relevant to adult mental health psychology, within a clinical setting.

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■ I AM a senior lecturer in a business school. As numbers of students have risen, and entry level qualifications have fallen, I have become aware that assessment is an issue for assessors as well as the assessed. I am not aware of any **studies of the effects of assessing high quantities of variable quality work on the cognitive or affective function of assessors**. Is anyone else in the Society also interested in working on this?

Philip Scown
Manchester Metropolitan University
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■ BIRMINGHAM Mencap is looking for **volunteers to support young people between the ages of 16 and 25 years who have a moderate learning disability** and are undertaking voluntary work themselves within their community. If you are able to offer three or four hours a week and can travel within the area please contact me.

Lynne Whyley
Birmingham Mencap
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■ I AM a PhD researcher at Imperial College London. I am **looking for people who have been lied to** on something high-stakes (e.g. job loss, extra-marital relationship), who are willing to confront the person who has lied

and who are willing to arrange an interview with him or her in front of a video camera. The aim is to produce quality video data for behaviour analysis research. I will not publish (or make public) the data itself but only behaviour analysis results. If you would like to take part, simply e-mail me with details of your case. A short discussion will follow to evaluate if a valid experiment is possible.

Enrica Dente
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■ IF you would like to **join Counselling Psychologists' TalkShop**, send an e-mail to couns.psych-owner@smartgroups.com. You will then be sent two e-mails – a welcome message from the TalkShop group and one from smartgroups.com giving you instructions.

Therese Paterson
Division of Counselling Psychology

■ HMP & YOI Bullwood Hall is looking for **trainees who can practise either CBT, brief solution-focused therapy or other therapeutic approaches** for a 12-month voluntary placement one or two days a week.

It is preferable that you are in your second year of training with some prior experience of counselling practice; although first-year students with prior experience will also be considered. Supervision and travel expenses are provided.

Sarah Cresswell
HMP/YOI Bullwood Hall
Hockley, Essex
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■ LOOKING for **psychologists/therapists who have worked with people with Asperger's syndrome** to complete a 15-minute quantitative questionnaire on their experiences. Everyone will go into a prize draw to win Dermot Bowler's new book on autism spectrum disorders.

Matty Chalk
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