



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.

Leave *psychologist* alone

IN the run-up to statutory regulation there is a crucial decision to be made on what titles are to be protected. It appears from market research that 'the public' have a preference for short inclusive titles, and this may lead to pressures to protect *psychologist* as a title. I do not believe that this is in the best interest of the public, or of psychologist practitioners. A more specific qualifier is needed to indicate the area of speciality (and it may be necessary to protect several areas in this way rather than use a single overall title).

After all, engineers do not seek to protect the title *engineer*. They (and the public) know that specific qualifications are required for specific kinds of job.

It is too late to try to retrieve the word *psychologist* from the common language. It has been used for centuries, by all kinds of people, in all sorts of circumstances. It is not like *orthoptist* or *physiotherapist*, which are recent semi-technical descriptions that lend

themselves to becoming protected titles.

When the approved titles have been incorporated

into the legislation, for anyone who is not registered it will be illegal to use them. This could create an absurd situation where, if *psychologist* becomes a protected title, it would be illegal to use *psychologist* to refer to a person in a group which may not need to register, such as an academic who is teaching psychology (in a place called a department/school/

faculty of psychology). I had supposed that these issues had already been sorted out. It appears not (see Society, May 2003).

It also appears that the current schedule to produce an Order in Council by 2004 requires decisions to be made about titles in the next few months. I hope it is not too late to rescue the Society from some of the consequences of the regulation procedure.

The Law may be an ass but psychologists should be able to educate it.

Roy Davis
University of Reading

Acting on mental capacity

READERS of *The Psychologist* may be aware of the demands for mental capacity legislation (News, April, p.173). The Society is already actively promoting the introduction of a Mental Capacity Act: we are representing the Society on this issue under the auspices of the Professional Practice Board.

The general aim of proposed capacity legislation is to protect the needs of adults unable to communicate or make decisions for themselves as a result of a disability affecting cognitive functioning. As part of the Mental Capacity Focus Group, which includes organisations such as the Law Society, the Royal College of Psychiatrists

and the British Medical Association, the Society is working in conjunction with the Making Decisions Alliance (www.makingdecisions.org.uk) towards this objective. The current campaign has produced four previous consultation papers.

It is proposed that new legislation will establish a continuing power of attorney to cover health, welfare and financial decisions. Currently, adults who have difficulty in making or communicating their own decisions are subject to case law. This does not offer an adequate level of protection from abuse, and so the proposed legislation will retain a public protection element. This will empower local authorities to take measures to prevent the abuse of vulnerable adults.

The proposed legislation has clear implications for Chartered Psychologists. Although it

would appear that a wealth of psychological knowledge and expertise has previously been overlooked in this context, it is a welcome development that the Society is now recognised as a prime contributor in determining national policy and consequently professional practice. The Focus Group acknowledges that assessment of capacity will be based upon a functional test. Hence it can be argued that psychology practitioners are best placed to contribute in terms of evidence-based practice, research and assessment of decision-making ability, and intervention. The latter would include the enhancement of making and communicating decisions.

We would welcome your comments. Please send them to Karenfehlert@lineone.net and P.Kinderman@liverpool.ac.uk.

Karen Ehlert
Peter Kinderman

BPS CREDIT CARD

WE have recently received correspondence about our direct mail advertising of the BPS credit card. The card is a commercial activity that was originally approved by the then Finance and General Purposes Committee and has been running for over 10 years. In that time the scheme has earned more than £100,000, which has been used to further the Society's objectives.

The Society always takes great care in its commercial activities so as not to cause offence. If you wish to be excluded from external Society mailings, e-mail (preferably) your request to members@bps.org.uk quoting your membership number. If you do not have access to e-mail, you can phone on 0116 252 9534.

Russell Hobbs
Finance Directorate Manager

The burden of prescription rights

THERE is a major concern about prescribing by psychologists which is not addressed by the otherwise excellent peer commentaries on Resnick's argument for prescribing rights ('To prescribe or not to prescribe – Is that the question?', April 2003): that of adverse reactions.

The risks of adverse drug reactions are higher in elderly patients and hardly studied in those not generally included in drug trials, though they will be represented among psychology outpatients. Although Resnick reports no adverse outcomes over a four-year trial of US military psychologists

prescribing for US military personnel, these are healthy young adults and the experience is hardly generalisable to a general population. Further, the size of most drug trials means that rare adverse effects, many of them serious, are picked up once the drug is in general use through the yellow card notification system, notoriously underused and slow.

Most psychologists in the UK have only elementary knowledge and understanding of human biology, and little or none of pharmacology. Doctors who have such training already find it hard to apply to the complexities of drug

interactions and rare adverse effects. More, they are often overcredulous of drug manufacturers' claims and of the evidence on which it is based.

Are psychologists, who do not necessarily routinely keep up with evidence on the psychological therapies they apply, going to search for independent evidence of the efficacy of the drugs they prescribe? Prescribing by psychologists risks adding to the already heavy burden of iatrogenic illness.

Amanda C. de C. Williams
Guy's, King's & St Thomas' School of Medicine

...but what constitutes a drug?

LUCY Johnstone gives a bold statement against electroconvulsive therapy ('A shocking treatment?', May 2003) but could have gone much further in sketching the historical background to this treatment. ECT itself may have been introduced in the 1930s due to erroneous beliefs about schizophrenia and epilepsy being incompatible, but it is surely of interest to look at its forerunners, which also treated schizophrenia by inducing temporary loss of consciousness. In particular, one may think of the work of Manfred Sakel and others who,

inspired by observations of hypoglycaemia in diabetics taking insulin, were treating



schizophrenia with insulin before the advent of ECT. The obvious risks of hypoglycaemia are a telling reminder of the

dangers surrounding treatment of psychosis by therapy that aims to produce a sudden, abrupt change in level of consciousness – an observation of history which provides even more fuel for Lucy Johnstone's arguments.

The recent controversy over whether psychologists should have the right to prescribe medication is surely also pertinent to this history. Presumably, such rights would only extend to those medications used to treat psychological disorders. However, would this mean that, given that at one time insulin had been used as an antipsychotic medication, psychologists would then suddenly have the right to prescribe insulin? The example shows how, by observing the history of psychiatry, there is surely a certain ambiguity in what does and what does not constitute a drug used to treat a psychological disorder; and herein is a complication that psychologists interested in the issue of prescription may prove well advised to consider.

Anthony Edwards
University College Northampton

STRAIGHT TO THE POINT...

■ *Joe Roberts (Jackson, Mississippi) on our 'Media' report referring to research showing that suicide bombers are no different from many people with strongly held beliefs (April 2003):* Surely the administration of the MMPI-2 will present some distinctions between the thought processes of suicide bombers compared with mere dogmatists. Dogmatists invite discussion; terrorists create public destruction without regard to consequences.

■ *Clare Harries (University of Leeds) and David Hardman (London Metropolitan University) on Jean Nicol-Maveyraud's account of Nobel Prize winner Daniel Kahneman's research ('Mind over money', May 2003):* Although Kahneman certainly conducted many carefully-controlled experiments he was not entirely 'lodged in the laboratory', as the work on colonoscopy patients' judgements (cited by Nicol-Maveyraud) shows. Even the classic paper on prospect theory, which contains many laboratory-based studies, relates the theory to real-world economic behaviour such as the purchase of insurance and race-track betting.

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 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.

Shock horror

I AM writing in response to the article on ECT in the May issue ('A shocking treatment?'). I was astounded that the practice is still so widely administered. It is now five years since I sat my A-levels. At the time, the class laughed when ECT was presented, because we could not believe that such a seemingly barbaric practice continued when we were on the dawn of a new millennium. As a new entrant to the profession, to learn that it still exists is worrying. I would like to thank Lucy Johnstone for bringing this issue to the forefront. Perhaps the psychiatric journals need to read this.

Ali McKeown

*Queen's Medical Centre
Nottingham*

QUESTION TIME

How do people seem to know they are being stared at?

THERE is now a huge body of data, in peer-reviewed journals, from my own tests (www.sheldrake.org), from independent replications, from a massive experiment in the Science Museum in Amsterdam, and from experiments using closed-circuit TV that this effect really happens, and cannot be explained in terms of the 'normal' senses. People can do tests for themselves using instructions on my website, or even in a live online version of the test. The 'extended mind' has been proposed by a variety of philosophers, but I am treating it as a testable scientific hypothesis. The idea is that the mind is not just in the brain but extends around it through mental fields. An analogy would be magnetic fields extending around magnets, or the electromagnetic fields around mobile phones. These mental fields are rooted in brains, but extend out in every act of perception. For example, when you see this page, the image isn't in your brain, but where it seems to be, about 40 cm in front of your eyes. Through these fields we can affect what we look at, and this, I propose, underlies the sense of being stared at. Also such fields help to explain telepathy, which is otherwise seemingly inexplicable, and hence dismissed or subject to a strong taboo within science.

Rupert Sheldrake

London

ANSWERS, PLEASE...

Is a theoretical understanding of child development correlated with good parenting?

Susan King

Clinical Psychology Department, Highbury Hospital, Nottingham

■ Send your questions and answers to psychologist@bps.org.uk.

More to it than meets the Eye

AS readers will be aware, the satirical magazine *Private Eye* regularly amuses by drawing attention to the jargon-laden or long-winded forms of expression to be found in all areas of public life. Academic discourse in general (including the words of eminent professors and the like) is a prime target for 'Pseudos corner' and is regularly featured. The appearance of a BPS conference abstract in this column should therefore not surprise us. Nor does it, as Ben Papps suggests (Letters, May 2003), bring intolerable shame on the profession.

Papps urges us to imagine that Ian Hislop is 'sitting on your shoulder when you write

up, present or review research for BPS conferences'. Really? I am sure that Ian Hislop would be delighted to learn that he has been nominated as the new arbiter of academic credibility in psychology.

Conference abstracts are addressed to the academic community and are written in a style that is entirely appropriate for that audience. When we communicate research to non-academics, it should of course be written in a style which is accessible and meaningful for those audiences. As a rule of thumb, the profession should maintain the excellent standards of peer review currently practised in all areas of the Society, write appropriately for the target audience, and last but not least, try to maintain a sense of humour.

Kathy Doherty
Chair, *Psychology of Women Section*

Nothing to write home about?

SHOULD we be more concerned that *The Times* now has a resident graphologist (Letters, May 2003) than that the *Telegraph*, say, has a resident astrologer? It is an old question, whether we dignify pseudo-science with a response. With a residual vested interest (i.e. as a former senior verifier for the Society) I am reassured that at least holders of the Certificate of Competence in Occupational Testing have been enabled to ask the appropriate questions.

Should our reaction be 'graphology has not been shown to work', with all the sour grapes that implies, or should we rather suggest that it is an excellent way of confirming our inheritance, or of identifying a forgery, but can be stretched beyond its natural limits. Predicting life's winners has been a game involving many devices for many years – entrails, stars, tarot, crystals – and even those who read their 'stars' daily know in their hearts that it isn't true.

I have seen too many cases where all the carefully validated, reliable assessments



indicated that X was the right one – and everyone forgot that we were still talking of probabilities and excluding elements from the specification, whether by fault or design. But then I stopped working in occupational psychology a few years ago.

Dawn Adams

34 Station Road
Topsham
Devon

I AM most grateful to John Toplis for drawing the Society's attention to the scandalous behaviour of *The Times* in promoting graphology as a valid technique for judging 'emotional state and natural talents' and in outrageously suggesting that it can usefully inform career choice. The latter suggestion is particularly repulsive, since

INFORMATION

■ COULD anyone advise me of a good review article or book which provides a detailed, critical, comprehensive and up-to-date appraisal of evidence, based on methodologically sound studies, **for and against the efficacy of counselling?**

Neil Johnson
11 Kirklands Road
Over Kellett
Carnforth LA6 1DP
Tel: 01524 730235

■ I WORK in an in-patient unit that caters for adults with Huntington's disease with complex needs. I would like to meet or contact other **clinical psychologists within Huntingdon's disease services**. I am interested in

exploring the role for the profession in this clinical area.

Caroline Knight
St Andrew's Hospital
Northampton NN1 5DG
Tel: 01604 616000; e-mail:
cknight@standrew.co.uk

■ I AM a counselling psychologist undertaking Part 2 of the BPS Diploma in Counselling Psychology. I am looking for a **research supervisor and also a course coordinator**. Ideally someone in the South East of England or London area.

James Hodson
6A The Park
London W5 5NE
Tel: 020 8567 0398; e-mail:
relib95@hotmail.com

DEADLINE

Deadline for letters for possible publication in the September issue is **1 August**

it may well be taken seriously by young people who are desperately searching for some means of guidance at a vulnerable stage of their personal development.

If there is a need to provide substance for our argument, then an article in *Selection and Development Review* published a few years ago – which unfortunately I cannot currently get my hands on – is worth sending to the editor of the newspaper. It compared the ratings of a range of competencies by two highly experienced graphologists with the ratings of the same candidates undertaken at an assessment centre. The findings were that, whilst the two

graphologists agreed with each other (i.e. there was apparent reliability in their method), their scores were completely unrelated to the ratings of the same competencies obtained in the assessment centre (i.e. they were invalid).

I regard the potentially dangerous practice of *The Times* as an example of the very sort of issue for which the BPS exists, in relation to its responsibility to protect the general public from charlatans. I, therefore, look forward to hearing a response from the Society on this matter.

Beverly Alimo-Metcalf
Leadership Research & Development Ltd
Leeds

The return of the Rorschach?

WELCOME John Donnelly's valuable article on the Rorschach inkblot test ('Blot on the landscape?', May 2003). I am one of a group a Chartered Clinical Psychologists who have trained in the Rorschach Comprehensive System. Our group represents clinicians from a wide range of backgrounds including child and adolescent, adult, learning disability and forensic.

Our aim, by creating a British Rorschach Society, is to communicate our interest in the Rorschach, and to develop our collective experience and knowledge base. We hope

eventually to be able to offer training to other interested colleagues.

Our clinical experience and the feedback from our clients indicate that the Rorschach can not only inform our clinical formulation but also provide valuable insight into therapeutic interventions. We are pleased to note that the Rorschach has triggered interest in many of our colleagues, especially the younger generation who are perhaps more ready to embrace approaches used in other countries.

Sadegh Nashat
British Rorschach Society
info@rorschachsociety.org.uk

Solution to Prize Crossword No.9

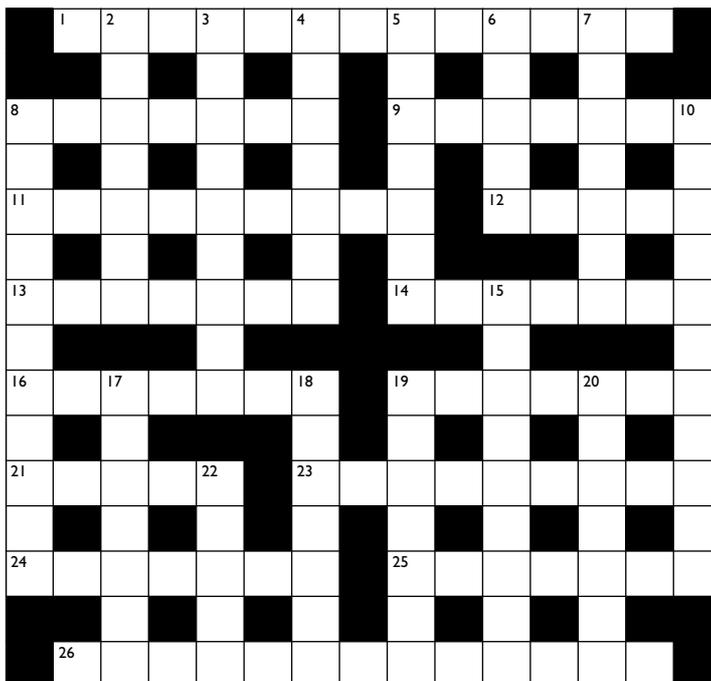
Across: 1 Chlorpromazine, 9 Locum, 10 Champagne, 11 Roundhead, 12 Intro, 13 Eire, 14 Aboriginal, 17 Understudy, 19 Anti, 22 Leads, 24 Once a week, 26 Courtship, 27 Iliac, 28 Secondhand shop.

Down: 1 Calorie, 2 Lacquered, 3 Remedy, 4 Ruche, 5 Meandered, 6 Zipping, 7 Night, 8 Recoil, 15 Betrothed, 16 Non-Jewish, 17 Unlock, 18 Risotto, 20 Inky cap, 21 Taxied, 23 Abuse, 25 Copra.

Winner: Jim Rodwell, Elgin

Send entries (photocopies accepted) to: **Prize Crossword, The Psychologist, St Andrews House, 48 Princess Road East, Leicester LE1 7DR. Deadline for entries is 1 August 2003. A £25 book token goes to the winner, drawn at random from all correct entries.**

PRIZE CROSSWORD No.10



Across

- 1 Merchandise a man placed around woman's subject of parable (4,9)
- 8 Neologism for money? (7)
- 9 Securing rope some preserved in fat (7)
- 11 Sanctioning deserter I find aviating having displaced novice (9)
- 12 Engineers rejected assistance for parasitic larva (5)
- 13 Black file of papers missing at first is more dictatorial (7)
- 14 In large body of water I have a group of islands (7)
- 16 Mental deficiency once the last word on backward island (7)
- 19 Cipher protecting a German opium alkaloid (7)
- 21 Study is about symbols on a computer (5)
- 23 Pieces snipped off for decoration (9)
- 24 One man carrying ring back from capital (7)
- 25 One renouncing pleasure has a turnip cooked outside (7)
- 26 Novel characters with split personality (6,3,4)

Down

- 2 Coming up around so Greek character consumed drugs (7)
- 3 In it one is out cold being late and feeble (4,5)
- 4 Workshop in which some decorate lierne (7)
- 5 Up-tempo piece all, for example, about gold (7)
- 6 Victor missing first target ring (5)
- 7 A group of musicians playing with lack of restraint (7)
- 8 Thinking of having party with right superseding left (11)
- 10 DAP expanded in Machover test (4-1-6)
- 15 Overweight person producing endorphin given doctor's injection when not at home (9)
- 17 Producing feeling with bearing to reason (7)
- 18 Workers' high-rise construction? (7)
- 19 Fryer having feature with very quiet key insertion (4,3)
- 20 Roasted when dieting unsuccessfully (7)
- 22 Flamboyant cast seen around town centre (5)

Name.....

Address.....

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