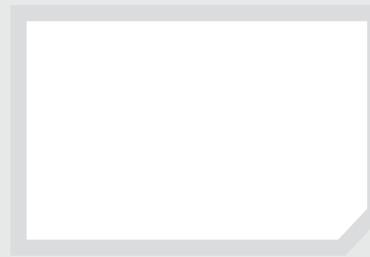


# Statutory regulation – undermining professional independence?

Malcolm Adams, in his letter about statutory regulation (July 2008), correctly points out that there is a 'settled and determined view' in the White Paper of 2007 of how the government plans to proceed with statutory regulation. He mentions that this is 'the external context' for discussions about statutory regulation. Actually the external context is wider than this, and is the Labour government's general undermining of civil liberties and its extension of government control into as many areas as possible, with its associated set habit of ignoring alternative views and interests.

One aspect of this general authoritarianism has been the government's desire to control the regulation of health professionals and psychologists. Other aspects affecting psychologists have been the implementation of the National Service Framework, restrictive NICE



Seeking to extend government control?

practice. There appears to be no recognition of the Society's duty to

guidelines about clinical practice, and the intended control of psychological expertise within the family court system.

The Society's response has generally been highly inadequate. With regard to statutory regulation the Society seems to be obsessively preoccupied with issues of protecting the public from poor professional practice. There appears to be no recognition of the Society's duty to

JESS HURD/REPORTDIGITAL.CO.UK

## Divisions of opinion

I fully agree and sympathise with the comments made by Sandie Hopley (Letters, June 2008) regarding the position of members who do not belong to a Division and the implications for their statutory registration. I understand that Divisions are still rejecting anyone who has not done the Society's accredited courses or training regardless of their experience and proven competency.

It is unsatisfactory that the BPS has chosen to so narrowly define eligibility that it excludes consideration of those of us who have been practising long before professional doctorates or Divisions came into being. It is also difficult to understand how the BPS can 'de facto' recognise one's competency by

awarding chartered status and a practising certificate for many years and then in recent discussions with the Health Professions Council claim that such qualifications/experience are not sufficient to qualify holders for automatic transfer to the HPC Register when it opens (unlike those members who will be able to by virtue of their membership of a Division). How could the Society's negotiators have allowed this to happen?

If such qualifications were sufficient in the past to confirm eligibility to practise (and still are today), how can they not be next year?

I also find the President's reply to Sandie Hopley's concerns neither enlightening or reassuring. A single register of psychologists, if obtained,

would still, as the BPS suggests (President's update, 22 May 2008), have some kind of 'flag' denoting the specialist area the psychologist operates within. This, no doubt, will turn out to be dependent upon full membership of the appropriate Division – so no benefit for the 'adjectivally challenged' there then! The reference in Liz Campbell's reply to the use of 'two expert members of the profession' who will assist the HPC in considering 'non-standard' candidates is also not very reassuring, if such expert members are drawn, as they inevitably will be, from the very Divisions of the BPS who have shown no flexibility so far in assisting colleagues to become HPC registered.

Discussions with the HPC are still ongoing I believe, so

the Society could still if it chose, amend its Divisional membership policy or reintroduce the grandparenting system that operated when the various Divisions were first established. This would seem to be the simplest way of solving the present problem and of avoiding the disenfranchisement of so many Society members.

**Don Watson**  
Durham

**Society President Liz Campbell replies:**

I agree with Don Watson that the position regarding those Chartered psychologists without an adjectival title is unsatisfactory. Our argument with both the Government and the Health Professions Council

protect its members' professional independence, in the context of the ongoing threats to members' civil liberties generally.

There are probably various reasons why the Society's response has been inadequate. However, I suggest that in future all candidates for office within the BPS should make very clear their stance on the need to protect psychologists' independence from government and their ability to practise without government approval. I also suggest that candidates be required to make their political affiliations very clear. Whatever the political affiliations of the Society's officers have been up to now, personally I do not wish to have the Society run in future by people who support a political party that continues to undermine my civil liberties and professional independence.

Ian Wray  
Sheffield

## Existence and death

It was like a fresh breeze to read 'Running to catch the sun' by Dan Jones (July 2008) – mostly because modern psychology tends to treat existential issues less favourably, often perceiving them as anti-intellectual. Divorcing psychology from philosophy was a costly decision for humanities, as it produced a dissonance between existentialism and science. To bridge this gap it is necessary to start from biased psychological education. For instance, an ordinary psychology student has a limited idea about the nature of existential problems, nevertheless is capable of performing advanced statistical analysis.

As a PhD student in neuropsychology I am taught to understand the human being in terms of structure and function of the brain that relates to specific psychological processes, thus there is no

place for understanding patient experience such as those linked to self, freedom, isolation or fear of death.

I believe that awareness of existential concepts could serve neuropsychologists as a door to understanding the neuropsychological condition and can be extremely helpful with regard to successful evaluation, diagnosis and treatment. On the other hand, there is a necessity for professionals to understand that a patient has a right to experience existential problems, without categorising it as a part of a syndrome, pathology or disease.

Although 'existential neuropsychology' sounds abstract today – I hope it will 'catch the sun' (sooner or later)!

Edyta Monika Hunter  
Department of Psychology  
University of Edinburgh

## Divorced from dying?

is that these individuals are appropriately qualified and should be able to register with the HPC. Unfortunately, the Government policy remains that adjectival titles are the route they wish to take.

We have recently and yet again raised this issue at a meeting with the HPC and they have promised to look at their processes with regard to this group, although they have already stated that there will be a grandparenting route run by the HPC. We have also raised this issue directly with the Department of Health solicitor, and we will continue to press the case.

As soon as we have detailed and precise news on this issue we will publish the information: keep an eye on [www.bps.org.uk/statreg](http://www.bps.org.uk/statreg). So, let me re-assure Don Watson that this group of Chartered Psychologists has not been forgotten or ignored, in fact this group is a central part of the Society's agenda.

We fear death. We go to extraordinary lengths to avoid coming into contact with it. As evidence of this, I would ask, despite the ubiquity of death, how many in our society actually get to see somebody die?

In recent times most deaths, other than accidental, take place not at home but in hospitals. These are almost invariably very clinical affairs. The person becomes less than human, with tubes and various other things emanating from them. I once saw a framed photograph of a dying patient by her bedside. She looked out from the photograph, bright, beautiful and very proud in her graduation robes. The family had placed it there to remind us all that this wizened and unresponsive body before us was once a lively and vibrant young woman. It was a very moving contrast.

The end result of this sanitisation of death is that we suffer two deaths – one physical and one social that

precedes the physical. It makes death a terrifying affair, not only for the cognisant patient but also for families. It also mystifies the process. Television and particularly our insatiable appetite for police dramas, paints a picture of death that somehow manages to exclude humanity. We see bodies on slabs or at the scene of a crime. They are not real people, but simply vehicles for us to ogle at the grotesque perpetrators of violent crime or the cunning of the detective.

The death that I see on the wards is a much quieter affair by and large; also un-aesthetic and unassuming at the same time. I would want to argue that there is a relationship between our fear of death, ageing and ageism. The more open and realistic the portrayal of death, not divorced from the dying, the less of a mystery the whole process will be for us all and the less repulsed we will be by the signs of ageing.

I recently reread Germaine

Greer's *The Female Eunuch* and was struck at how frank her discussion of female sexuality is. It is interesting to note how the more realistic portrayal of female sexuality has accompanied the empowerment of women. Could it therefore be that a more open and realistic portrayal of death might mitigate our revulsion of death and ageing in general?

Should we not in the work we do therefore be supporting this in encouraging families to be present at the moment of death, facilitating dying patients being home whenever possible and writing to the press supporting a more realistic portrayal of death? Maybe the gains for the population we serve are much greater than we have initially supposed them to be.

Stéphane Duckett  
Royal Free Hospital  
London



## COMMUNITY NOTICEBOARD

I am collecting data for my PhD **investigating the influence leadership has on employee trust in their direct managers**. The study will help to understand how leaders can increase employee trust and motivation through using different leadership behaviours. Your response on how your manager is behaving and the effects it has on you will greatly contribute to the research. The study is online ([www.abs-leadership.co.uk/itp](http://www.abs-leadership.co.uk/itp)) and will take only about 5 to 10 minutes to complete.

Participation is absolutely anonymous and confidential, and the data will only be used for my PhD and possible publications. No third party will have access to the data and it will be stored securely at Aston Business School. Please contact me if you have any questions.

**Markus Hasel**

[markus.c.hasel@abs-leadership.co.uk](mailto:markus.c.hasel@abs-leadership.co.uk)

I am looking for five psychologists with an interest in cognitive behavioural therapies and music to work with me on **Project Parallel Consciousness**. A finalist in the Saatchi & Saatchi Innovations Award competition, this project uses **a combination of ethereal music to induce an emotive state of mind and sound effects to induce the desired imagery**. It was originally devised as a cognitive treatment targeting patients with severe traumatic episodes

**Scott J. Phelps-Fuller**

*Clayhall, Essex*

[operations@reficio.org.uk](mailto:operations@reficio.org.uk)

**Are you a psychologist who has decided to live without a Christian faith?** Would you like to share your story to increase understanding in this area? If you have decided to live without faith, I would greatly appreciate your time in order to discuss your perception of how it has impacted on your clinical practice. I would like to meet you for two recorded interviews, both lasting approximately one hour. The interviews will be within three to six months apart at a location convenient to you.

If interested in participating in this PsychD research, please contact me for more information.

**Jeremy Rowe**

07798 624558

[rowejf@roehampton.ac.uk](mailto:rowejf@roehampton.ac.uk)

# Disfigurement and gender

In relation to your special issue centred around disfigurement (June 2008), I felt it odd that gender was so downplayed. There almost appeared to be a fear of mentioning gender, and I saw no mention of it in the otherwise very interesting account by

Harcourt and Rumsey (two women). Moss and Rossner (two men) do mention gender, but mostly to complain that an emphasis on studying females has 'biased' the results and that men also deserve 'acknowledgement and aid'. It would appear this bias is being

## Keeping an open mind on Dore

I am writing about the news item 'Dore closes on controversial dyslexia treatment' (July 2008). The Dore programme does not just claim to alleviate dyslexia and ADHD – it also claims to help Asperger's syndrome, ADD and dyspraxia. I have been on the course since September last year and had only a few months left on the year-long course when the company went into administration. I have found that the exercises have had a good effect on what was fairly severe dyspraxia. My coordination has improved along with my eye tracking – and since I started the course I have not had a migraine and can read for longer without getting a headache. Before, I was getting a migraine around once every three to four months. Both my mum and brother have noticed improvements not just in my motor skills but also in my social skills – I'm more likely to take part in social events, and feel easier doing them. I can also drive further than I would even attempt before, and better.

I noticed that the article was looking at the research on which it was based and whether the exercises would have any effect, but no mention was made as to whether any psychologists had done outcome research on those who had completed the course. While the argument that it would not affect dyslexia itself may be true, the number of clients, including rugby players Kenny Logan and Scott Quinell, who have had a great improvement as a result, must count for something. Considering dyslexia can be comorbid with dyspraxia, along with Irlen syndrome, or scotopic sensitivity, and other motor disorders, I think that what the Dore

programme does is to retrain the cerebellum into taking over the motor functions it should have been doing since birth, thus freeing up capacity in the cortex which had been doing those functions, allowing it to concentrate on the reading and social skills. It may even free up the cognitive pathways in the cerebellum, which could have been doing double duty due to underdeveloped motor pathways.

The Dore guarantee was also, as I remember, that there would be a definite improvement in the three areas they concentrate on – visual, vestibular and sensorimotor, not an outright cure. I also agree with the view that any treatment that is a safer alternative to drugs for ADHD is a good thing – especially as it may well work out cheaper and instead of controlling the problems may actually alleviate the root cause. I do know that the course has also reduced my travel sickness, in that I can go longer as a passenger without taking travelsick pills. I would also be willing to take part in any studies on the effect of the Dore programme on adults/adult dyspraxics or as a case study. I have been assessed using the WAIS, so there could be baseline data, depending on how long the raw data is kept, failing that there are the reported results of the testing.

As an aside I would be interested in a special issue looking at the latest research into learning difficulties/problems such as dyspraxia, Asperger's syndrome, ADD, Irlen syndrome and the like – the problems that appear to be given less coverage than dyslexia and autism.

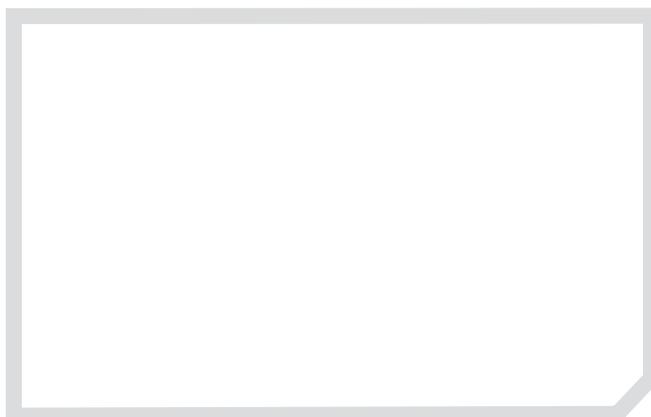
**Alice Andrews**

*Norfolk*

**We have updated our discussion forum at [www.psychforum.org.uk](http://www.psychforum.org.uk). Visit it now to discuss psychology in general, The Psychologist, or careers (including seeking work experience and more).**

rectified in this magazine as the two accounts given by disfigured people are both by men, so we get no inside view of how a woman in fact does cope with this challenge.

I wouldn't agree that studying women biases the results unless you are lumping the results all together, which is what I am arguing is the mistake in the first place. We all seem to play this game – let's pretend there's no real difference. But if you don't look at gender you are missing an enormous piece of the puzzle – clearly how men and women will adapt to disfigurement is going to be radically different. Women, as John Berger has famously made explicit, are objectified both by men and by themselves because



There almost appeared to be a fear of mentioning gender

of becoming so obsessed with appearance; while men may care about appearance it is never quite so central. When boys are growing up, it is all about who they are not what they are; whereas for girls, who they are is never so central or important. So when a man loses his looks, it would seem likely he may be more able to fall back on who he is.

The other factor that also must be central to later adaptation, one would assume, would be whether as a child they were loved or not. That is something that must give later resilience and cannot be 'taught' later. Or at least it is what psychotherapy attempts to do; therefore, if you are attempting to do that for a disfigured person who also was not loved then you have a double whammy so to speak – a bit like Ralph Fiennes in *Red Dragon*. And I would argue a disfigured woman who was not loved as a child is a triple.

One other point – the posters you used on the front cover and inside from the Changing Faces campaign strike me oddly as doing what they are campaigning against – they objectify the people by sticking white lines unpleasantly reminiscent of Eugenic type analyses, as if measuring body parts to show why these people are in fact 'odd'.

**Lennox Savage**

*Caher*

*County Clare*

*Ireland*

## obituary

# John Graham-White (1913–2008)

John Graham-White was perhaps 'the last of the first' clinical psychologists, those pioneers in at the birth of the NHS who laid the foundations of our profession. Sadly many did not enjoy a long retirement but John did so, to the benefit of various services and official bodies and to the delight and joy of his family and many friends. He was 94.

The NHS was founded in 1948, and in 1949 John was the first clinical psychologist at Alder Hey children's hospital in Liverpool, later also lecturer in clinical psychology at Liverpool University. In 1958 he left to become the first clinical psychologist in Northern Ireland, with a lecturer post at Queen's University, Belfast, directing the new clinical postgraduate course, and adviser to the Northern Ireland Hospitals Authority. This was one of the first of the new courses to

develop post-war, when training was as often done 'on the job', supervised by a senior.

In Belfast John fulfilled many additional advisory and examining jobs for several other universities and a stint for the BPS Diploma in Clinical Psychology. He was on the editorial board of *Behavioural Research and Therapy*, consulting editor for *Psychophysiology*, and spent two terms as visiting lecturer at the University of Western Australia. In 1968 he was elected a Fellow of the BPS, and in 1970 of the Psychological Society of Ireland.

He left Belfast in 1974 to head the clinical psychology service at the Royal Edinburgh Hospital and to be the regional coordinator of the revived postgraduate course at Edinburgh University. He was also appointed to the

Management Board for the State Hospital for Scotland. In retirement, in his seventies, he served on the Mental Health Act Commission for England and Wales.

John's beginnings before the war were at Cambridge but it was A.S. Neill and Summerhill that were critical in determining his philosophy and ultimate career. He underwent a training analysis with Stekel and decided to qualify in psychology. The war found him in New York, so he enrolled at Harvard and gained his MEd, but then joined the Canadian Army and, with fluent German, went to Germany interrogating for the Intelligence Corps. There he met his wife, Gisela.

Hobart Mowrer at Harvard had taught him learning theory-based therapies and physiological feedback and, back in England, he encountered Eysenck's and

Shapiro's approaches. He said Monty Shapiro's hypothesis-testing research and practice was more his 'cup-of-tea', and he worked with him to found the Committee of Professional Psychologists, forerunner of the Division of Clinical Psychology. But earlier experiences 'put him on common ground with the Tavistock eclectic psychodynamic tradition'. He passed on the results of these varied influences to generations of colleagues and students.

John has in recent years cared for his wife, a stroke sufferer, and it has been a brain tumour that has finally brought his long and rich life to an end. His friends and colleagues will miss this kind, gentle, caring and immensely resilient man, whom it has been a privilege to know for so long. Our sympathies go to his wife and family.

**Tony Black**

*Reading*

## Psychology international

I read with interest Pam Maras' piece entitled 'Psychology as an international science' (Conference, June 2008). She writes that the Society wants to extend its 'international partnerships' and that 'a working group will report in the summer on processes and systems for this'. Readers may be forgiven for naively feeling cheerful about this outward looking plan for future international action, because the BPS never publicly discussed the sudden closing down of their past international work.

It was only in March last year that the International Committee was terminated by the Board of Trustees without giving members of the committee plausible reasons

for this action. As Ingrid Lunt, a member of the committee, wrote at the time, 'We all know how difficult it is to build up networks, to understand other international organisations...building up understanding over time, establishing trust and credibility...'.  
Important links and connections were probably lost due to the Board's action. Additionally, devoted efforts and inspiring work (mainly unpaid) contributed by the colleagues of the International Committee to the standing of the BPS in other countries remained entirely unappreciated by the Society.

**Greta Sykes**  
*Past member of the International Committee*

## FIGURING IT OUT

**I am writing to request whether it is possible for the Society to publish monthly or annual figures on newly chartered members by Division, including comparative figures over time by Division. I would be interested in knowing these statistics purely from the point of view that it is good to know the degree to which new members are attaining full qualification and chartership, and I wondered whether this would make a good piece for *The Psychologist*.**

**Claire Goodwin**  
*London*

**The Editor, Jon Sutton, replies: This should indeed be possible. It might show some interesting fluctuations suggesting the relative 'boom and bust' of different areas of psychology. I will look into it, with a view to producing a piece for the 'Careers' section at some point over the next year.**

**I'm always happy to hear suggestions like this; for new formats, topics (particularly for debates), people and subjects for 'Looking back' and 'One on one', etc., etc. If you think a particular area of psychology is underrepresented in *The Psychologist*, this is your chance to do something about it. Just e-mail me on [jon.sutton@bps.org.uk](mailto:jon.sutton@bps.org.uk).**

## The call of the sea

My wife and I are patrons of Ocean Youth Trust Scotland, a charity that takes young people sailing. They gain considerably in confidence, and this has sparked my interest in the ways in which the sea may affect self-esteem. I am not a psychologist and so I now need assistance to develop my ideas further.

In brief, my current explanation is this. Young people are frequently being

corrected as they grow up, and the persistent drip drip of negatives is almost certain to affect their self-esteem. Perhaps negative memories are more readily recalled, because natural selection pruned out the optimists who were confident they could outrun the lions and tigers. Our ancestors were the pessimists who survived. They may have been miserable, but mild depression has its benefits!

Unfortunately our Stone Age genes ensure that we still tend to remember our mistakes rather than our successes.

Stochastic resonance is a well-established principle, which states that if you add noise to a undetectably faint signal, the

combined output may rise enough to make it detectable. The relatively constant auditory background noise of the sea and the visual 'noise' of light reflected off moving water may have the right sort of characteristics to make the faint forgotten memories detectable. The balance of remembered good and bad experiences would then improve, and with it the self-esteem.

I would be interested to hear from experienced authors, preferably with both academic psychological and neurological interests, with a view to commissioning them to write an article to help me get this idea more widely discussed. If there is any other research out there giving an explanation for our fascination with water, I would be interested to hear. There are of course other self-esteem linked reasons that help to explain the benefits of a voyage on an OYTS boat, but many non-sailors like to be near the sea too, so we still need to explain our general fascination with water.

**Lionel Mills**  
*Fife*  
[liomills@googlemail.com](mailto:liomills@googlemail.com)

