



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.

Nothing to be sniffy about

IN the July issue news section Peter Hegarty disparaged studies about olfaction and sexual orientation on the grounds that they did not include lesbian and bisexual participants. On the contrary, we would argue that the comparisons of heterosexual men, heterosexual women and homosexual men are based on sound biological theory that we have mentioned in the pages of *The Psychologist* before (see Dickins & Sergeant, 2004).

That differences were found is of considerable interest, and should not be so readily dismissed simply because other possible comparisons could be made. In fact, there are potentially very different biological explanations for different orientations, and it is not immediately obvious that other comparisons would be especially fruitful. Where appropriate, biologically oriented studies have indeed included lesbians (e.g. Trevathan *et al.*, 1993). However, the category of 'bisexual' is of a rather uncertain status for various reasons, including the finding from one study that male participants who identified as bisexual only responded sexually to one

sex (see Wilson & Rahman, 2005, pp.14–21).

Hegarty asserted that nature/nurture research on sexual orientation has little practical importance. While we do not doubt that practical problems are serious, the history of science shows that solutions are best found when some understanding of the relevant aspects of the world is achieved.

In short, we find it rather dispiriting that *The Psychologist* should allow the Chair of the Lesbian and Gay Section to rubbish research that he appears to know little about, simply because it concerns issues of sexuality.

Tom Dickins

University of East London

David Hardman

London Metropolitan University

Mark Sergeant

Nottingham Trent University

References

- Dickins, T. & Sergeant, M. (2004). Encouraging open debate [Letter to the editor]. *The Psychologist*, 17, 184.
- Trevathan, W.R., Burleson, M.H. & Gregory, W.L. (1993). No evidence for menstrual synchrony in lesbian couples. *Psychoneuroendocrinology*, 18, 425–435.
- Wilson, G. & Rahman, Q. (2005). *Born gay: The psychology of sex orientation*. London: Peter Owen.

The editor, Jon Sutton, replies to the editorial point raised: I thought that it would make for a better news story if an alternative view was sought. Do others think that critical comment improves news coverage?

BEWARE OF FALSE PROPHETS

IAM sure we are all delighted that Craig Newnes has received a human rights award from the Citizens Commission on Human Rights (CCHR) for his opposition to psychiatric medication and the overlabelling of children (News, July 2005). Readers should know that the CCHR is a front organisation of the Church of Scientology and has its own therapies and philosophies to promote. The Wikipedia entry on Scientology is perhaps better balanced than many other views of this controversial belief system (en.wikipedia.org/wiki/Scientology), and provides links to their own view of the scandals that have accompanied their

history, as well as those of critics and sceptics of the movement.

Attempting to accurately and fairly summarise their model of mental aberration could be said to bias argument against them – at least for more Earth-based and unimaginative thinkers – as the theory involves a galactic tyrant (Xenu) who stacked hundreds of billions of frozen souls (thetans) around Earth's volcanoes 75 million years ago before blowing them up with hydrogen bombs and brainwashing the survivors with virtual reality films for 36 days. The traumatised thetans subsequently entered human bodies where they manifest

residual PTSD from the cataclysm, which we now observe as psychopathology. Removal of thetans requires specialist techniques known only to specialist Scientologist counsellors.

Given the foregoing, it seems at least possible that their leader, L.R. Hubbard, was a better pulp science-fiction writer than he was messiah,

scientist, or psychotherapist. We are right to be cautious about the over-prescribing of medication for psychological and behavioural problems, and the gratuitous over-diagnosis of arbitrary (rather than empirically observed and replicable) conditions. We should also be cautious that any humane and legitimate critique of psychiatric (and occasionally psychological) hegemony is not hijacked by more irrational political, religious and social movements (let alone proselytising celebrities) discrediting what would otherwise be a legitimate argument.

Vincent Egan

Glasgow Caledonian University

A deterrent to the most able?

I AGREE wholeheartedly with comments about selection for clinical training raised by Samantha Hardingham (Letters, October 2004) and Jonathan Radcliffe (Letters, March 2005). The present system requires that candidates gain relevant work experience before submitting their application; and, from what I understand, candidates usually have to work for at least two years after graduation before they are given serious consideration by selection panels. Such a system places 'strong motivation' as a primary selection criterion because it demands that candidates show their dedication by working for a substantial period on low or no pay. However, while it may attract the most motivated graduates I believe that this system deters many of those who are most able.

Those advocating the present selection system are surely home-owning established psychologists who don't truly appreciate the financial pressure and career uncertainly facing modern graduates. Uppermost in the minds of most graduates is the need to pay off substantial student debt and eventually gain a foothold on the housing ladder. The problem with the system – as effectively highlighted by Jonathan Radcliffe – is that those on board have no guarantee that they will eventually undertake clinical training and achieve

the financial security of chartered status.

Those graduates who would make good clinical psychologists have the ability to succeed in any number of professions and – given their financial concerns – many of these will turn to careers offering more definite financial prospects. I accept that graduates have to endure several years on low pay, as this is a simple reality of the employment market. However, I feel it unfair that they should have to do this with no guarantee that their efforts will prove fruitful. It is especially unfair, and even discriminatory, for older graduates who do not have the fledgling years in which to take risks.

I would like to propose a different system that would maintain all the benefits of the present system while providing more certainly for graduates. Selection for clinical training should be made after graduation based solely on candidates' undergraduate achievements. Successful candidates should then be required to work in a suitable junior position, perhaps in a range of different settings. Subject to satisfactory performance – and a remaining conviction that they wish to become clinical psychologists – these candidates should then move on to clinical training.

Andy Bellamy
15 *The Toppings*
Garstang
Lancashire

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.

A Branch for London and the Home Counties

VOTING is currently in progress to support or reject the proposal for the formation of a London and Home Counties Branch of the BPS. If at least 10 per cent of the membership in this geographical area express their support for this process, the Branches Map of the BPS will acquire an extra bit of colour.

So, is the London Branch really worth a support vote? There is an argument that everything happens in London anyway, as it is – lectures and workshops, training courses, major meetings, conferences, etc. Yet the vast majority of these events are organised by universities or commercial organisations, with the consequence that they are either subgroup specific or extraordinarily expensive. The BPS-generated events in London are on a downhill slope. The London Lectures are a great initiative, but they are specifically designed for A-level and undergraduate students. Having been run at the Imperial College in 2004, the Annual Conference is unlikely to come back to London in the foreseeable future. The London Conference, a well-known but rather poorly attended event, is long gone from the BPS calendar. So what is there for the thousands of psychologists who live or work in London and surrounding areas?

It's a great irony that the capital of the country and one

of the most densely populated areas does not have its own Branch. Most members of the BPS, by virtue of living in a certain geographical location, are automatically members of a corresponding Branch. Branch membership is a free service offered by the Society to its members, which the Londoners have never had the benefit of.

The initiative to form a Branch in London aims to redress this balance. The Branch will enable cross-fertilisation within and between different psychology professions through meetings, guest lectures, workshops, debates and larger-scale events. When, for example, in 2004, Philip Zimbardo was passing through London and offered to give a guest lecture to the BPS, there was no mechanism in place to enable it to happen. London Branch will become such a mechanism for most London-based events and activities. It can also facilitate CPD opportunities, career events and, possibly, dissemination of psychology to members of the general public.

It is hoped that psychologists in this geographical territory with interesting and creative ideas would nominate themselves to become committee members and take their ideas forward.

Iona Boniwell
An organiser of the London Branch
The Open University

A VAT anomaly

I HAVE, as a consultant clinical psychologist, had a private practice for many years in conjunction with my NHS work. I have also been heavily involved in teaching health professionals how to carry out trauma psychotherapy and had a VAT registered trading company (John Spector trading as...) to manage this training of health professionals as distinct from my private practice, which was concerned with the provision of psychotherapy to patients privately. I was advised by my accountant to set things up this way.

Some months ago, shortly after I had turned my training company into a limited

company, I had a random VAT visit. The VAT inspectors were entirely happy with my VAT returns but told me that I was liable for VAT on my private practice, as that would be considered together with my VAT registered training company as all part of my private business earnings, even though they were entirely separate activities. This amounted to several years' back VAT up until the time I had become a limited company.

I then discovered that if I had been a doctor or a nurse or indeed anyone under the category of 'professions subsumed under medicine', carrying out the same

psychotherapy procedures that I had as a clinical psychologist, then I would not have had to pay VAT on my private practice. When I rang the BPS for guidance in this matter. I was taken on the phone through a tortuous route on the BPS website to a section on VAT which I could only have found with the guidance I received. And when I managed to speak to someone at the BPS who knew

something about this area, I was told that the situation was so because we were not statutorily regulated yet.

I am writing of my experience for two reasons. Firstly, to alert other psychologists in private practice to the fact that even though 'we are specialists in psychological therapy' and clearly an NHS profession in most regards, we are not treated the same way as the

Secondments to the Scottish Parliament

HAVING previously had the opportunity of working with POST for a three-month secondment whilst undergoing a postgraduate degree, I would interested to learn whether there are any initiatives to offer similar opportunities for postgraduate/trainee clinical psychologists working with the Scottish Parliament. I think there is a great deal to be gained from psychologists gaining direct experience of working within a policy/legislative context. Given that Scotland now has its own parliament perhaps the BPS could consider ways to develop a similar award to that of POST within Scotland.

Nicola Ann Cogan

*Clinical Psychologist in Training
University of Edinburgh*

MICHAEL STONE 1943-2005

MICHAEL Stone, who was a long-standing member of the Society, died suddenly on 17 July 2005 while on a touring holiday with his family in Wexford, Republic of Ireland. He will be greatly and sadly missed by all who knew him.

On leaving school, he achieved an LRAM qualification and taught music in secondary schools in Glasgow. After his marriage, he undertook an MA (Hons) degree in psychology with distinction at the University of Glasgow. This was followed by lecturing posts in Jordanhill College of Education, Glasgow, and in Moray House College of Education, Edinburgh, where he assisted in setting up their (unfortunately short-lived) MSc degree course in educational psychology. For a period of one year he was visiting lecturer in psychology to two universities (namely, Regina and Edmonton) in Canada. He then became a Don in the Institute of Educational Studies at the University of Durham.

The pinnacle of his career then followed when he became HM Inspector for Education responsible for psychology teaching throughout England and Wales, working out of the Birmingham then the Newcastle upon Tyne offices of Ofsted. His interpretation of the task with schools and colleges placed more emphasis on wider, helpful advice rather than merely narrow inspection, so that he endeared himself to many staff by his warmth of personality. He was also District Inspector for all schools in the Borough of Walsall.

Before his retirement he continued his research in educational psychology, until he was awarded a PhD by the University of Glasgow. His pastime was studying the genealogy of his family roots in Ireland.

Michael is survived by his wife, two daughters and his granddaughter, to whom he was devoted.

John McCoy
*Psychological Services
South Lanarkshire Council*

other 'professions subsumed under medicine' with regard to VAT, where we are in a much more vulnerable position. This is a technical and anomalous position, and I know from having talked to a number of psychologists since my experience that it came as a great surprise to them.

Secondly, I am wondering why the BPS does not make this position clearer to all psychologists, many of whom these days are in private practice with or without their NHS involvement. It seems to me that at the very least, there should be a well-flagged-up and easily accessible section on the website about this matter. And further to that, I am wondering, how as a profession, we have allowed ourselves to be put in this disadvantaged position vis-à-vis our colleagues. It raises questions about whether such disadvantage is legal and fair and whether the BPS should be exploring this issue legally, if necessary going to Europe.

John Spector
29 Hendon Avenue
Finchley
London N3

NHS has got it wrong

In October 2002 my schizophrenic medication reduction started – under medical supervision. At the same time, I started to have weekly sessions of CBT and clinical hypnotherapy – plus psychotherapy and counselling.

Now, nearly three years on, I have achieved a 50 per cent medication reduction. This tremendous reduction has only been possible through persevering with my weekly therapy sessions, which have enabled me to cope with the substantial withdrawal symptoms – such as an increase in hearing voices, paranoia and

BPS President Graham Powell replies: *This is a problem that has cropped up on many occasions, and the Society has over the years tried to persuade HM Revenue and Customs to revisit this but with little success. When VAT was introduced in 1973 the Act stated that those medical professions that were included in the Professions (Supplementary to Medicine) Act 1960 would be treated as an exempt supply. Unfortunately psychology was not included in the earlier Act and therefore wasn't deemed to be VAT exempt. Since then any member providing psychological services has had to register for VAT if their earnings are over the threshold limit. There have been a number of attempts over the years by the Society to change this but these have always been rejected. The situation currently is that when the profession manages to achieve statutory regulation then a further attempt will be made to HM Revenue and Customs. It is felt that at this point the Society will have a much stronger case.*

delusional ideas. I have found that this type of alternative therapy has been an excellent replacement for the medication.

I want to stress that such therapy needs to be over a number of years in order to be effective – for me at least. The 12 weeks CBT offer from the NHS is not long enough for a single (i.e. 5mgs) medication reduction. Even the pharmaceutical industry recommends at least 16 weeks for a single medication reduction. So – the NHS has got it wrong.

Shuresh Patel
2a Cromwell Street
Preston

Rehabilitation psychology

I READ with interest the various contributions on disability in July's *Psychologist*. Having researched visual impairment and blindness for over 20 years, I now find myself working as a neuropsychologist. I am struck by how many of the psychological factors my former research team at Nottingham University identified as far back as 1991 in people who lost their sight are present in those who have suffered a stroke or a brain injury.

Much of my time in neurorehabilitation is spent attempting to undo negative self-images projected onto patients by others, including neurologists and neuropsychiatrists who should know better. I find over and over again the same 'Unholy Trinity' of anxiety, depression and low self-esteem in individuals who have suddenly lost their fit to their environment. Through CBT and self-efficacy training these

factors may be successfully remediated, resulting in individuals coming to reject negative societal stereotypes and feeling that they are in control of their lives once again.

For years I have held the belief that rehabilitation psychology should be taught as a subdiscipline in its own right. Too many disabilities and illnesses are treated as if they affected people in completely different ways psychologically, whereas there exist considerable commonalities. Until this is recognised, the opportunity for cross-fertilisation of ideas from clinical and health psychology will be lost, to the detriment of the client groups.

Lastly, although the Disability Discrimination Act prevents others from discriminating against disabled people, one cannot legislate for how individuals think or feel about themselves. Self-handicapping cognitions often affect feelings and behaviours,

and I believe that psychologists have an important role to play in identifying and removing any additional barriers to reintegration present within the

disabled person's own mind.

Allan Dodds
16 Russley Road
Bramcote
Nottingham

Advertising limitations

I AM in independent practice and am interested in income protection insurance. I therefore telephoned Citadel, who advertised in *The Psychologist*, only to be told that, at age 57, I am too old to be considered.

Age discrimination is not, unfortunately, against the law, but accepting advertising copy which promulgates it would seem to go against the long tradition of the British Psychological Society of equal opportunities for all its membership. Why are the advertisers not honest about the limitations of their cover?

Sue Vogel

*1 to 1 Psychological
Counselling
Bedford*

The Psychologist got in touch with the advertiser and this is what they said: *Sue raises a fundamental point about both the nature of insurance*

generally, and about income protection (IP) in particular, and so the information may also be of interest to others.

IP is designed to replace a person's income up to normal retirement age; and the statistical risk of ill-health gradually rises with age. On both counts, IP is an age-sensitive product.

Citadel will provide protection for people up to the age of 60, with 50 as the latest age for first joining the scheme. As Citadel includes a tax-free return of a share of the D&G's profits at policy end (or on earlier death), the D&G takes the view that in order to return any meaningful profit share to the policyholder a minimum 10-year 'run' at the policy is required.

Insurance is a commercial activity, which involves the calculation of specific risks, and therefore 'discriminating' against people in various ways

is inherent in it – think of life insurance, or motor insurance, for example. Citadel will, by its very nature, also discriminate on grounds other than age; so people who are very overweight, or are already suffering ill health, or who carry out a high-risk occupation, are also likely to

be excluded from the policy.

An advertisement is designed to provide reasons why people should consider taking out the product. It would not be a sensible advertising policy to include a list of reasons why people shouldn't – otherwise advertising would be much less effective.

INFORMATION

■ I AM a graduate from London Metropolitan University in Applied Psychology and Business Studies (Maj/Min), and I am interested in **the field of mental health**, but I have not got any experience. If anyone in London is willing to give me a chance to gain experience in this field please get in touch with me.

Tina Chauhan

Tel: 0781 233 4881; e-mail: Misschauhan@hotmail.com

■ I AM doing my MSc research on **clients' experience of counsellors' tears**. I am seeking participants who are clinical or counselling psychologists, both trainees and professionals, who have had personal experience of

a counsellor crying during the course of their therapy. If you have relevant experience and would be happy to be interviewed, then I would be hugely grateful.

Lune Sckerl

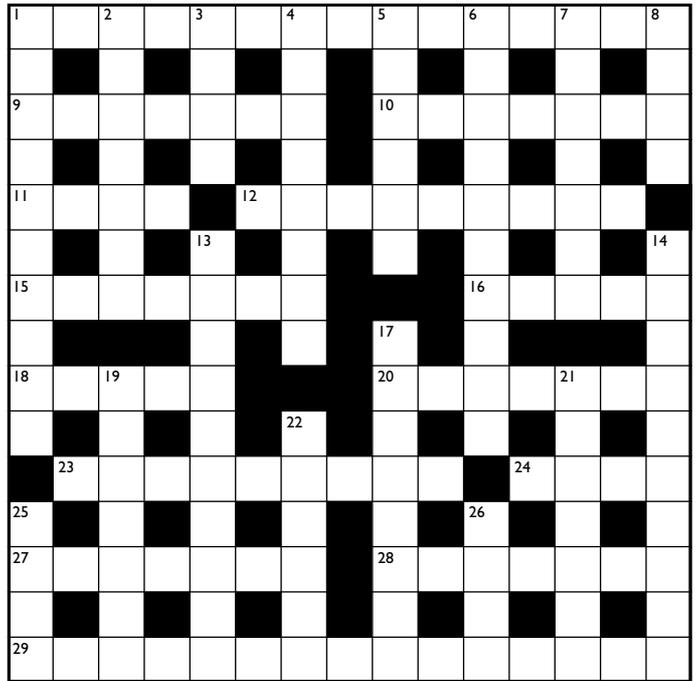
Tel: 0771 784 5754; e-mail: lune.sckerl@btopenworld.com

■ I HAVE a set of volumes from 1970 to 2000 of the **British Journal of Psychology** – every one a gripping read. Unfortunately Part 1, 1981 is missing out of the sequence. Please get in touch if you would like these, free of charge.

John Beech

School of Psychology
University of Leicester
Tel: 0116 229 7185; e-mail: JRB@le.ac.uk

PRIZE CROSSWORD No.23



Across

- 1 Bard's play transgressed, we hear, with capital delusions of unfaithful spouse (7,8)
- 9 Extract from German city church (7)
- 10 Introduce gas back into road to make pasta (7)
- 11 Protective cover for post (4)
- 12 Drink in charge? (9)
- 15 River spirit returning to the country (7)
- 16 Smoke making soldier lie back in vehicle (5)
- 18 Additional text rationalised in part (5)
- 20 Apprehensive it may precede breakdown (7)
- 23 Instruments requiring half of mortgage put back by doctor (9)
- 24 Sing about symbol (4)
- 27 Residents keep sodium in canvas shelters (7)
- 28 Hormone producing heavenly body? Not at first (7)
- 29 Sequence of recollections relating to Marcel's *Remembrance of Things Past* (9,6)

Down

- 1 Receptive to golf tournament having objected (4-6)
- 2 Entertaining many at home with great starter (7)
- 3 Touch down catch (4)
- 4 Too much information in deliveries to enter into computer (8)
- 5 Cry out in pain being this cowardly? (6)
- 6 Confuse when record and performance merge (10)
- 7 Not off but off in process (7)
- 8 Pitcher needed by brewer (4)
- 13 Matter sent out for therapeutic procedures (10)
- 14 Now, 25 December for example! (7,3)
- 17 Strangely sure on an absence of rationality (8)
- 19 Lone Ranger's sidekick circling men in city (7)
- 21 Corn I rearranged in circles by river (7)
- 22 Tree dwarfed by Japanese gardener (6)
- 25 Increment upsets domestic animals (4)
- 26 Unit of heredity found in odd places in Guernsey (4)

Solution to Prize Crossword No.22

Across: 1 Psychoactive, 9 Idealised, 10 Tempo, 11 Endear, 12 Concerti, 13 Quills, 15 Neonatal, 17 Cashmere, 19 Physic, 21 Triangle, 22 Adhere, 25 Oscar, 26 Eccentric, 27 Playing cards.

Down: 1 Primer question, 2 Yield, 3 Holdall, 4 Apse, 5 Tadpoles, 6 Vatican, 7 Emeritus, 8 Social sciences, 14 Instinct, 16 Drollery, 18 Mineral, 20 Hedonic, 23 Error, 24 Scan.

Winner: Mrs Ann Croskell, Ightham, Kent

Send entries (photocopies accepted) to: Prize Crossword, The Psychologist, St Andrews House, 48 Princess Road East, Leicester LE1 7DR. Deadline for entries is 30 September 2005. A £25 book token goes to the winner, drawn at random from all correct entries.

Name.....

Address.....

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