

# Adapting to thrive

I would like to put forward an idea, which I am implementing anyway, based on the premises (a) that the nation has lost its trust in almost all the key institutions and its understanding that personal self-interest and the interest of others are tied together; (b) that stress for everyone has risen enormously, but especially in the workplace; and (c) that people not qualified in psychology and delivering psychological services in many forms probably outnumber those who are qualified. This all adds up to a population that may find it challenging to become motivated enough to extract itself from the misery of austerity without some help.

I suggest we mount a movement to promote 'psychological responsibility' for the psychological well-being of people living alone, in communities, at home and those at work. We should promote the idea that everyone has a psychological responsibility for their own psychological well-being and for others in communities

and in the controlled communities of the workplace.

As with social responsibility, where organisations seek not to harm the environment or communities, and are reaping the benefits economically, psychological responsibility should also reap benefits for individuals as well as communities and organisations. We know that the most successful organisations are those that actively promote positive cultures, adaptive leadership, supportive environments, and where personal resilience is rarely called upon. We know that the most adaptive communities are those where there is a strong sense of kinship, where people have common aims



TIM SANDERS

and behaviours that show kindly attentiveness. Promoting psychological responsibility will change the mood music; it'll make people think; it'll make psychology relevant.

Which brings me to another idea – a unifying purpose for applied psychology: to facilitate psychological well-being and performance.

It seems to me that all branches of psychology are ultimately concerned with

## The psychology of paradigm shifts and DSM-5

Looking at the recent letters to the psychologist about the publication of DSM-5, I am left wondering if there is a potential opportunity to reflect on the process of such debates. It does seem to be a paradigm shift towards formulation and away from the medical process of diagnosis and treatment. Thinking about the science of this, the hypothetical and 'permanently preliminary' status of formulation appears to confer certain advantages, which in the field of human distress, with many known and unknown variables at work, would seem a position less likely to lead to serious error. What those errors

actually are (stigmatising, misdiagnosis, reification, etc.) are well documented but nonetheless disputed.

Whatever one makes of the debate, the process by which psychologists become polarised seems rather familiar. Some who are involved in the development of the new volume find ways to imply it is valid (e.g. Chris Brewin, Letters, August 2013); others advocate its abandonment, and others find a middle course. What I find notable here is that psychologists are not united in asking what the main causes of psychological distress are. For example, it seems to me that there is an

overwhelming case for child abuse and neglect, unemployment and poverty to be much more vitally important than genetics in the causation of severe and enduring distress. But then, being a determinist, sympathetic to psychoanalysis, working with a relatively low-income group (people with intellectual disability) and invested in attachment theory research, it is not surprising that I would not be actively seeking evidence that 'schizophrenia' and depression are biological diseases requiring antidepressants, ECT or stem-cell therapy.

I would like to offer a

further step here; something that psychologists omit in their public reasoning on the letters page. Why have my preferences (and biases) arisen? Many psychologists decry the idea of internal objects because they (a) are derived from psychoanalytic theory, (b) cannot be directly observed, and (c) have not been experimentally demonstrated, although this is partially incorrect. Yet, I and many other psychologists find myself working successfully with the concept on a daily basis. These internal representations of those we knew well as children can be highly predictive of our

improving the psychological well-being of individuals, and groups of all kinds, presumably with the purpose that people improve their performance in anything they wish to do. This purpose will resonate with businesses and services; will make psychology relevant to their issues and concerns. It should, also, resonate with health service commissioners, and spread out to be of interest to the health and well-being boards.

A final idea is that the BPS should open its doors to everyone with an interest in applied psychology, and to set the entrance requirements for non-trained psychologists at levels to encourage entry. This should become an overt strategy so that all those talented people out there who aren't psychologists but who have skills that psychologists appear to have in short supply (a will-do attitude, for example) can help to develop applied psychology as a force for good, and the science as a subject of endless fascination and interest.

**Derek Mowbray**

*Chairman, The WellBeing and Performance Group*

preferences, beliefs and psychological well-being as adults. It can be incredibly difficult to incorporate thoughts, feelings and beliefs that contradict the loyalties and bonds that are kept to these objects.

Here, then, is a humble suggestion for fellow psychologists to consider – that one potential basis for our views on a subject that undergoes a paradigm shift, such as psychiatric diagnosis, lies in our inner emotional lives. And if we can hold in mind that even more archaic and decried concept, the unconscious (or OK, dysfunctional assumptions originating in childhood), we may find a series of hypotheses that are indeed a rich seam to be mined. Even if not, the psychological process by which opinions are formed during paradigm shifts is surely worthy of study.

**Dr Allan Skelly**

*Monkton Hall Hospital, Jarrow*

## Assistant psychologist posts – a recruiters' view

Although we are senior clinicians and managers we regularly interview, employ and mentor assistant psychologists. We constantly receive unsolicited contact from potential assistants asking if we have posts available. When we advertise paid assistant posts, we inevitably close recruitment when applicants exceed 200 – often within a few days of advertising on NHS Jobs. The assistants we eventually employ often turn out to be excellent team members. The message we constantly get is that 'it's hard' to get an assistant post in the current financial climate and 'we'll do anything to get a job'. Whilst most do their utmost to maximise their chances of employment, some let not only themselves down but also embarrass clinical psychology.

We have noticed the following:

1 From the application forms we receive via NHS Jobs, relatively few have attempted to personalise the application to the job being advertised (e.g. talking about their passion for mental health when we are an acquired brain injury service). It is clear the applicant has a generic application template that they 'cut and paste and press send' without any thought about what the job being applied for actually entails. As for

spelling, grammar, answering every section in the application form... not very impressive – but makes the shortlisting process easier.

2 A large number of applicants see fit not to turn up for interview and do not always think they should inform the interview panel (who have given up the best part two days for this process). In a recent recruitment, 15 interviews were offered. Of these, four withdrew prior to the

unprofessional and does our profession no favours. Perhaps more pertinently for all of the assistants applying, and to our ability to select the right candidate, these discourtesies also do a great disservice to a number of probably very deserving applicants that we selected out by splitting hairs as you have to do when your choosing among such large numbers.

3 At actual interview, relatively few applicants think it would be a good idea to find out any information about the service where the job is being hosted (such information is easily available on the internet or by ringing recruiters). A surprisingly small number seem to swat up on the client group they would be working with – if it's a stroke job, then you might be asked about the common neuropsychological consequences of stroke and emotional impact, you would think! Again, such unthinkingness makes selection easier.



interviews, one cancelled on the day due to personal circumstances and five just did not turn up (two of these had said they were coming and three did not respond to their interview offer letter). If the applicant has got a job subsequent to applying we understand they would cancel the interview. However to just not turn up is extremely

We are exasperated but, in the end, just want to give the right people a chance in these straitened financial times and hope that aspiring assistants digest these comments.

**Dr Gavin Newby**

**Dr Crawford Thomas**

**Beth Fisher**

*Cheshire & Wirral ABI Service  
Chester*

# Clinical training – support for graduates

I am writing in response to Katie Woodlands letter ('Where there's a will...', September 2013). I am one of the graduates who recently wrote to *The Psychologist* claiming I had fallen out of love with the discipline. I was saddened to read Katie's letter as I feel she missed the essential crux of the debate entirely. In my initial letter (June 2013) I did not deny that it is difficult to succeed in psychology, that is why many do not. I did not say I was reluctant to undertake more training, nor was I disillusioned that I would gain a place on ClinPsyD course as a recent undergraduate. Graduates are not missing the 'try and try again' mentality Katie describes; they are missing support and guidance, getting lost and frustrated on their unique journeys. There are many routes to clinical training, and I know many successful trainees who do not hold an MSc qualification, therefore Katie maybe misguided in her thinking. Without clear direction guidance and support, graduates are becoming frustrated and may not be pursuing the most helpful 'next steps' or may be leaving psychology as a field completely. Even the most brilliant achievers begin with some guidance.

The message from the letters is clear lack of support. Katie describes how she was ignored by 98 per cent of psychologists she approached. Loraine Patterson (August 2013) 'had no



It's admirable and encouraging to read about other people's experiences and unwavering efforts they are making to progress within the field of psychology. However, I feel that the admirable success of some graduates does not necessarily imply that those who are not able to progress are in some way misled, or are simply not trying hard enough.

I'm writing in response to the 'Where there's a will...' letter from Katie Woodland (September 2013). I would like to emphasise that I certainly did not leave my undergraduate studies with the impression that I would 'walk into' any postgraduate course. This is why I endeavoured to gain an incredibly diverse range of experience during and for years after my undergraduate studies, in order to apply and extend my understanding of psychological theory and research. I too made rounds of prospective enquiries to local psychologists and organisations further afield in order to gain valuable experience. It was indeed through using my initiative that I identified a voluntary position that led to me obtaining my current paid role. I also contacted academics to identify potential opportunities for PhD research and a variety of charities with regard to support for funding for an MSc.

It would appear that I was in a position where I was 'caught' in a

changing system at the wrong time, where not only funding, but also realistic job prospects were being withdrawn just at the moment when I was ready to progress. I have genuinely explored all avenues and am making the most of all opportunities I can obtain. For example, within my various posts, I have completed extracurricular work like designing quantitative service evaluation projects, beyond what was expected of me in my role in order to make the most of my experiences, learn from them, and use them effectively to develop my skills. Unfortunately, my persistence in trying to 'make it' has come to the point where I was diagnosed earlier this year with a chronic and distressing illness as a consequence of trying to do too much within my work and study life.

I therefore felt compelled to respond to the aforementioned letter, as given the severe impact on my health that has come from trying to pursue a career within psychology, I found it very frustrating to read a letter which implied that some people are not trying hard enough. Indeed, quite the opposite in my case, and I am sure in many others. If anything, I have tried too hard and have already sacrificed too much.

On reflection, as much as I have a passion for psychology and will continue

mentor', and Lisa Molloy (July 2013) required greater support from the BPS. Therefore in order to resolve the issue outlined in the recent letters, I propose future recommendations. The BPS can provide the most helpful resource to its graduate members: support, which in publishing these letters has already begun. The BPS should act as a platform for debate bringing together graduates, trainees and professionals, encouraging professionals to nurture the discipline's graduates. Mentor schemes could be introduced and career materials and services developed. I also propose more communication between graduates and the BPS so they can outline what they would like BPS to offer. I would like to take this opportunity to thank editors for publishing this series of letters.

On a personal note I have recently been steered back to psychology by a private clinical psychologist and trainee who all too easily recalled the struggles they faced gaining a place on the doctorate and therefore are willing to invest in my future and ultimately the future of the discipline. With a little bit of support my faith has been restored and I wish this for all graduates on their career journey now and in the future for the sake of psychology as an established discipline.

**Sarah Rose**

*Doane, Perthshire*

to pursue opportunities within the realms of feasibility, I feel that studying nursing as a core profession would have likely been a better option for me personally. I feel that from discussions with many senior colleagues, in my personal circumstances this would have been likely to provide me with more appropriate (albeit I am sure competitive) job and progression opportunities after graduation.

Nonetheless, this is notwithstanding the point that undoubtedly there are individuals out there who are continuing to strive to make it as a professional psychologist, but there are also some who are bearing the scars of having been doing this for some time, and are beginning to question how much more they can possibly sacrifice. Personally, I agree with Katie's letter in the sense that I do have the will, so there is probably a way somewhere if I continue to persist with this. But for me, pursuing this unreservedly would mean sacrificing many aspects of my life I personally value, not least of all my health.

I think that 'making it' in psychology for many graduates, is becoming a question of 'How much am I willing to sacrifice?'; in my case, my health is simply one step too far.

**Lisa Molloy**

*Wiltshire*

I don't want to start an argument... OK, I do, but not with Katie Woodland (Letters, September 2013). She defended the slog to her 'dream job' in clinical psychology from those who believe they can walk into the course after a BSc and no unpaid assistant posts. As I've never met anyone who does believe that the above scenario is anything but a dream, I want to pick a fight with Clinical Psychology. I want them to respond!

Since I wrote in May about 'falling out of love with Clinical Psychology' (after a BSc, MSc, two part-time years' voluntary RA work, a year's psychotherapy course, three years' psychiatric support work, and a near break-down), I have pored over the dialogue provoked here. Such as, 'overwhelming relief that it was not just me', 'the sense of failure' and 'I spent the last decade and a half (trying to break into psychology)'. These letters must have been hard to write, especially admitting that the path you've forced yourself through is possibly not going to meet your expectations.

Obviously some get through. There are 594 places available on the DClinPsych yearly; and 3725 applicants. There are alternatives! Why not environmental psychology? You could research the effect of greenery on well-being. Reduce work stress with occupational psychology? You could be a Match.com psychologist creating love. There's teaching, advertising, educational psychology. I even saw a psychology of fashion MA. If it's health care you like, then nurses do talking therapies now. Music therapy, art therapy, psychotherapy, counselling psychology. All use psychological skills. Stop bottle-necking people into clinical and tell students about other fantastic options

available. Such as maybe having a life?

As for doing unpaid internships! Last month there was an article on research into hard-to-reach minority groups ('No voice, no choice', September 2013). One of the most successful strategies being the inclusion of a member of the participating cultural group in the research team. During my support roles I worked with immigrant families. I think if psychologists expect a fair playing field for all young people to afford a £24,000 BSc, MSc and then work unpaid as an assistant psychologist, then you've got the Jinn in you.

All those who work as hard as Katie, I applaud you. But is it worth it? I had to cut my losses before I cut my life up! I'm happier now about to start graduate medicine. The reason I'm writing again is to change the course of this dialogue. Now everyone is aware of the potential harm to hopeful applicants. As clinical psychology will not become less competitive, I think that the discipline has a duty to protect its disciples. Would psychologists enrol in mentoring for those on their journey? Could we encourage a framework in hospitals for support workers desperate for help – such as regular supervision (I did not get it in NHS), and guidance from resident psychologists? Could undergraduate courses have career days, internships or sandwich years, so students get a meaningful idea of the lives they are pursuing? I know that the career is worth it for those who get in, but for those who don't after years of trying the sense of failure is crushing. Can you help us with that?

You're the experts. Just do something. This is a nightmare.

Frances Harkness  
London E4

## FORUM THE REAL WORLD

What is it that made Einstein such a great physicist, van Gogh such a great painter, Mozart such a great composer?

In many ways the most obvious answer to such questions makes recourse to an exceptional psychology grounded in the special qualities that set creative geniuses apart from the rank and file whose mediocrity throws their abilities into such stark relief. This is a profoundly consoling idea – especially in times of crisis – allowing us to dream, like Max Weber, of the genius saviour who will come along to solve all our problems. But by the same token, it is a profoundly reactionary idea. We, the masses, are led to accept that our place is to gaze up at our intellectual superiors with wonderment and awe.

Over time, challenges to this idea have taken multiple forms. First, researchers have noted that most people (if not all) have the capacity to be immensely creative in particular domains at particular points in time. Relatedly, second, Mihaly Csikszentmihalyi's systems theory points to the fact that creativity seems to be a product of the relationship between an individual and a given social field – such that there are particular places and moments in which creativity and genius thrive: Italy in the Renaissance, England in World War II, Silicon Valley in the 1980s. And finally, third, even Galton himself observed that there is a reputational dimension to creativity and genius such that they are contingent upon recognition from others. A person whose creative genius no one else acknowledges is a lunatic.

Such critiques take us away from the idea that creativity and genius are 'other-worldly', and point to the possibility that they are very much products of the groups and societies in which an individual is located. This is a point that one of us (Alex) – working together the Spanish and Dutch psychologists Inma Adarves-Yorno, Tom Postmes, and Lise Jans – made in a recent *Personality and Social Psychology Review* paper that outlines a social identity model creativity.

This model points to the importance of the group-based relationship between the two essential components of the creative process: creators and their audience. On the one hand, this means that the form creativity takes depends upon the extent to which an individual buys into, and wants to advance, a given group's agenda. On the other hand, it means that the recognition accorded to any creative act depends on the extent to which perceivers regard the acts of the creator as advancing the interests of a group membership they value.

Such conclusions resonate with the wisdom of an unsung genius of British psychology – Michael Howe, late professor of psychology at the University of Exeter, and the person who first excited our interest in these topics. Based on his own extensive biographical research, in his 2002 book *Genius Explained* he concluded that rather than reflecting innate super-human qualities, genius is the product of two key factors: hard work (typically in pursuit of a shared goal) and very good networking (insights subsequently rediscovered by Malcom Gladwell in his 2008 bestseller *Outliers: The Story of Success*).

'It is not until we understand that [geniuses] are made from the same flesh and bones as the rest of us', Howe writes, 'that we start to appreciate just how wonderfully remarkable these men and women really are. They show us what humankind is capable of. And it is only when we acknowledge that geniuses are not totally unlike other people that our minds open up to all that we can learn from them.'

In this way, the celebration of creativity should centre not its fetishisation but on its democratisation. For to be valued by us, originality needs to be understood as of us and for us. Without this it becomes an excuse for subjugation rather than emancipation.

Steve Reicher is at the University of St Andrews. Alex Haslam is at the University of Exeter. Share your views on this and other 'real world' psychological issues – e-mail [psychologist@bps.org.uk](mailto:psychologist@bps.org.uk). An archive of columns can be found at [www.bbcprisonstudy.org](http://www.bbcprisonstudy.org).

# Identifying with the client group

I am a 28-year-old male currently working as an assistant psychologist for First Step (a confidential service for people with anorexic and bulimic eating problems). Yet for as long as I can remember, I have had concerns regarding my own shape and weight. Three years ago I weighed four stone heavier than I am now and consequently adopted a strict dietary regimen, which helped me to lose weight and reduce the likelihood of ever becoming that heavy again. Therefore I anticipated before undertaking the post that working directly with individuals who suffer with eating distress might prove to be a challenging task for me.

After I met my first few service users, what became immediately apparent to me was how I was able to identify with many 'disordered thoughts' (e.g. 'If I eat particular foods, then I will put on weight', 'If I don't diet, then I will put on weight', 'If I don't go to the gym, I'll

become fat', etc.). This increased sense of identification with my client group and further understanding of cognitive distortion for people suffering with eating distress made me want to engage in a series of experiments to test out these hypotheses.

First, I decided to complete the questionnaires that clients are asked to fill out after they have been referred to our service. Not only did I find it very difficult to quantify, realise and reflect upon my eating patterns/shape and weight, but also I found that many of the results of many criteria were not too dissimilar to the service users I had encountered. I then decided that my next experiment would be to have a week off from the gym and give up dieting. I procrastinated with this task for a number of weeks as I thought that I would lose muscle mass and strength. To my surprise, not only did I not appear to lose any muscle mass, but I was able to use heavier weights in the gym and felt a new-found enthusiasm and zest for going to the gym.

Overall, research suggests that some therapists report an increase in psychological mindedness, self-awareness and self-assurance as a result of conducting psychotherapy, and the insights and learning that I have gained

since working as an assistant psychologist in an eating-disorder service has enabled me to consider my service-user group in a whole different light. I have been in post for just over a year now, and the journey of self-discovery I have undertaken has been quite enlightening. I am now far less strict with my diet, have regular breaks from the gym and remain very happy with my current shape and weight.

Given that a requirement of cognitive behavioural therapy for people suffering with eating distress is to keep a food diary, I plan to do the same so I can understand more about the inherent difficulties associated with noting what you have eaten immediately after a meal, and hope to gain a heightened awareness of what foods I am eating on a daily basis.

Having completed a year in the eating-disorder service, I think it has been an extremely normalising experience for me to realise that I am not so different from the service users I am working with. It has also helped me bridge the inherent power imbalance that exists between psychologists and service users, and provided me with a new-found respect and appreciation for anyone suffering with eating distress.

**Robert Searle**  
Cardiff

## BEHIND THE SMILE

**We're told (Digest, September 2013) that fighters who smile are more likely to lose their fights. But of course, this does not 'test the idea that in this context, smiles are an involuntary signal of submission and lack of aggression'. These findings may have nothing whatever to do with non-verbal communication, or the effect on the opponent. It may very well be to do with the state produced in the smiling fighter himself. Psychologists have been aware of the complicated relations between bodily states and the experience of emotion since William James in 1884. Indeed the best theories of emotion do not artificially separate these components. Kahneman (2011) is just one**

**contemporary researcher who draws our attention to the way that smiling produces a relaxed and amused state. Hardly conducive to fighting, I would have thought!**

**Trevor Butt**  
City University

**Reference**  
Kahneman, D. (2011).  
*Thinking, fast and slow.*  
London: Penguin.



## Autism and employment

In the conference report 'Still no simple autism answers' (June 2013), I was interested to read how far our society has come in terms of our understanding of autism since it was first described by Leo Kanner in 1943. Although the development of understanding over the past 70 years has improved the work of professionals and the underlying stigma of the disorder, I am unable to look past the need for further development in this area, particularly regarding the 'average Joe' representing employers.

Having personal experience of overlooking the absolute struggle and what I believe to be discrimination towards individuals with both mild and severe autistic traits, I believe that often this aspect of the disorder is overlooked by professionals. Does the average interviewer understand autism? I am inclined to say no, they do not. We have strict discrimination policies to protect individuals against such discrimination regarding nationality, disability, sexuality

and even gender and age, yet no specific policies to protect those with autistic disorders. Yes, 'candidate A' may not appear to be as confident and social as 'candidate B' due to their autistic symptoms, but is it right for an employer to disregard their interest in employment solely on this basis?

And should employers be more aware of this perhaps intrinsic notion of discrimination? Autistic spectrum disorder is a lifelong condition, often plagued with a severe lack of confidence and social difficulties. Bearing in mind this lifelong struggle, I believe something should be done to aid the employment opportunities of those who suffer from the possibly inadvertent ignorance of others in our society.

For some, a chance at a real-life job and a feeling of inclusion in society would improve their outlook on life dramatically and possibly help eliminate some symptoms.

**Abbie McQuaid**  
Newark

# Making the most of Divisions

I was taken by Richard Mallows' comments on internationalism in his August President's column. I suppose it resounded because I had just returned from the APA Convention in Honolulu where I had been invited to present as part of a Division 17 (Counseling Psychology) symposium. Apart from being a very beautiful and remarkable part of the globe, Hawaii is a fascinating exemplar because it 'does' internationalism as its *raison d'être* every moment of every day. There remains only a smallish proportion of original Hawaiians, the rest being imports from the rest of the world. There is a faint sense of nostalgia and of past wrongs in commentary and especially in the lyrics of popular songs, but the motif is to get on with life, as it is.

These themes adumbrated the Convention itself. Some 15,000 delegates from 56 Divisions from all 50 States of the US, alongside many of us 'International Scholars' had somehow to work out how to be together purposefully for the four days. Although each Division was allotted 12 or 13 sessions of its own choosing, the sense that was maintained throughout, was that this was an Association at work, not some unlikely concatenation of competing interests.

This set me thinking about our own Society:

I wondered about our own structure and its clearly defined distinctions between Divisions, Sections, and Interest Groups, and so on. APA simply has 'Divisions', all of which proliferate sub-organisations internally, but in terms of status as a Division are completely equal to one another. I have for many years been somewhat critical of a perceived shift towards some kind of reassignment of Divisional status within the Society, but seeing it in action, I feel ready to think again.

The selling point of blurring the distinctions between subgroups at the APA convention was for me the increase in collegiality and the ability of the Association to 're-group' fairly readily and effectively around a given concern. For instance one of the themes of psychology and the military explored issues

included both research and clinical input around such issues as sexual trauma in military personnel, treating children and spouses of the military in addition to the welfare of veterans, as well as asking bigger questions about the origins of conflict. The point is that, although there is a Division of Military Psychology, the approach was asking the much more inclusive question 'What can the whole of psychology's output say about this enduring phenomenon in human affairs?'. Similarly my own presentation 'Embrace Cultural Issues in Counseling Training and Supervision' was widely targeted beyond the Counseling Division, to include Clinical Psychology, Rehabilitation Psychology, Psychotherapy, State Provincial and Territorial Psychological Association Affairs, and Psychological Study of Ethical Minority Issues Divisions.

There appeared to be no problem in smaller subgroups heading their own affairs so long as there was also a willingness to share, to mingle and to subscribe to the mission 'It is all Psychology' I think we can learn from that. If we are able to find ways of lowering the importance of our own sense of proprietorship within our specialisms, then the whole certainly does then become greater than the sum of the parts.

There are problems in learning from other cultures. There are vast differences in scale in the UK and US. There are macro-narratives that belong to the US different from those that pertain in these ancient islands. There is the possible downside of a kind of anonymity when subgroup identity is diminished. Nevertheless, if the purpose of travel is to broaden the mind, the purpose of conference-hopping must certainly be to question our own assumptions: otherwise there is no point to internationalism.

**Dr Peter Martin**  
BPS Division of Counselling  
Psychology

# Male suicide and health inequality

The male suicide rate is three times that for females in the UK and significantly higher for males everywhere across the world where data are recorded, with the single exception of rural China. This is one example of a major health inequality affecting males that Jane Powell, the director of the charity Campaign Against Living Miserably (CALM), and I brought to the attention of listeners to BBC Radio 4's *Today* programme in August ([tinyurl.com/pp3c4f4](http://tinyurl.com/pp3c4f4)).

Perhaps even more striking than the suicide statistics themselves is the lack of scientific curiosity in explaining them. Studies trying to examine what it is about being male that makes people more prone to suicide are few and far between. In the world of psychological science, including within our own professional society, we have not looked too closely at the psychological lives of men. The phrase 'gender studies' has all too often been taken to mean the study of women's issues.

This is why my colleagues (in particular John Barry and Luke Sullivan) and I have taken

the following steps:

- 1 Putting in a proposal for a male psychology section of the BPS to promote more attention to male psychology. Support this by visiting [tinyurl.com/malesection](http://tinyurl.com/malesection).
- 1 Forming a male psychology research group with links to various bodies such as the Men's Health Forum, CALM and the Samaritans.
- 1 Preparing a collection of papers on male psychology issues for possible publication in key journals.
- 1 Organising a conference on male psychology for next year (see [www.malepsychology.org.uk](http://www.malepsychology.org.uk))

If you want to get more involved, please feel free to contact me.

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## NOTICEBOARD

We are developing a **transcranial direct current stimulation (tDCS) device** suitable for helping people with chronic low mood and related memory and attention problems. It involves sending a minute current through the cortex via scalp-mounted electrodes. tDCS has been studied extensively in neuroscience laboratories, and a large body of evidence shows it to be a safe and effective treatment for a wide range of conditions. For a précis of the evidence for its efficacy in depression please see [tinyurl.com/nzr48dr](http://tinyurl.com/nzr48dr).

We are currently inviting a small number of therapists to help us pioneer this important new treatment and for a short period we are offering training and equipment loan free of charge to suitable candidates in return for feedback. If you are interested in taking part please contact me.

**Rita Carter**  
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