**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.

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**The dyslexia debate**

I WRITE regarding the Channel 4 programme *The Dyslexia Myth,* and the comments of Professor Julian Elliott of Durham University. I was most surprised, not by the ideas expressed in the documentary – which in the case of the ‘bubble vs. continuum’ notion of dyslexia and use of individual programmes such as Reading Recovery were not new – but rather to hear these ideas being aired so long after my own paper (‘Dyslexia: a wider view: The contribution of an ecological paradigm to current issues’) published in *Educational Research* in 2003 said exactly the same things, only without the unnecessarily vitriolic attacks on non-literary remediations.

It was even more astonishing to hear Margaret Snowling giving the view that leading academics (by which she means, I think, cognitive psychologists) have known for ages that the development of phonological skills is crucial to later reading development. Having just completed a six-year-long PhD on the subject and read just about everything I could by these ‘leading academics’ nowhere have I seen anything but a biological determinist theory of dyslexia. This certainly stresses the importance of phonological approaches in remediation, but not how the infant acquires them in the first place as discussed on the documentary. On the contrary, because of the current insistence on perceiving the brain as ‘malfunctioning’ or genetically ‘faulty’ (Snowling’s own philosophy) the concept that dyslexia is a developmental problem dependent upon early years experience – together with an understanding of the brain as plastic, which therefore reflects that experience – has been completely missing in dyslexia research for at least three decades.

In my view, this is why educational practice, rather than being aimed at enabling all children to acquire the necessary precursors to literacy in the early years, has been so neglected, emphasising early formal literacy instead and thus resulting in ‘failures’ at seven years old as difficult to debate the most appropriate methods of helping people with dyslexia, but research evidence for the biological and genetic origins of dyslexia is now fairly well established.

So why does the BPS remain silent in the media in the face of the obvious distress caused by Elliott’s latest pronouncement? There are thousands of dyslexic children and adults in the community who at the moment have been left feeling anxious and confused. Surely, an aim of the BPS is to reassure and protect the public.

**Denis Lawrence**

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Newquay

**Editor’s note:** I am told that a press release (see tinyurl.com/834gv) from the Division of Educational and Child Psychology, based on their recently updated report, was issued the day after the programme. Unfortunately, no media outlets subsequently used the DECP’s comments. However, we contribute to the ongoing debate with the article on p.638.

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**The topic of dyslexia has reared its head many times both in this publication and in the media, over the last few decades. Most of the articles on dyslexia in professional publications have contributed to an increased knowledge of this complex subject and so have been welcomed. Sad to say, many reports on the subject in the media appear to have been motivated by the need for a sensational story. The latest pronouncement reported in the media – Professor Elliott saying that dyslexia does not exist – is a perfect example.

Elliott’s conclusions will probably be refuted within professional circles in the face of the ever-mounting evidence for the existence of this specific learning difficulty. However, the press and television reporting of Elliott’s pronouncement has so far remained unchallenged in the media. In my experience with assessing adult students with dyslexia there are many people who are now experiencing emotional distress as a result of the publicity given to Elliott’s unfortunate conclusions.

Is it not time that the BPS challenged views such as this that are given publicity in the media? A sufficient body of knowledge has accrued over the last couple of decades regarding the existence of this syndrome to be able to refute Elliott’s conclusions. The evidence for the existence of dyslexia is now incontrovertible. Admittedly, there are some professionals who continue to debate the most appropriate methods of helping people with dyslexia, but research evidence for the biological and genetic origins of dyslexia is now fairly well established.

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**The Psychologist**

Vol 18 No 11

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with the child in the programme. We do not need the term dyslexia. We only need to understand how important infancy and early years experiences of language are.

The ‘brain fault’/cognitive perception of dyslexia itself is therefore largely responsible for the current situation, and for failing to stress the importance of non-literacy solutions which would make the term dyslexia redundant. Only with this change of paradigm and a breaking out of the current biological/cognitive straitjacket, (something merely hinted at in the documentary) is it possible to see not only how problems have developed but how to solve them. Rather than wait to single out children who have failed (a problem with any intervention, even the Cumbria one featured in the programme) children can development all the pre-literacy skills they need well before formal literacy begins. In this way the whole school becomes literate and nobody ‘fails’.

Jennifer Poole
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Old age and life satisfaction

I HAVE been recently involved with interviewing research participants of all ages who were not recruited through health and mental health services but rather through voluntary groups and further education colleges. The question posed to them was ‘What constitutes a successful retirement?’ The responses that I have received both agree and disagree in part with Patrick Rabbit’s implied assertion that there is a link between happiness and money (News, September 2005). Whilst financial stability is enormously important, the presence of money is in itself maybe necessary but not sufficient for life satisfaction in old age. Far more critical appears to be the activities that confer a sense of purpose to their minds and bodies, to be engaged in activities that confer a sense of purpose to their lives. In this respect, older subjects are no different to the entire population and maybe should not be thought of as somehow separate in their needs.

Stéphane Duckett
Royal Free Hospital
London

APPLYING DEVELOPMENTS IN NEUROSCIENCE

WITH reference to ‘2025: A drugs odyssey’ (News, September 2005), I would like to share some exciting news presented at a meeting of the newly formed Society of Applied Neuroscience in Istanbul recently.

The keynote speaker, Professor Roy John (New York University, School of Medicine) presented brain-imaging data that could revolutionise the prescription of psychoactive medication and put a stop to the potentially damaging trial-and-error approach that currently prevails. Professor John’s data allows us to see which brains will respond to which medications, which brains will be non-responders, and which brains will be adversely affected by seemingly appropriate symptom-led decisions on medication. The disorders discussed were schizophrenia, bipolar affective disorder and attention deficit disorder. Therapeutic psychological approaches often go hand in hand with the pharmacological route. The total ‘package’ will be much more cost-effective (financially and psychologically) if patients can avoid the demoralising process of trial and error.

Anyone interested in dementia would also be advised to take note of Professor John’s work, which demonstrated that at-risk patients can be accurately predicted 10 years prior to onset of symptoms. This means a programme of prevention can now be developed, rather than waiting for the illness to manifest itself.

We psychologists would do well to make use of the advances in quantitative analysis of brain electrical activity to guide our work.

Melissa Foks
Learning With Neurofeedback
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While we’re waiting for statutory regulation...

I WOULD like to add my voice in support of John Spector’s (Letters, September 2005) on the issue of VAT on income from private practice.

I wrote to the Society’s then President on the same issue last year and received a reply in similar terms to those expressed by Graham Powell, viz. that statutory regulation under the HPC should make it easier to sort out the anomaly. Now that statutory regulation has once again become something of an imponderable, at least in terms of its timescale, I do not think that this is a sufficiently helpful or satisfactory position to adopt. I also have had to register for VAT on all of the independent work I do as a chartered educational psychologist, and it simply is not feasible – nor right – to charge an extra 17.5 per cent to private clients who have no means of reclaiming it.

Surely, when directly comparable services, including psychiatrists and therapists of various kinds, are exempt of VAT, this constitutes restraint of trade, and should be more robustly challenged (if necessary through the courts). I cannot imagine that any individual psychologist would have the capacity to mount such a challenge, but a professional society could at least take legal opinion on the matter (possibly in relation to what guidance European legislation may provide on such an issue).

I have spent more than 20 years building up a service which, based on feedback and word-of-mouth recommendations, is valued by clients, many of whom cannot access publicly provided services for a number of reasons. It has also, indirectly, promoted the benefits of psychology in general, and educational psychology in particular, in the region where I am based.

If it comes to a straight choice between handing almost 60 per cent of my income to the government in taxes, or ceasing to work I do as a chartered educational psychologist, it simply is not feasible – nor right – to charge an extra 17.5 per cent to private clients who have no means of reclaiming it.

John G. Eakin
The Fort
171 Clay Road
Derryboy
Crossgar
Northern Ireland

DEADLINE
Deadline for letters for possible publication in the January issue is 28 November

November 2005
...why don’t we pressure COREC?

I WAS very perturbed to discover that, unlike nurses, pharmacists and medics, clinical psychologists are not considered to be ‘expert’ members of ethics committees, but are classified as lay members by the Central Office for Research Ethics Committees (COREC).

A recent meeting of a local ethics committee became unquorate following the departure of a psychiatrist, despite the presence of three highly qualified and experienced clinical psychologists on the panel.

Given the very extensive six-year formal training in research methodologies that all clinical psychologists have undergone, together with the now compulsory research component to CPD, I find it incredible that the BPS has been unable to convince COREC of the relevance of our expertise in this field, particularly given the psychological nature of many of the research proposals considered by ethics committees every month.

At present COREC will recognise a nurse with three years’ clinical training and no research experience as an ‘expert’ member whilst a professor of clinical psychology with a PhD and multiple publications and research grants to their name qualifies only as a lay member.

I appreciate that the current attempts to gain statutory regulation may resolve this anomaly in the future; however, in the meantime may I suggest that the BPS stop dabbling in horticultural niceties and redirect their efforts to bring the maximum pressure to bear on COREC to recognise our skills and expertise. Without sufficient recognition of our expertise I fear that clinical psychologists will become increasingly reluctant to volunteer their time for this important role in assuring the rigour of clinical research.

Sallie Baxendale
Department of Clinical & Experimental Epilepsy
Institute of Neurology
London

DON’T FORGET THE HOME COUNTIES

LONA Boniwell refers throughout her letter (‘A Branch for London and the Home Counties’, September 2005) to the proposal for the formation of a London Branch and, in making the case for Branch meetings to be held in London, seems to forget about the Home Counties!

Living in the Home Counties, I already feel deprived of membership of a Branch because of my proximity to London. I shall feel doubly disadvantaged if a new Branch concentrates its meetings, workshops, etc. within London, especially as I have trouble using public transport and driving in and out of London can be a nightmare. It may also be easier and cheaper to find meeting places outside of London, so if we get our new Branch, may I make a plea that the Home Counties get an equal share of the new Branch cake?

Dee Williams
West Herts College
Watford

Countering bi-invisibility

W e would like to respond to the editorial point regarding the letter from Dickens et al. (‘Nothing to be snifty about’, September, 2005) about sexual orientation research. We welcome critical comment on any type of research, but we are concerned that making references to the ‘uncertain status’ of ‘the category of bisexual’ denies the reality of many people’s lived experiences.

As Dickens et al. suggest, recent research has claimed that bisexual-identified men only respond sexually to one sex, and there has been much press interest in this. There is not scope here to go into the methodological problems in such studies (which will be discussed in depth in a forthcoming issue of Lesbian and Gay Psychology Review). However, we would like to briefly address the impact that such claims may have.

Since Kinsey’s research in the 1940s, it has been apparent that many men (and women) do not fit simply into heterosexuality or homosexuality. There is a thriving bisexual community in the UK, not to mention all those who identify as bisexual without being actively involved in this community. The argument that bisexuality is of ‘uncertain status’ risks erasing or rendering invisible the identities of these bisexual individuals, echoing, as it does, the common biphobic stereotypes, already rife in our culture, that bisexuality does not exist or is ‘just a phase’.

Martino and Pallotta-Chiarolli (2003) have found, in their research on adolescent boys, that many feel hugely pressured by the dualism inherent in the common notion that people can only be ‘gay’ or ‘straight’ and fear discrimination and bullying if they were to identify openly as bisexual.

Also, recent studies point to higher rates of anxiety, depression and other mental health concerns among bisexual people than others, and this has been strongly linked to the underrepresentation and misrepresentation of bisexuality (Petford, 2003).

We welcome further psychological research on sexualities generally. Whilst we recognise the complexities inherent in the fact that bisexuality challenges conventional understandings of sexuality, this is not a legitimate reason for excluding people from research. Certainly psychologists need to think carefully about how they do classify people’s sexual
identity, avoiding the trap of forcing people into categories of 'gay' or 'straight'. We also think that it is extremely important for researchers to be aware of the dangers of unwittingly reproducing biphobic stereotypes. We would like to support Peter Hegarty’s (July, 2005) call for the inclusion of the whole range of sexual identities in research on sexuality since to perpetuate bi-invisibility is to risk colluding with outmoded prejudicial practices.

Meg Barker
Alessandra Iantaffi
Camelia Gupta
On behalf of the UK bi research group (Bi-BLIO)

References

If you read an article in The Psychologist that you fundamentally disagree with, then the letters page is your first port of call: summarise your argument in under 500 words. But if you feel you have a substantial amount of conflicting evidence to cite and numerous points to make that simply cannot be contained within a letter, you can write a ‘Counterpoint’ article of up to 1500 words, within a month of the publication of the original article. However, it is best to contact the editor about your plans, on jonsut@bps.org.uk. We hope this format will build on the role of The Psychologist as a forum for discussion and debate.

Exposing bad psychology

HOW brilliant to see Valerie Yule’s letter (‘Let’s debunk some myths’, October 2005): I would definitely be in favour of tracking down the myth mongers. I used to waste my time tracking down ‘research studies’ reported in a very matter-of-fact fashion in the media as having shown ‘something’, only to find that it was written for less than salubrious reasons or was actually a piece of market research. Without doubt, the difficulties of recourse for the reported against those who ‘manufacture’ findings could be redressed with this sort of BPS column!

For example, I particularly like health psychology papers that focus on cognitive effects of smoking and come out with positives for media-worthy things such as nicotine. Wasn’t concentrated nicotine once sold as a garden pesticide/weedkiller until its toxicity to humans became apparent? Hmm, what does the science say?

Oh, another example: How does media reporting of the effects of global warming impact on the day-to-day behaviour of individuals? Currently there is a ‘we’re not sure if global warming is to blame’ slant being allowed to stay in the reports, undoubtedly allowing a great deal of cognitive dissonance to be alleviated for the very people with the greatest global impact!

Perhaps the Society could fund a researcher to publish ‘state of myth’ peer reviews on the latest misrepresentation of research that applies to...
currently influential media-induced hysteria. Sort of a quality control that authors and ‘experts’ can verify.

Here’s hoping this idea is successful. I for one will take note of things I hear from people who don’t know they didn’t know (cf. Don. Rums.).

**Fash Dastghaib**
50 Boxberry Gardens
Walnut Tree, Berkshire

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**Teaching qualitative methods**

One particular issue highlighted by Madill et al. (*How should we supervise qualitative projects?*, October 2005) is that many supervisors find the task very demanding ‘due to the lack of prior training students had in qualitative data collection and analysis’. The Higher Education Academy Psychology Network (based in York) currently has a working group looking into how best to support the teaching of qualitative research methods at undergraduate level in the UK.

As chair of the working group I am writing with the aim of eliciting responses, particularly from psychologists working in clinical, applied, health and educational areas, regarding what they consider to be the most useful and appropriate methods undergraduates should be taught at undergraduate level.

Our focus at the present time is on methods, and associated practicals, that can be delivered at level II (typically the second year in English and Welsh universities). Further details of the group’s activities can be viewed at tinyurl.com/amuoo. Essentially, what we would very much like to know is, of the whole range of qualitative methods typically taught in the social sciences (e.g. grounded theory; discourse analysis; IPA; conversation analysis, and others), which ones do professional psychologists consider the most useful – for graduating psychologists to have knowledge of, and practical experience applying. We would welcome all suggestions, comments and observations.

**Mike Forrester**
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**INFORMATION**

- WORKING primarily with black and ethnic minority groups in the field of health psychology and counselling psychology, I am beginning to explore a model for describing the parameters in which healthcare provision can best be tailored to serve the needs of the whole community. I would welcome the experiences of healthcare and mental workers regarding this issue.

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- THE University of Leicester School of Psychology is trying to set up a network of psychology graduates. If you have a psychology degree from the university (including combined studies, joint degrees, and higher degrees), then please join the network by filling in (very minimal) details at www.psych.le.ac.uk/alumni/index.html. We hope to have as many as possible of our graduates from 1965 to 2005 signed up. The benefits for us and for you might include reunions and social events, collaboration with staff members in research and writing, and advice about careers for our students. If you know any other Leicester psychology graduates, especially ones who might not see this notice, then please encourage them to sign up too.

**Andrew M. Colman**
E-mail: amc@le.ac.uk

- IN response to the debate raised by Stephen Reicher on behalf of the Dialoguing Across Divisions Group on different perspectives in social psychology (September 2005) I want to let readers know of research I’ve done in South Africa. It involves research curricula for psychology, qualitative and quantitative, and is published on CD-ROM. Please contact me if you are interested.

**Caitlin Evans**
E-mail: acevans_uk@yahoo.co.uk
PRIZE CROSSWORD No.24

Across
1 Pertaining to surgical procedure is initially measured as behaviourist's theory (14)
9 Taken in by public school in audition (5)
10 Developer of memory task using forbidding ice mass (9)
11 State of preparation for Thorndike's law? (9)
12 Sound of you to leave coercion outfit (5)
13 Clasp and hit (4)
14 Supposition of Marian feast day (10)
17 Previous cases of seniority, we hear (10)
19 Unfinished research of breeding establishment (4)
22 First character may come before male (5)
24 Old soldier – one of a trio? (9)
26 Look at whips which may be fluttered (9)
27 Prickly old letter! (5)
28 Chap to rule – promoted beyond his competence? (5, 9)

Down
1 Nice and Rio are mixed up when relating to dreams (7)
2 Bye, say, landlord's final call for more play time (5, 4)
3 Article given to loose relative (6)
4 Copy in question (5)
5 Necessity compels when Nick drives? (5, 4)
6 Put into rows showing insolence around cavorting nude (5, 2)
7 Won over, say, for leather (5)
8 Encourages layers? (4, 2)
15 Cooks joint in vessel (9)
16 Facing difficulty of where to put croutons? (2, 3, 4)
17 Jean to get older in mine (6)
18 Come out with European man having taken food (7)
20 Disturb grandee having problem (7)
21 Promoting digestion with energy and involuntary movement (6)
23 Part in absence of conflict, we hear (5)
25 To some extent, rhesus hiding fish dish (5)

Send entries (photocopies accepted) to: Prize Crossword, The Psychologist, St Andrews House, 48 Princess Road East, Leicester LE1 7DR. Deadline for entries is 28 November 2005. A £25 book token goes to the winner, drawn at random from all correct entries.

Solution to Prize Crossword No.23

Across: 1 Othello syndrome, 9 Essence, 10 Lasagne, 11 Mail, 12 Alcoholic, 15 Nigeria, 16 Cigar, 18 Extra, 20 Nervous, 23 Trombones, 24 Sign, 27 Tenants, 28 Steroid, 29 Proustian memory.
Down: 1 Open-minded, 2 Hosting, 3 Land, 4 Overload, 5 Yellow, 6 Disconcert, 7 Ongoing, 8 Ewer, 13 Treatments, 14 Present day, 17 Unreason, 19 Toronto, 21 Orinoco, 22 Bonsai, 25 Step, 26 Gene.

Winner: Samantha Cole, Bristol

Name.................................................................
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