

'Approved clinician' status problematic

As someone who has worked with numerous people in both low secure and Community Mental Health Team settings, I do not think it is welcome news to read that four psychologists have been granted 'approved clinician' status (News, September 2010).

The most common theme I have come across over the years is resentment towards 'the system' based on previous experiences, and often including previous 'treatment' by psychologists. I have found that a big part of this is the resentment that another person, be it a psychiatrist, social worker, or psychologist, is supposedly an 'expert'. Therefore, I have often found that the first task when attempting to engage people is to try and 'decontaminate the brand' so to speak. I feel I've been able to do this regularly because I work outside of the medical model in practice and have no time for DSM-IV labels.

My preferred model of therapy is personal construct psychology, which has built into it an assumption that there are no 'experts', i.e. that if I had similar experiences and repeated

misfortune in my life then I could easily be sitting in the 'client' rather than 'psychologist' chair. I often find myself in repeated discussions about the harsh life conditions and downright bad luck of the people who end up in services, and how 'the system' can trap them (i.e. try giving up your 'mentally ill' label if you'll lose your benefits and be unable to pay the rent). How many psychologists operate in this way? I have observed psychologist colleagues accepting DSM-IV criteria and working from psychiatric labels as if they were 'fact' just as much as psychiatrists;

the difference often being that they will 'prescribe' a version of Cognitive Behavioural Therapy (CBT) rather than drugs. CBT can undoubtedly be useful for people, but any approach is always influenced by the philosophy of the person practising it.

So that's the main problem I see. There is no consensus for how a clinical psychologist should operate. I imagine that a psychologist who has trained in America and favours prescription rights, or a UK psychologist who largely accepts DSM-IV criteria, would operate very differently with 'approved clinician' status than a psychologist who operates from a more radical perspective, like Rufus May for example. I certainly don't think I could reconcile and continue my own practice with an 'approved clinician' status, and while I can see the argument for psychologists being 'approved clinicians' it seems to me that it's based on a naive view that as psychologists we can overcome political and economic forces in society who have vested interests in the concept of 'mental illness'.

History suggests that the most

TIM SANDERS

Bad is stronger than good

In response to the 'Happy daze?' letter (October 2011) I would like to draw readers' attention to the fascinating work of the Baumeister & Tice Experimental Social Psychology Lab at Florida State University. Of relevance to the debate around whether negative events have a stronger impact than positive events, an article by Baumeister et al. (2001) titled 'Bad is Stronger than Good' seems to

thoroughly address this issue. The abstract states:

'The greater power of bad events over good ones is found in everyday events, major life events (e.g., trauma), close relationship outcomes, social network patterns, interpersonal interactions, and learning processes. Bad emotions, bad parents, and bad feedback have more impact than good ones, and bad information is processed

more thoroughly than good. The self is more motivated to avoid bad self-definitions than to pursue good ones. Bad impressions and bad stereotypes are quicker to form and more resistant to disconfirmation than good ones. Various explanations such as diagnosticity and salience help explain some findings, but the greater power of bad events is still found when such variables are

controlled. Hardly any exceptions (indicating greater power of good) can be found. Taken together, these findings suggest that bad is stronger than good, as a general principle across a broad range of psychological phenomena.'

The work of Roy Baumeister and Dianne Tice's lab will be of particular interest to those interested in self-defeating (also called self-destructive) behaviour and to

contribute

These pages are central to The Psychologist's role as a forum for discussion and debate, and we welcome your contributions.

Send e-mails marked 'Letter for publication' to psychologist@bps.org.uk; or write to the Leicester office.

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not permit the publication of every letter received. However, see www.thepsychologist.org.uk to contribute to our discussion forum (members only).

positive changes in mental health services largely come from outside pressure from service users (e.g. Hearing Voices Network). I believe our skills are better used helping to understand and empower service users, rather than as professionals naively thinking we can change services 'from within' as 'approved clinicians'.

Kev Harding

*Moss Community Mental Health Team
Liverpool*

In 2000 the Society's report *Recent Advances in Understanding Mental Illness and Psychotic Experiences* stated: 'It is unsafe for people to be forced to use medication with potentially lethal side-effects against their wishes and without in-patient supervision' (p.43). Given that Community Treatment Orders are a core intervention legitimised by the Mental Health Act, are psychologists refusing to be approved clinicians for people on CTOs where the compulsory treatment includes anti-psychotic medication (all brands of which are potentially lethal)? And more widely, should we all be refusing to see people in the community who are being forced to take potentially lethal medication whether we are approved clinicians or not?

Guy Holmes

South Shrewsbury Community Mental Health Team

Explaining improved visual memory abilities

The increase of intelligence that has been reported in many countries during the last 70 years or so is one of the most important of psychology's discoveries. Christian Jarrett has performed a useful service in summarising Sallie Baxendale's work showing that over the years 1985–2007 this increase has occurred in visual learning and recall abilities, but not in verbal learning and recall (Digest, October 2010).

Baxendale's work calls into question Flynn's hypothesis for the cause of this increase which he advances as follows: 'The 20th century saw people putting on scientific spectacles that gave them new 'habits of mind': rather than differentiating things to capitalise on their differential utility; people find it natural to classify



things as a prerequisite to understanding; rather than tying logic to the concrete; people find it natural to take the hypothetical seriously and use logic on the abstract' (Flynn, 2010, p.364).

It seems improbable that a new 'scientific habit of mind' including 'taking the hypothetical seriously' could have brought about increases in visual learning and recall but not in verbal learning and recall. Baxendale's results are best interpreted as further support for the theory that

the increase of intelligence has been caused by an improvement in the efficiency of the brain for the performance of all cognitive tasks attributable to improvements in nutrition, first advanced in Lynn (1990). These improvements in nutrition have had a greater effect on the performance of non-verbal than of verbal tasks, and have also brought about parallel increases in height and brain size.

Richard Lynn

*Professor Emeritus
University of Ulster*

References

- Flynn, J.R. (2010). The spectacles through which I see the race and IQ debate. *Intelligence*, 38, 363–366.
- Lynn, R. (1990). The role of nutrition in secular increases of intelligence. *Personality and Individual Differences*, 11, 273–285.

Awareness of research demands

those interested in clinical psychology theory and therapy. The sharing of knowledge between psychological disciplines – rather than 'reinventing the wheel' (again) – still seems to be an interesting and both theoretically and practically useful endeavour.

Andy Siddaway

University of Hertfordshire

Reference

- Baumeister, R.F., Bratslavsky, E., Finkenauer, C. & Vohs, K.D. (2001). Bad is stronger than good. *Review of General Psychology*, 5, 323–370. [Available via www.psy.fsu.edu/~baumeistertice/pubs.html]

Thomas Webb's insightful article about the experience of undergraduate students taking part in research for course credit ('Improving the student participant experience', September 2010) provides valuable guidance relating not only to the challenges, but also the educational opportunities offered by such schemes. At the University of Westminster, we also encourage students to reflect upon their experience as participants, so we are delighted to learn about research establishing that this enhances the student experience. However, we believe that one educational opportunity not covered in Webb's article relates to students' training in ethical issues.

The research participation scheme at University of Westminster is part of our first-year research methods module. Students are required to participate for up to three hours (from a range of studies), or they can write an essay instead. The substitute essay includes a discussion of the following statement: 'Unless a psychology graduate has acted as a participant

in psychological research of at least post-graduate level, they should not be eligible for the Graduate Basis for Chartered Membership with the British Psychological Society'. While we are not suggesting that this should be an absolute requirement for GBC, many psychology graduates will go on to careers in which they will test or otherwise interact with human participants in a variety of ways (research, therapeutic or occupational purposes, etc.).

We believe that participating in real research studies engenders awareness not just of research demands on the participant but also of potential ethical issues including relatively minor impacts on feelings. The research participation scheme encourages students to consider a wider range of potential ethical dilemmas than is possible in the practical work for the module itself. We would be interested to hear others' views on this ethical dimension of such schemes.

**Rosemary Snelgar
Mark Gardner**

Department of Psychology, University of Westminster

NOTICEBOARD

Psychoanalysis: the unconscious in everyday life runs until April 2011 at the Science Museum. For accompanying programme of events, see www.beyondthecouch.org.uk.

Esther Deutsch

Institute of Psychoanalysis

I am carrying out a qualitative study exploring how **clinical psychologists with a personal history of mental illness** experience their work within services providing care to people with mental health difficulties. If you are willing to be interviewed about your experiences, I would be very pleased to hear from you.

Cathy Backhouse

psp87b@bangor.ac.uk

Prisoners' Families and Friends Service (PFFS) has been helping and supporting prisoners' families for over 40 years. Our service users are mainly women. They are

a socially excluded and hard-to-reach group; many have mental health issues. We are looking for an HPC Registered Psychologist, Practitioner Psychologist, Clinical or Counselling Psychologist to **carry out initial assessments on a pro bono basis** (approx five hours) for a doctoral counselling psychology student who is at City University.

Margaret Vallance

020 7403 4091,

Margaret@pffs.org.uk

The second in a series of seminars devoted to **psychological issues in men's health**, funded by the British Psychological Society, takes place at Nottingham Trent University on 15 December. Topics include body image and drug use, muscularity, sports injury, and food. E-mail sheilah.han@ntu.ac.uk to book.

Brendan Gough

Nottingham Trent University

Fears for domestic

In the fall of 2008, financial markets fell sharply across the globe, causing a fiscal catastrophe for several of the major world economies (including both the US and the UK). The resulting fiscal restructuring and the austere allocation of government resources has created a great deal of fear and concern for many people as their governments began instituting new policies to address unexpected budgetary shortfalls. To help bridge the ever-widening government budget gaps, overall funding for social services is becoming progressively more restrictive, including those services which aid victims of domestic violence. This current lack of available funding has forced many domestic violence community resources to

drastically reduce their operating budget, or even to close their doors entirely.

Since domestic violence can occur in any romantic relationship, most community resources tailor their approaches to best serve the needs for the community-at-large. Unfortunately, many of the community service agencies which provide treatment to domestic violence victims will work with only one type of victim; be it women,

violence services

members of the LGBT community, or men. The result is that resources will be used

with only one type of domestic violence victim.

Domestic violence social service agencies must begin to be innovative in their utilisation of existing services to continually provide an effective level of protection and care for victims of domestic violence. Something innovative that social service agencies can do to survive this lack of funding is to combine the different domestic violence treatment programs. Agencies can link together in an effort to maximise available resources, thus allowing domestic violence treatment providers more opportunities to provide outreach to domestic violence victims that reside within their community. This linking of resources will cost existing agencies very little in terms of finance, and is a very direct method of reaching more target groups.

only for specified target groups, which can lead to the unavoidable situation where agencies are competing with each other for the limited funding now available by governments, charitable organisations, and corporate donations.

While the trainings offered by these agencies have some differences (usually dependent upon the type of domestic violence victims their agency chooses to work with), the different domestic violence treatment modalities overlap with one another in several regards. After all, victims of domestic violence have physical, legal, and mental health treatment needs associated with being victimised by a partner who has taken advantage of the power imbalance within that relationship. By recognising that similar needs exist for victims of domestic violence, community resources in both the US and the UK can begin to look past their former agency policies of working

The fiscal repercussions of the recent global financial downturn will continue to be felt for some time, a situation that may find local governments continuing to make cuts to social service programs. Even so, social service agencies can provide effective treatment even within fiscally constrained environments. The critical point is to remember that domestic violence is a problem that exists universally: all victims of domestic violence, regardless of age, race, gender, socioeconomic status, and sexual orientation, have the same needs with regard to treatment. If community resource providers work together and share their resources, the ultimate effect will be that more victims, across a range of socioeconomic and demographic variables, will receive the help that they need.

Brian Tesch
Alliant International University
California

FORUM BEYOND BOUNDARIES

In many parts of the world, the most common result of trauma is not post-traumatic stress disorder but ghost possession. This is often dismissed by Western clinicians as a cultural interpretation of the 'genuine' impact of war, violence or natural disaster, but recent research has suggested that spirit possession may be as valid and reliable a mental disorder as PTSD.

A study just published in *Social Science and Medicine* looked at the epidemiology of possession following the civil war in Mozambique. To facilitate the research, the researchers designed a psychometric evaluation to assess the experience of co-hosting an apparition. They tested the scale for statistical reliability and validity, alongside established measures of psychopathology, and found that individuals reporting the presence of a greater number of spirits were more severely disabled by both physical and psychological symptoms. A similar study from Uganda, recently published in *Culture, Medicine and Psychiatry*, found that greater spirit presence was associated with more severe experience of trauma, and a larger number of somatic symptoms.

This type of research, which draws on locally based experiences of mental anguish, is in stark contrast to the majority of cross-cultural research, which takes established mental health assessments from Europe or the United States, translates them into the local language, and then evaluates whether higher scores are associated with a great level of disability or distress in indigenous people. As far as I'm aware, the reverse study has never been done. I would be genuinely interested to see whether Ugandan experiences of spirit possession, when translated into the local idiom, would turn out to be valid measures of mental distress in London, Paris or New York.

If you think it unlikely that such other-worldly explanations would even be considered as a cause of pathology by the more scientifically inclined West, it's worth noting that the limited evidence we have suggests that the belief is alive and well. For example, in a 2010 study on beliefs about epilepsy in Italy, just over 4 per cent of the population explained the condition as possession by an evil spirit. It is possible that these beliefs arise because the feeling of being 'taken over' is a core experience of mental instability, but owing to its associations with seemingly alien cultural beliefs, it gets spun into more comfortable cognitive constructs by mainstream psychology.

We like to think that there are ultimate scientific truths about humanity and that culture is just a lens through which the light of mind becomes refracted. But rarely do we consider that culture itself is the light, and psychology is just one of many lenses through which we peer.

Vaughan Bell is a clinical psychologist and academic working in Medellín, Colombia. Share your views on this and similar cross-cultural, interdisciplinary or otherwise 'boundary related' issues – e-mail psychologist@bps.org.uk.

forum

Ethnic minorities in psychology

I read with interest the 'One on one' interview with Jeune Guishard-Pine (October 2010). I am Chair of the Society's Division of Occupational Psychology Working Group on Black, Asian and Minority Ethnic (BAME) Careers. Although the group is concentrating on BAME careers generally this year, a number of people have suggested that we should focus on BAME careers within psychology as one of our next projects. We have recently written to the BPS asking for the information they have on the numbers of BAME psychologists in the various Divisions.

Personally, I would like to develop an initiative aimed at BAME undergraduates, as I suspect they may be failing

to make the transition into the various doctorate programmes and other professional training schemes in proportion to their

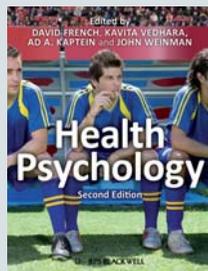
numbers on psychology degrees due to the 2:1 entry requirement for most schemes. Among first-degree

prize crossword

no 54

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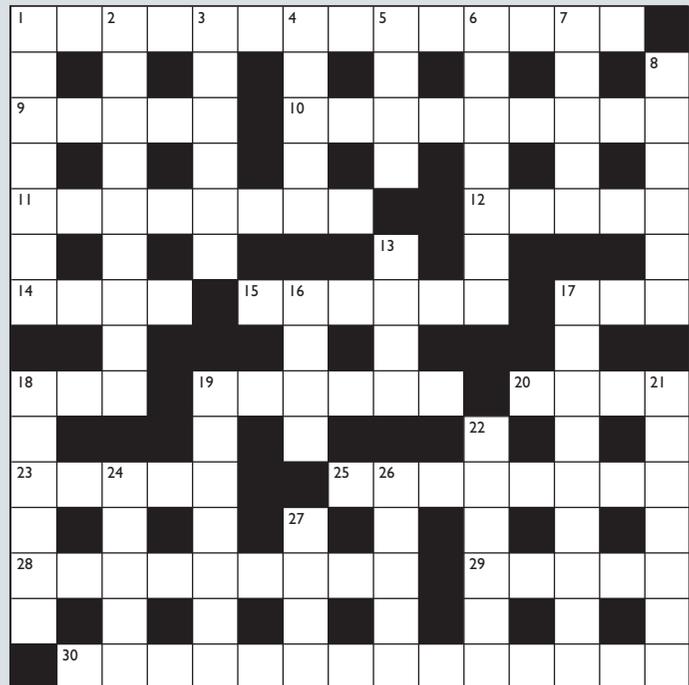
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Send your entry (photocopies accepted) marked 'prize crossword', to the Leicester office (see inside front cover) **deadline 6 december 2010. Winner of prize crossword no 53** Graham Mole, Woodbridge, Suffolk

no 53 solution Across 1 Aversion therapy, 9 Prelate, 10 Basilar, 11 Rare, 12 Edge, 13 Stet, 16 Towards, 17 Rated, 19 Oasis, 21 Emeriti, 24 Lair, 25 Mope, 26 Thai, 29 Menu bar, 30 Culprit, 31 Anderson shelter. Down 1 Aspiration, 2 Eyebrow, 3 Scar, 4 Overdose, 5 Tablet, 6 Easy street, 7 Ailment, 8 Yore, 14 Prescriber, 15 Administer, 18 Respects, 20 Scanned, 22 Inherit, 23 Embryo, 27 Emma, 28 Blue.

qualifiers, nearly two thirds (66.4 per cent) of white qualifiers achieved a first or upper second class honours degree; this was higher than for BME qualifiers (48.1 per cent). Of the ethnic groups, the percentage who achieved a first or upper second class honours degree was lowest among black students (37.7 per cent) (Race for Opportunity report *Race into Higher Education*, 2010).

We shall be running a workshop at the 2011 Division of Occupational

Psychology conference in Stratford-upon-Avon, and running our own conference in September 2011. We hope to deliver a workshop at the 'Psychology for All' event this year as well. We are making progress on a book aimed at unlocking BAME career progression. We have also plan to set up a master's prize to encourage more research on ethnicity.

If you are interested in learning more about the events and activities of the group then please contact me at the address below and I will add you to our e-mail list.

Tinu Cornish
Coach for Change
 London N22
 tinu@coachforchange.co.uk

FORUM PSYCHOLOGY AT WORK

Every day, occupational psychologists have a direct and positive impact on the world of work. Businesses and public organisations regularly use their services in recruitment, assessment, development and talent management. As employees cope with the stresses of working life, occupational psychologists provide insight into well-being, stress management, coaching and counselling. With downsizing and mergers, organisations look to psychologists to drive the change process and support innovation and talent development. So how can we best cope with the challenges facing us in this changing world?

Firstly, we must think about our input not as a cost-centre to be cut in difficult economic times, but as essential added value. David Cameron recently spoke of 'GWB not just GNP', highlighting greater well-being as a focus of his agenda. This presents psychology with an opportunity to provide scientific and evidence-based practice to shape best practice in organisations and ensure health and productivity for all workers. We must communicate in business language and illustrate the financial return on investment from our work. A good example of this is Kamal Birdi's recent study examining the relationship between management practices and the financial bottom line performance of 308 UK manufacturing companies over a 22-year period. Firms introducing a broad range of employee training and development opportunities showed a 6 per cent increase in financial value added per employee in the years after adoption.

Secondly, psychologists provide more than other professionals around the work environment through our ethics, research and scientific evidence-based practice. We must ensure that we use this wisely and do not undermine our contribution under pressure from clients and organisations. Our innovative solutions must provide practical yet insightful opportunities.

Thirdly, we must not have internal divides. For example, it is essential that academic psychologist and practitioners work in partnership complementing the perspective and skill set of each other and achieving a higher impact result. Current research, such as Ian Ley's work on Inbound Open Innovation, is exploring collaboration between practitioners and academics and highlighting the importance of the psychological aspects that feed into innovation, and the factors which influence the economic benefits of university-business interactions.

Lastly, but not least, the young are the future of our profession. Ed Miliband recently spoke of the 'new generation with its different attitudes, ideas and ways of doing politics'. Talking recently to a number of new graduates and postgraduates, what strikes me are their obvious talent, passion and energy. They are also engaged in current and relevant research topics, such as resilience, health and well-being, employee engagement, fairness and equality for ethnic minorities, and the importance of workplace training and development, to name but a few. The Society and the Division of Occupational Psychology supports their development and more can be done to ensure rounded competency portfolios coupled with opportunities to gain relevant experience within the profession.

Occupational psychology provides a unique perspective by combining scientific ethical practice with strong relationships and a good appreciation of the business agenda. We need to ensure that this is transparent and effective in the way in which we position our work. Our impact is strongest when we combine this with our passion and drive to make significant change in the world of work.

Hazel Stevenson is Chair Elect of the Division of Occupational Psychology. Share your views on this and other workplace-related issues via psychologist@bps.org.uk. For more debate, see p.892

across

- 1 Ego's mean effect, unusually, is modesty (4-10)
- 9 Repeat cold start in harvest (5)
- 10 Imposing that delusion may be? (9)
- 11 A censor's worried by drug-induced states (8)
- 12 Drug-free wash (5)
- 14 Location in view, we hear (4)
- 15 Amount carried is dangerous for Londoner (6)
- 17 Mania affecting female at the present time (3)
- 18 Talk at length - entertaining person (3)
- 19 One received dodgy egg? That's correct, but not current (6)
- 20 Wartime alliance's line of rotation (4)
- 23 Note contemptible type who has to come again (5)
- 25 Accelerator or choke (8)
- 28 Able to direct situation with fashionable standard of comparison (2,7)
- 29 A party given to sailors on deck (5)
- 30 Corps so involved with crime or integrated circuit (14)

down

- 1 Contracts for psychiatrists (7)
- 2 Tears fine fabric and charges (9)
- 3 Use them shortly to move (6)
- 4 Mental confusion in music? (5)
- 5 Assert without one reticent type (4)
- 6 Examination after treatment it's claimed (7)
- 7 Presently in revolt over European means of execution (5)
- 8 Youngster in Scotland, small boy, became gradually accustomed (6)
- 13 Composite picture of suspect to avail missing boy (1-3)
- 16 Unusual way to eat meat (4)
- 17 Irrational attachments produced if a toxin's distributed (9)
- 18 Taste aversion researcher turned over paper to US agency (6)
- 19 Forensics examiner or one involved in credit (7)
- 21 Doctor entries for writer of *A Warm Fuzzy Tale?* (7)
- 22 Amount of drug administered by wise man after party (6)
- 24 Feline consumed first of cream I provided for succulent plants (5)
- 26 Greeting nightmare situation with love (5)
- 27 Catch carriage (4)