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. Space does not permit the publication of every letter received. Letters to the editor are not normally acknowledged.

A medical model for clinical training?

I WRITE in response to the suggestion by Samantha Hardingham that clinical psychology training courses be changed to five- to six-year courses following a framework similar to that of medical students (Letters, October 2004). Although I can see some advantages to such a system, I personally think it would be a bad move for two reasons.

Firstly, in the same issue John Radford puts the case for unity in psychology. Surely, by separating out clinical psychology from other professional specialisms, we not only run the risk of implying that clinical psychology is somehow more special (or important) than other domains, but we also move further away from unity. To separate out undergraduates in this way would also be disadvantageous; we can learn so much from mixing with peers with varying interests and ability levels. To lose the input of the budding clinical psychology student into debates with neuroscience, health or child psychology students, for example, (and indeed vice versa) would be a real shame. True skill in this subject surely comes from appreciating, understanding and applying all different areas of specialism into the one multidisciplinary framework.

Secondly, I clearly remember in my freshers' week talking to numerous coursemates about our shared ambition of becoming clinical psychologists. Few of them still have this ambition, explainable, I feel, by two factors. Firstly, I think that the pre-degree perception of psychology is somewhat naive; the scope of career options is not known to many students and the demands and complexities of clinical psychology not fully understood. Secondly, pre-degree-level study covers only a minimal selection of topics; before choosing a specialist area, I feel it of major importance for all students to learn grounding in all areas. This way, as in my case, students can become aware of the many additional and equally rewarding alternative professional pathways available. I couldn't be happier with my decision to postpone any thoughts of clinical training in order to work in a medical department, applying health psychology theories to cancer research.

I see a danger in a change to the training-course structure that would see students entering a course naively; later losing interest in their chosen domain and perhaps regretting not having the choice and range of options of current undergraduates; and with society ending up with an increasing number of demotivated clinicians. Alternatively, by keeping the system as it is, we can unify the discipline and attract some of the more ambitious psychologists into other areas of applied psychology, thus strengthening psychology as a whole.

The current system may be a long hard 'slog' to professional status, but it does at least put off those students who are unsure, thus guaranteeing that those who do qualify as chartered clinical psychologists really do retain the adequate motivation, interest, skill and ambition to fulfil the requirements of that role for both patient care and NHS perspectives.

Nick Hulbert
Cardiff University
Wales College of Medicine
Wrexham

JESS HURD (REPORTDIGITAL.CO.UK)

A hard slog – but one that ensures clinical psychologists can meet the demands and complexities of the role

I HAVE recently completed my clinical psychology training at the age of 46, having previously worked in the building industry as a bricklayer for 20 years. I have experienced redundancy, personal hardships, illness and bereavement. I have been married for 23 years and am the father of three teenage sons. I was accepted onto the DClinPsy course at Sheffield, having worked for three years as an assistant following graduation from my undergraduate psychology degree at the University of Liverpool. During my three years' training I lived away from home during the week, travelling home to my family most weekends.

My experience has been somewhat different to that of most other trainees, who went to university at 18, although my training has been the same. I assume that the course team saw some core skills and values in me as they did in other candidates, whilst valuing the diversity of us all and what we could each bring to the profession. I wonder if the medicine pattern suggested in Samantha's letter, were it to be universally implemented, might preclude such individuality and diversity – traits we recognise not only in clients when formulating, but to which we subscribe as a profession in general.

Whilst I have not reached, nor could reach, 'the financial safety of professional status at a younger age' (and of course, I, like most, want financial security), I fear the suggestion and sentiment may say more about what applicants want to get out of the profession than what they might contribute to it. In terms of reflective practice, I wish to acknowledge the 'mercenary' as much as the 'missionary' in me, and in doing so I hope to remain client-centred (irrespective of which model I adopt). Yes, there is probably no true altruist (psychologists included), but in aspiring to attain a place on a training course, and in my own circumstances being on the threshold of commencing a new post as a newly qualified clinical psychologist, let us keep the clients in view.

Franz Burchardt
33 Belgrave Road
Aigburth
Liverpool

DEADLINE

Deadline for letters for possible publication in the February issue is **4 January**

Value of interpreters

WHILST I didn't agree with all that she said, I was stimulated and made to think by Avril Rea's discussion of some of the issues related to working with interpreters ('Now you're talking my language', October 2004). These issues don't just arise in mental health settings, of course. I was reminded of the fascinating paper Ingrid Palmary gave at this year's Psychology of Women conference discussing her research in the context of reconciliation work in South Africa, of working with colleagues whose first language is British Sign Language, and of the clinical work many of us do in physical health settings.

As part of the service I run supporting people who have an altered or unusual appearance, for example, I work with people who have been traumatically injured in wars and have sought asylum. Avril's article reminded me how much I enjoy the challenge of working in these three-way relationships, where there are at least three of us (the client, the interpreter and me) pooling our expertise, skills and experience to build bridges across languages and cultures and do something psychologically useful.

JOANNE O'BRIEN (REPORTDIGITAL.CO.UK)

AVRIL Rea's article makes valid and important points that apply not just to ethnic minorities but also to other minority groups (e.g. the deaf, learning disabled, financially or educationally deprived) and, in particular, to the wider practice of psychotherapy and counselling. The issues of therapeutic relationship, communication, meaning and understanding that Avril Rea refers to underpin our effectiveness with each of our clients, whatever their background.

Moshe Price
The Notre Dame Centre
Glasgow

Absolutely, the skills of a good interpreter – not just in language, but in relationship development, in communication, in working across so many clinical areas – are awe-inspiring. Absolutely, I get jealous of the ease and engagedness of relationships the interpreter and the client can create. Absolutely, working in this way can challenge my ideas, and those of other people, about power and who's supposed to have it. Maybe no bad thing? So I was very surprised to see a request, in the same issue of *The Psychologist*, for a (presumably unpaid) volunteer to act as a ClinPsyD researcher's interpreter and cultural adviser. Was this deliberate, ironic editing? No but really, it's not just in mental health settings that we need to recognise the skills, training and experience we expect of people fulfilling the interpreter role.

Natty Leitner
Outlook Disfigurement Support Unit
Frenchay Hospital
Bristol

SITA PICTON REMEMBERED

AS I have gradually come to terms with the sad loss of Sita Picton, it has become even clearer to me that I should share with those colleagues who knew Sita and those who did not, and with psychologists in training who will not have the opportunity of learning from her, what I believe Sita offered us. She offered us something that is at the heart of clinical excellence, something that is rarely trained.

Sita consciously exercised that spirit of human kindness, that sense of respect for the essential dignity of all people, that lies at the heart of high-calibre and ethical clinical practice. A professional body rules on ethics. Some individuals ploddingly follow. Some may see rules as a hindrance to ambition. Some like Sita shiningly apply not only the letter but the spirit of ethical professionalism as part of their own belief and habit of behaviour. The underlying spirit is intrinsic to them and shines out in daily decisions and dialogue. It is a source of clinical excellence, and it is a core contribution to the healing process. It is recognised by both simple and clever people as something to respect. It inspires students. It stops the arrogant in their tracks. It informs people as to what one's science is about in practice. Sita combined it with quick courage to challenge bad practice wherever it was seen.

I first knew Sita as a postgraduate in training. Later she joined me in a wait list initiative on Saturday mornings and in my home for case discussions on Wednesday evenings. Later she became a staff psychologist in the service I led in Yorkhill NHS Trust. She became an expert and consultant clinical psychologist in the Royal Hospital for Sick Children in Glasgow, specialising in emotional issues in grave and in chronic physical illness in childhood, helping positive adaptation and treating secondary disorder. Her skills were much sought after by paediatric specialists for the enhancement of new clinical treatments, and she courageously influenced these few areas where she realised the need for further awareness of the psychological issues facing ill children and their families. She worked innovatively in cosmetic challenge, in body image and surgical treatment. She took an interest in the specific problems of intersex conditions in childhood and contributed to the management of pain in childhood. She took special interest in the issues affecting long-stay hospitalised infants and their parents, championing child rights and parenting. Her advice was much valued, and many clinical staff asked for her emotional support in their difficult tasks.

It was particularly poignant for us to see Sita herself journey through illness, pain and death. I am not alone in saying she brought her skills as a comforter and healer to those about her during this journey. God speed, Sita. Thank you, and let us all think carefully about the constituents of excellence.

Christina Del Priore
Braehead
5 Bruce Road
Pollokshields
Glasgow

Naming and shaming – A sledgehammer approach?

THANK you for publishing my letter and the response from Ken Brown, Chair of the Disciplinary Board (October 2004). I feel that the response, however, left certain issues unclear.

I obviously agree that all clinicians need to be regulated externally by their professional body as well as being constantly internally self-regulating in their professional conduct by a robust system of ethical and humanitarian principles. I still feel, however, that the process of public naming and shaming can be unnecessarily punitive.

Moreover, this system may not necessarily achieve the aim of protecting the public, because *The Psychologist* is distributed and read primarily by BPS members. The procedure of naming and shaming the clinicians (without being able to give specific details) can therefore begin to feel like a procedure whereby the person in question is being made an example of. Discussions with many of my colleagues suggest that this procedure engenders feelings of anxiety and paranoia, rather than opening up and

INFORMATION

■ THIRD-YEAR psychology & criminology student at University College Northampton looking for **voluntary work experience in a forensic setting**, ideally with the police (crime prevention/ victim support/child protection) within the Northampton area. I am also looking for potential work experience over the summer before I start my MSc in forensic psychology – this will be in the Birmingham/Solihull area.
Amanda Fieldhouse
E-mail: 20086833@northampton.ac.uk

■ I HAVE recently graduated from the University of Portsmouth. I wish to pursue a career in **forensic psychology** and I am seeking **relevant work experience** before undertaking an MSc in 2005. I am currently working for the youth offending team on a voluntary basis. I would appreciate opportunities for voluntary work experience in the Hampshire area.
Samantha Hall
E-mail: Samhall22@aol.com; tel: 0789 053 6540

■ I WOULD like to know whether there has been any systematic **research into facial disfigurement and sexuality** (all the literature on hare lip/cleft palette seems to stop at adolescence).
George Fernando
E-mail: geofern@ntlworld.com

■ A FINAL-year psychology student with a keen interest in **clinical**, currently looking for **voluntary work experience** or to help conduct research in the Swansea or Pembrokeshire area. I have previous experience in a clinical setting and of working with range of ages and abilities.
Vanessa Mitchell
E-mail: 220726@swan.ac.uk

■ FREE to the worthy recipient who will organise, or at least pay for, delivery or collection: ***Bulletin* and *The Psychologist*** (from January 1968 to date); ***British Journal of Social Psychology*** (from Sept 1992 to date); and copies of the *Social Psychology Newsletter* and now *Review*.
J.M. Wober
Flat C, 17 Lancaster Grove
London NW3 4EU
Tel: 020 7435 7261

■ I GRADUATED last year with a 2:1 in psychology and am about to embark on voluntary work in the **Institute of Psychological and Educational Research in Calcutta**, India. I would like to know if anyone has research interests in this area, or perhaps would like to have some correspondence during this project. I will be able to do some independent work whilst there, although the company I am travelling with and the Institute will dictate most of my time.
Emily Elfer
E-mail: emily_elfer@hotmail.com

■ HAVING been granted GBR, I have now embarked upon an MSc in psychology with the Open University. I am based in London and have experience of working as an applied behaviour analysis (ABA) facilitator to children diagnosed with severe developmental disorders, implementing home and primary school therapeutic programmes. I am interested in developmental child psychology and am seeking **experience of working within an assessment/research group** on a part-time voluntary basis dealing with children with various developmental difficulties.
Fatima Covacha
487A Hackney Road
London E2 9ED
Tel: 0777 930 7234; e-mail: fpc9@student.open.ac.uk, fcovacha@hotmail.com

■ RETIRED academic psychologist, recovering from a stroke but only slightly gaga, seeks help over his **disgeusia** – the stroke's most irritating result. Medics have never heard of it – and it could well be iatrogenic anyway – but he wonders if a good experimental cognitive psychologist with an interest in gustatory perception could provide the answer. Reward offered for best literature review or project proposal. Undergraduate contributions welcome and no objection to non-chartered psychologists. Subject available for experiments – are those JND psycho-physics experiments he was once made to do still done? Sadly, food cravings include Edinburgh rock, Guernsey cream and Marmite; and aversions include all ready-made dishes by Marks and Spencer, Sainsbury and Waitrose, which is driving his wife round the bend. Particularly generous prize offered for restoration of his enjoyment of superior Burgundy – now tastes like vinegar.
Simon Carey
The Cottage
61 Fitzjohn's Avenue
London NW3 6PE

■ I AM conducting further research (MSc Qualitative Methods in Psychology) into the way **adults with dyslexia** construct their positive abilities. Please contact me if you are aged over 25 and would like to participate in focus groups held in Bristol and Bath.
Martyn Whitelock
E-mail: martyn.whitelock@uwe.ac.uk

■ THE Porterbrook Clinic is an NHS service for people with relationship and sexual difficulties. A project is currently being undertaken at the clinic to evaluate the usefulness of self-help videos for **couples who are experiencing relationship conflict.** We are appealing to any healthcare professionals who are in contact with patients with these types of difficulties to refer them to the study, which lasts for 12 weeks. After this time the couple will be put forward to receive the standard treatment available at the clinic, typically waiting for a shorter amount of time than if they had been referred to the clinic in the usual way. For more information, or to make a referral to the project, please contact me at the clinic.
Katie Oakley
Porterbrook Clinic
75 Osborne Road
Sheffield S11 9BF
E-mail: katie.oakley@sct.nhs.uk

■ I AM a 21-year-old psychology graduate who would appreciate opportunities for **voluntary work with a forensic psychologist** or in a forensic setting, as I will start an MSc course in forensic psychology in 2005. The Greater London area would be preferred.
Nzinga Akinshegun
E-mail: nzinga32@yahoo.co.uk; tel: 0797 631 4915

facilitating reflection on our professional conduct and ethics.

Finally, the issue of whether psychologists should be asked to complete Disability Living Allowances forms (or other non-psychological generic duties) still remains unclear to me. I agree that individual clinicians are responsible for the work they agree to carry out. The question still remains, however, whether BPS members should be able to create clear boundaries about what our role is, by being able to say that we do not agree to carry out activities inappropriate to our role, confident that we will be backed and supported by a robust representation from the British Psychological Society as our professional body.

Edward Bloomfield
Psychology Department
Goodmayes Hospital
Goodmayes
Essex

I SUSPECT that the Society is under an obligation to make the details of disciplinary hearings available to the public, but surely this could be done via a publicly available record that interested parties need to access proactively (e.g. a dedicated website) rather than by promoting the details in the pages of *The Psychologist*. As psychologists don't we have an obligation to avoid placing people under unnecessary levels of stress?

Andy Bellamy
15 The Toppings
Garstang

NO MYSTERY

IN response to Alan Rowan's 'quibble' (Letters, October 2004) of our inclusion of a PhD candidate in an English department as one of the authors in our intersex special issue in August, there is no need to 'glimpse' answers 'through a glass darkly'. We can explain.

Iain Morland has written his PhD, MPhil and MA dissertations on intersexuality, is the author of seven peer-reviewed articles and editor of a book and a journal on sexuality and gender. The majority of his work concerns the politics and psychology of intersex. Many experts on gender and psychoanalysis work in literary studies including Judith Butler, Shoshana Felman, Marjorie Garber, Elizabeth Grosz, Jacqueline Rose and Juliet Mitchell.

Lih-Mei Liao
University College London
Mary Boyle
University of East London

Psychology works

THANKS to my studies in social psychology at the University of Wales in Cardiff, and now with the Open University, I am now able to understand exactly what happened to me as a victim of organised abuse in my former home for several years and how it was able to occur; and with counselling I am able to move forward. The study of psychology has changed me from victim to survivor. Thank you all.

Jane Liardet
Address supplied

GEOFF CRAWFORD (REPORTDIGITAL.CO.UK)

A difficult road for non-drivers

I AM writing about a very prevalent form of disability discrimination in selection for assistant psychologist posts. The person specification for such posts in my area (Greater Manchester) and many others nearly always states 'car driver essential'. I have a disability that means I cannot drive. Sadly, I am accruing clear evidence that I have often been overlooked for this reason, even though I state my disability and my willingness to use public transport.

I have contacted the Disability Rights Commission and they have informed me that is it illegal to overlook a disabled candidate because they cannot drive. Employers are supposed to make 'reasonable adjustments' (e.g. letting the person use public transport or private hire if they can). Moreover, the DRC also informed me that driving should not be in the person specification for assistant psychologist positions at all. By law you are only allowed to specify 'driver essential' for a driving job (e.g. operating a lorry or working as a driver for a cab firm).

I have finally gained an assistant psychologist position, but this form of disability discrimination meant my struggle was much longer and more fraught than candidates with similar qualifications and experiences. I have contacted the Division of Clinical Psychology (DCP) about this issue and have been informed that much is being done to make clinical psychology training courses aware of their obligations to disabled applicants. It seems, however, that the issue of discrimination in selection for assistant psychologist posts is not being tackled. This is absurd, since such positions are regarded as the best experience for gaining entry to training. The particular difficulties that disabled (and other minority) applicants face in gaining assistant psychologist posts is surely a large part of why minority applicants are so underrepresented in training and in the profession.

I realise that the BPS and the DCP have only an advisory function on such matters and that wider issues around equality and discrimination are quite complex. However, this particular point is so simple I am shocked that neither body has chosen to advise their members on it.

Ilona Singer
Old Trafford
Manchester

Psychiatric terminology

THE editorial statement elicited by Eleanor Page (Letters, October 2004) about labels and terminology alludes to the current advice provided by the Standing Committee for the Promotion of Equal Opportunities (SCPEO). This suggests that the adjectival usage (e.g. 'schizophrenic') and the 'with' usage (e.g. 'with schizophrenia') are both legitimate in the published form in BPS outlets. Authorial discretion is then granted. The wisdom of this policy can and should be challenged. If a label is potentially offensive, psychologists should use the most cautious description available (e.g. 'with a diagnosis of schizophrenia'). This form of description is factually accurate and indicates a human transaction, but it does not extend to the naive validation of a highly contested concept (Bentall *et al*., 1988).

Over the past 30 years all

functional psychiatric diagnoses have been criticised from a number of sources: internal dissent from the psychiatric profession ('anti-psychiatry'); disaffected patients (the mental health service users' movement); and those reviewing the scientific status of measuring mental disorder (e.g. Wakefield, 1999). The Society's advice on terminology should be sensitive to, and informed by, these criticisms. Acceptable terminology, like language more generally, changes over time. With regard to psychiatric diagnosis, some authors and the current SCPEO policy seem to be unaware that times have changed.

David Pilgrim
Blackburn with Darwen PCT
Lancashire

References

Wakefield, J.C. (1999). The measurement of mental disorder. In A.V. Horwitz & T.L. Scheid (Eds.) *A handbook for the study of mental health.* Cambridge: Cambridge University Press.

Bentall, R.P., Pilgrim, D. & Jackson, H. (1988). Abandoning the concept of schizophrenia. *British Journal of Clinical Psychology, 27*, 303–324.

Peter Dillon-Hooper, assistant editor of* The Psychologist *and compiler of the Society's Style Guide, comments: *David Pilgrim makes the specific point that schizophrenia is a highly contested concept and concludes that this is one reason the adjectival usage should be avoided. But this is precisely the reason the editors of* The Psychologist *prefer the current non-prescriptive guidance. It seems inappropriate to impose an official line on matters where opinions differ. Our authors will have a range of views, perspectives and experiences; we feel it is important to allow them to express themselves in their own words, as long as the chosen forms of expression are neither generally regarded as offensive nor demonstrably inaccurate.*

There may, however, be some value in inviting authors to change to the usage David Pilgrim advocates, and there may also be a useful distinction to be made between individual authors' expressions of their own views and editorial matter written within the office. We will bear all this in mind.

REGULATING NEUROPSYCHOLOGY

CAMILLA Herbert's letter about neuropsychologists and protected titles (October 2004) raises a number of important issues.

First of all, it seems that some members of the Division of Neuropsychology (DoN) are unclear as to the purpose of the Health Professions Council. The HPC sets out to protect the public from persons incorrectly claiming to be members of an established profession. In this case the profession is clinical psychology, and the basic qualification is completing a relevant training course. As far as I am aware, the DoN is not suggesting that clinical psychologists who are not members of the DoN are not competent to do clinical psychology with neurological patients. DoN members simply have additional expertise in that area.

This leads to a further point. The DoN is now portraying itself, or at least its practitioner status, as a postqualification Division. All other Divisions provide an initial qualification route. Thus the DoN has muddied the waters somewhat. It would have been better conceived as a subgroup of the Division of Clinical Psychology (DCP), or it should devise an initial qualification route which is separate to the DCP. If such a route existed, then presumably the HPC would accept 'clinical neuropsychologist' as a valid title.

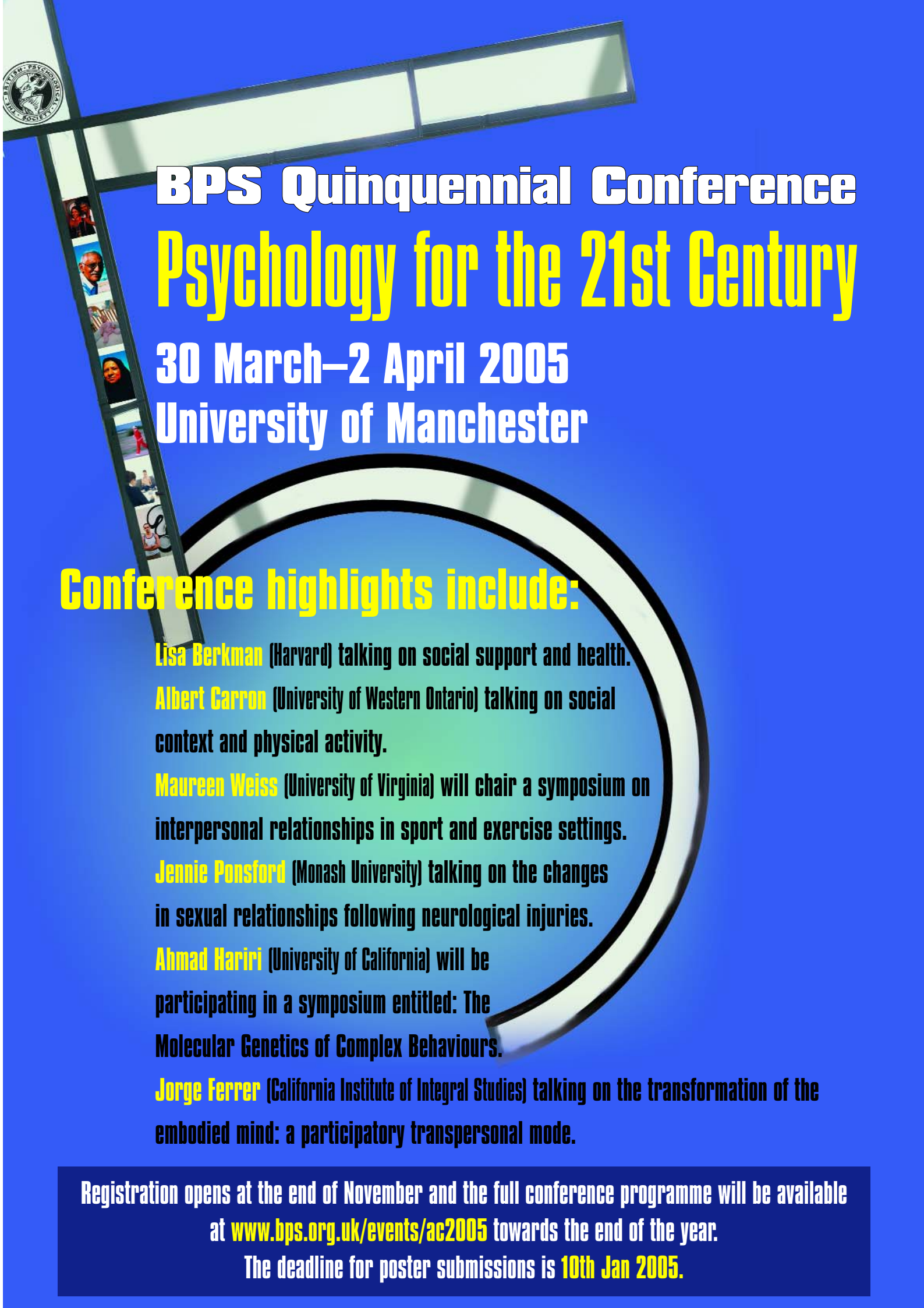
The fact that the term 'clinical neuropsychologist' won't be regulated highlights another potential problem with regulation. Presumably people will be free to devise other compound titles to confuse the public (e.g. business psychologist, medical psychologist, therapeutic psychologist, legal psychologist). And of course, anyone can still call themselves a psychologist. The Society's role in educating the public is clearly going to remain an important one.

Finally, I am somewhat uneasy about the DoN ring-fencing a very diverse area in this way, in that allowing the use of 'neuropsychologist' in the restricted way envisaged would be potentially damaging to those of us working in other contexts. I am keen to hear from any readers of *The Psychologist* who are interested in medical neuropsychology, and would be interested in forming a Special Interest Group, perhaps under the auspices of the Division of Health Psychology.

Incidentally, it will be interesting to observe future recruitment trends in the NHS for health, counselling and clinical psychologists, when they are all perceived to be equal status health practitioner professions regulated by the HPC. But that's another story.

Tony Ward
Newman College of Higher Education
Birmingham

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.



BPS Quinquennial Conference

Psychology for the 21st Century

30 March–2 April 2005
University of Manchester

Conference highlights include:

Lisa Berkman (Harvard) talking on social support and health.

Albert Carron (University of Western Ontario) talking on social context and physical activity.

Maureen Weiss (University of Virginia) will chair a symposium on interpersonal relationships in sport and exercise settings.

Jennie Ponsford (Monash University) talking on the changes in sexual relationships following neurological injuries.

Ahmad Hariri (University of California) will be participating in a symposium entitled: The Molecular Genetics of Complex Behaviours.

Jorge Ferrer (California Institute of Integral Studies) talking on the transformation of the embodied mind: a participatory transpersonal mode.

Registration opens at the end of November and the full conference programme will be available at www.bps.org.uk/events/ac2005 towards the end of the year.

The deadline for poster submissions is 10th Jan 2005.