

Engaging with the environmental crisis

In the current economic climate you would be forgiven for thinking that the economy is the most pressing issue facing UK and global governance. Yet despite the current overwhelming focus on our banks and the eurozone, the environment is also a pressing issue in contemporary society. For example, there is a general consensus within the scientific community that human actions are contributing to global climate change, ecosystem degradation and natural resource depletion. Yet despite being an issue of unprecedented importance, politicians, and more importantly for us, psychologists, have yet to adequately deal with it.

Yes, 'ecopsychology' is making steady progress in theoretically and empirically understanding human-environment relationships, but its focus is not on understanding and engaging with pro-environmental and consensual behaviours. Pockets of research in marketing/consumer psychology have attempted to profile the pro-environmental individual in terms of demographics such as gender, age, ethnicity, occupation and income (see Dolnicar et al., 2008 for a review), and by measuring attitudes to identify the pro-environmental individual (e.g. Singh

et al., 2007). Both perspectives offer much to market research, but little is said about those who don't fit the profile or possess the correct 'attitudes'. This issue has been addressed to some extent through the emergence of 'conservation psychology' (for example see www.conservationpsychology.org), focusing on understanding how people behave toward and value nature. However, much of the research in this field is located in the USA.

In the UK there are a handful of academics attempting to address these issues, such as Chris Spencer, Mark van Vugt, David Uzzell, and Birgitta Gatersleben. I too have recently conducted research for a doctoral thesis looking into the emotional, reflexive and reciprocal experiences of engaging with pro-environmental behaviours. Understanding this allows for a greater appreciation of the reciprocal and experiential elements of engaging with



Olympics and human behaviour challenges

We read with interest the July issue of *The Psychologist* and the different perspectives that the psychologists presented on the

Olympics. We wanted to express a further perspective, which has its origins in occupational psychology, but is perhaps more accurately described as an interdisciplinary approach.

Here in the Socio-Technical Centre, at Leeds University Business School, the Olympics is

proving to be a fascinating time for us too, as we are involved in a range of research activities that have application for this event. For example, our colleague Rose Challenger has been working with a range of organisations to better understand different crowd typologies, and the implications that these have on the way crowds behave at events like the Olympics, in order to facilitate better event preparation and crowd management. Other colleagues are working with architects to understand the effects that buildings and infrastructures have on people's behaviour, and we have

worked with computer scientists to develop simulations of human behaviours such as team working.

Like many others in psychology, we believe that all of the challenges facing events like the Olympics are ultimately concerned with human behaviour. Yet when you present people from different disciplines with a practical problem – like 'How should crowds be managed at the Olympics?' – and ask for their ideas on how to solve it, you get a very different set of solutions, because people inevitably look at the problem from their own perspective. Sharing these solutions can



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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such practices and the positive impact this can have on well-being. This alternative focus appears crucial in facilitating greater levels of engagement for everyone, something fundamental in the context of the current crisis.

However, this type of research is scarce, and often does not filter through to the budding undergraduate or postgraduate student – the majority of institutions place more importance on traditional topics. So whilst psychology is constantly advancing knowledge in areas that are extremely relevant and important to contemporary societies (e.g. prejudice, development, health), what we have here is another contemporary issue of undeniable importance, yet one that remains largely unexplored by psychologists. Surely it is time for psychologists to ‘come out of the woods’, roll up our sleeves and fully engage with the environmental crisis facing all of humankind?

Dr Paul Hanna

University of Brighton

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be fascinating, because it can challenge everyone's assumptions, and triggers new ideas and ways of thinking.

For those like us in the Socio-Technical Centre who subscribe to a systems perspective, the challenges created by events such as the Olympics, require active collaboration between psychologists and other disciplines, most obviously including engineers, planners, architects, politicians and computing scientists, but there are many other groups too.

We are convinced that occupational psychology as a discipline is sometimes underexplored in relation to these challenges, and yet it has such a great deal to offer – we are certainly enjoying our involvement in these projects.

Helen Hughes

*MSc Organizational Psychology Programme Director
on behalf of the Socio-Technical Centre,
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Schizophrenia – routes to help

I was glad to see Dr Jerome Carson suggest a turn to organisations like the Hearing Voices Network in supporting the former patient of his who's plagued by 'voices' ('Learning about asylums from inmates', Letters, June 2012). Researching my book on recovery from schizophrenia (D'Ombraine Hewitt, 2007) I gathered numerous firsthand accounts of the usefulness of sharing these experiences with fellow voice-hearers – 'worth a hundred therapy sessions', was one contributor's description.

Killilea (1976) first suggested that the effectiveness of self-help groups may be partly attributable to 'the helped' gaining the empowering experience of being a 'helper', a finding from my own research into the effect of non-CBT, humanistic-integrative therapy with women on the schizophrenia/schizo-affective disorder spectrum (D'Ombraine Hewitt, in press). None of the study's participants sought therapy for their psychotic symptoms, though commonly reported an improvement in their mental health, evidenced by their 'voices' no longer being

troublesome/being much more manageable. So viciously dominating had been one participant's 'voices' that she self-harmed and attempted suicide virtually on a daily basis. Eight years since the end of her two-year period



of counselling the voices were 'hardly noticeable' and she has remained well.

This finding is in line with those of Tarrrier et al. (2000), who reported an equivalence on all measures for CBT and supportive counselling, with both groups doing significantly better compared to participants who received routine care only.

Incidentally, I was surprised that of the 160+ individuals with a diagnosis of schizophrenia whom I interviewed for my book only one reported finding CBT useful, and he had also

had hypnotherapy and counselling at the same time. However, most interviewees spoke of the enduring benefits of the individual non-CBT counselling/psychotherapy they'd received through independent practitioners or charitable organisations such as Mind.

Dr Rosalind D'Ombraine Hewitt

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Being useful

The fundamental principles of effective applied psychology were refreshingly described in Paul Furey's article 'The brave psychologist' (June 2012); be clear, be concise, be challenging and ultimately, be useful. For educational psychologists working in local authority services, these are essential to daily working practice. Without them, we lack credibility and our

value for money is justifiably held in question. Survival of our profession depends on our skills in translating knowledge into useful and accessible advice to clients.

Leisa Randall

*Principal Educational Psychologist
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Unpaid psychology jobs – for and against

After reading Megan Down's letter 'We can't work for free' (June 2012) I was both saddened and deeply concerned about the potential effects of the campaign against unpaid internships. Having graduated in 2010 with a first class honours degree I have been in paid psychology-related work for only eight months since graduating, and know firsthand about the difficulties encountered with finding work in the field. In the past couple of years I have shadowed psychologists in a forensic ward for three months unpaid, worked as an honorary assistant psychologist in the NHS for eight months, and I am currently embarking on my fourth month as a research assistant intern in a psychological research centre. I acknowledge that I am very fortunate to be living at home with my parents, yet I have funded myself through the years by working part-time in retail, at the weekend in nightclubs, in temporary work as a receptionist and a wedding suit promoter, and have even started my own side company doing cooking demonstrations on occasional Sundays to earn extra money! There are

definitely ways of self-funding internship positions, it just requires hard work.

Having experienced interning in this currently harsh economic climate, I have witnessed cuts of fully qualified staff in both public and private sectors in mental health and I am aware of limited funding in the research field. I very much doubt that there would be scope to fund graduates, and I am therefore concerned that many internship positions will cease to exist if these unpaid positions are opposed.

I think that the more prominent issue within this debate is that companies are not only looking for candidates with experience, they are looking for those with additional postgraduate degrees. I walked out from one of the top universities thinking that with my first class degree I would fall straight into a job, but the reality is that I am competing with those that have masters' and PhDs; I rarely even get to an interview stage. After recently talking with professors I have further been advised to undertake a master's, which will require, at the bare



minimum, £7500 and another year without a full-time psychology job. Unpaid internships aside, this is what will really prevent those from disadvantaged backgrounds gaining access into the field.

Yes, it is terrible that I and others have been unpaid in psychological work, but these placements have been my lifeline. What is worse than an unpaid internship is working full-time in exactly the same job you did when you were 16, pre-degree, never knowing when you will get your big break into the field of psychology. Having been accepted into a fantastic research centre a few months ago (still unpaid), I am so grateful for the opportunity, and it has changed my life for the better. I would hate to think that this would be taken away from me and others that I work with, knowing that we are thankful for every day that we have somewhere to go to, and that we are finally on a step in a very long ladder towards our dream.

Jodie Walman
Bushey Heath, Herts

Voluntary assistantships offered to the masses could put many of us 'non trust fund kids' at a disadvantage, and therefore I propose an idea. Perhaps psychologists and researchers should offer part-time voluntary posts. They could 'employ' two graduates per post (e.g. half the week one graduate, and the other half another graduate). This would double up our opportunities, give us the experience we so desperately need and allow us to work part-time in any job of our choice thus keeping us financially afloat. This may be hard on the researchers and psychologists, but with the right types of candidates it could work out as a great teamwork experience. After all three heads are better than two!

Name and address supplied

Postgraduate student
University of Huddersfield

In a healthcare system providing community services based on a recovery model, equipping services users with skills to better manage living with mental health problems, it would be a devastation for the psychology profession to not practise what it preaches by supporting and encouraging its younger counterparts who are so eager to be equipped with new skills, engage in the learning process and be recognised for the progress they make.

Helen Beckwith
Tees, Esk & Wear Valleys NHS Trust

With reference to Megan Down's letter, I agree that advertising so many unpaid jobs is creating a problem and will continue to grow. It creates a non-representative sample of students who can

apply for clinical training; the financially fortunate students will be the only ones with a shot of getting onto a clinical course.

However, it would be a shame if this debate discourages students from doing placement years as part of their degrees. I am a third-year psychology undergraduate finishing an unpaid placement year and have absolutely valued my experience. Placement years are different to unpaid jobs, not only does it feel part of your degree but not being paid means you have the flexibility to choose your experience (to a certain extent) at the same time as making a real contribution to the team. My days were negotiable, depending on what needed to be done and what I wanted to do. My supervisor encouraged me to go and seek out other opportunities. It has given me numerous learning prospects and experiences and I am very grateful for it. As a result, I haven't felt frustrated for not being paid this year, but I have also been in a fortunate situation where I could live at home with my parents with the security of financial bailout if ever needed. Not everybody has this safety net.

Although placement schemes are commendable, I don't think universities should charge students half fees for the privilege. We write our letters, attend interviews and fight for each place. You have very little contact from them, there's no teaching, and I haven't used the university facilities all year.

To be met with the seemingly impossible task of finding an assistant psychology post after university is degrading. Without a student loan, I won't be able to spend another year of my life working for free whilst also supporting myself. This is all the free labour I'm able to give, not out of stubbornness or a lack of

commitment to psychology but out of a sheer necessity to live. But unfortunately, despite the fact that I work hard and have spent a year in an NHS setting, my chances of being a psychologist are compromised by that fact that I can't work for free. It is not good for the future of UK psychology to condone free labour. Psychology is all about representative samples of people, and yet, this will not be the case.

Laura Coote

Placement student
Beacon House
Gloucestershire Royal Hospital

In response to Claire Thompson (Letters, July 2012) I think it is useful to highlight why it is not valid to compare the experience of today's graduates to those of yesteryear as an argument as to why graduates should 'put up' with unpaid posts.

My main issue with the above argument is in temporal validity. The economic climate is different and some unpaid experience from yesteryear may have been more likely to lead to paid employment. It would surely be naive not to consider that there are some employers who, in this climate, think it better to take advantage of the conveyor belt of desperate graduates who will work for free.

To those who think graduates are entitled – I believe that most psychology graduates endeavour to get experience, however they simply cannot live on air. I have worked and volunteered for many years in as many positions that were even vaguely to do with psychology as possible. Believe me, I have grafted hard, and have finally secured a new job as a paid assistant psychologist. So you may say 'Your volunteering paid off, the system works' – let me inform you that I still live with my parents and have been receiving financial help ever since I left university, without which I have no idea how I would have afforded to volunteer. I know how lucky I am. My experience may be a case study, but I feel it underscores the difficulty graduates have in working for free without a comfortable background.

Without this, graduates are

faced with obtaining paid employment alongside their honorary position. A weekend or evening job is difficult enough to get on its own when the employer takes one look at the degree written proudly on the CV and knows that the graduate will leave at the first chance. I was often advised to take it off! When recruitment is expensive, graduates are in no-man's land. Even if a graduate manages to get additional work, I question how easy it would be to survive today's living costs without further financial help, bearing in mind that honorary positions take up most of their time. That combined with new university fees and recent top-up fees that are tied around fresh graduates' necks, and the idea that you can compare like-for-like the experience of these graduates to the graduates of yesteryear is ludicrous.

Lastly there is the amount of competition. As an applicant during Labour's push for 50 per cent of school-leavers to go into higher education, I was told that university would help you obtain the career you wanted – this was in 2004, and the idea was still promoted. Then I left and my generation was told that to believe this idea made us 'entitled' as there aren't enough jobs. Excuse the young for believing what they were told.

So I implore anyone reading this page who believes that graduates should 'stop moaning' – please stop to think rather than jump on the proverbial bandwagon.

Catherine Lilley
Manchester

FORUM HEALTH MATTERS

When I moved to Guildford to take up the Chair in Health Psychology I noticed that the large, green and very beautiful park just outside my house would be a good place to go for a run. Seven years later the 'drip-drip' effect of that intention eventually turned into action and six weeks ago I set off to get fit for a 5km charity race.

I see myself as a healthy woman and would give myself a decent 4 out of 5 on any Likert scale, ticking the boxes of 'normal weight', 'eating five a day' and 'engage in frequent exercise' with family walks each weekend. But running was a shock. I can walk forever. Why does adding the smallest upward bump into my stride leave me breathless and wanting to stop? Very soon I was unable to chat any more, and as I hit 'the wall' opposite the swimming pool only the fear of sheer humiliation made me persevere. Ah. So I'm not fit. My healthy status is no longer, I am an infrequent exerciser and a 2 out of 5 after all.

I was a bit put out. But I had a choice. Give up running and return

to being a 'healthy woman' who can manage all she does without feeling unfit. Or struggle, sweat and pant heavily and face up to my new found unhealthy status. And, as any good health psychologist would, I did a quick cost-benefit analysis. I disliked running, but I liked the runner's smugness I got afterwards. It was hard work, but it didn't take long to feel shattered and be back in my house. And I wanted to run the race with my students to raise money for cancer. How ridiculous that at 46 I can't even run round my own park without stopping. Other people do it every day. I should be able to manage it. So I raised my expectations of what I should be



Chasing the runner's smugness?

able to do, and how healthy I should be.

And then I ran 5km in a pretty good time. I am 'less fit' than I used to be but now run twice a week. So this was my first thought. Life can be hard and after years of work, relationships and being a Mum I proudly announce to my friends that I have discovered the key to happiness: 'Expect nothing and be happy when you get anything'. This is my motto and it works wonders. University managers seem surprisingly less unappreciative when you don't expect to be appreciated, partners are easier to live with when roles are clear and expectations are low and children are (mostly) easier to manage when you expect them to behave like children. So on that day six weeks ago as I turned pink in the park I realised that expectations should be raised for health but lowered for happiness.

But as an academic my second thought was this: How can we ever pretend to measure health and happiness if it is always framed by individual expectations, involves within self-comparisons, is idiosyncratic and ever changing?

Ogden, J. & Lo, J. (2012). How meaningful are data from Likert scales? An evaluation of how ratings are made and the role of the response shift in the socially disadvantaged. *International Journal of Health Psychology*, 12, 350–361.

Jane Ogden is Professor in Health Psychology at the University of Guildford. Share your views on this and other health-related matters by e-mailing psychologist@bpps.org.uk.

Defining learning disability

Jenny Webb and Simon Whitaker have provided a succinct and timely critique of the current definitions of intellectual disability as based upon IQ scores ('Defining learning disability', June 2012). In particular, they highlighted both the conceptual and practical limitations of defining intellectual disabilities in this manner, and their proposal to move towards a definition in part based on specific cognitive impairments and individual need is most welcome and one that should be supported by clinical psychologists working with this population.

However, their reference to intellectual disability as being 'bizarrely' included under the rubric of neurodevelopmental disorders in DSM-5 struck a rather odd note within the article, as this is surely an accurate overarching description of intellectual disabilities. Similarly, whilst Webb and Whitaker go on to quite rightly re-emphasise that intellectual disability is in part a social construction, they make no reference to the now incontestable fact that upwards of 75 per cent of cases of intellectual disability have a biological basis that is largely, but not exclusively, genetic. That these biological causes of intellectual disability are, with but a few obvious exceptions such as Down's syndrome, rarely considered when developing support and intervention for people with intellectual disabilities does not mean that aetiology is *per se* unimportant. On the contrary, it is now apparent that aetiology and the associated specific impairments in neurological functioning have, as Webb and Whitaker note, more prognostic value than IQ scores.

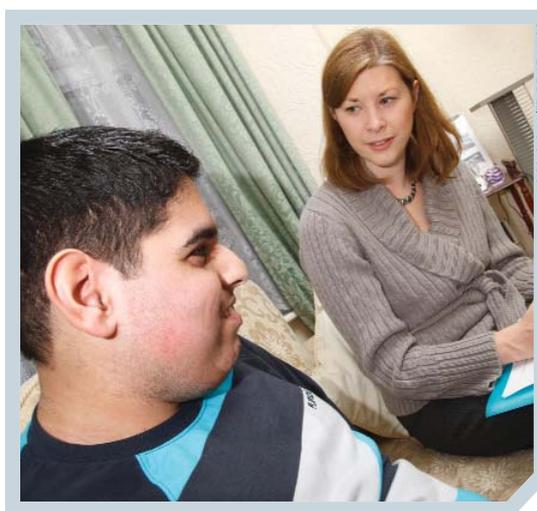
I read with great interest Webb and Whitaker's article, 'Defining learning disability'. Particularly striking was the main thrust of the piece, that the arbitrary application of standards based on fixed levels of IQ may deny some people appropriate support. While taking on board much of their argument, and noting that the authors are primarily concerned with those at the upper levels of IQ, I would like to enter a caution regarding their statement, quoting Sternberg (2001) that 'there is little evidence that it [IQ] can be used to predict performance in other areas of life'. In my own longitudinal study of a group of people with Down's syndrome, self-help skills (feeding washing, dressing and toileting) were significantly associated, at $p = 0.0001$ at every age from 11 years to 40 years and $p = 0.01$ at 45 and 47 years. So in this important area of life and with people at this level of disability IQ played a major role.

A rider to this must be that the test I used was neither the WISC nor WAIS, as discussed by Webb and Whitaker. I have not attempted either with my group, but did try using some part of the WPPSI when they were 21 years old and only five of the 44 were able to make a score on it. From age 21 onwards I have used the Leiter International Performance

Therefore, the definition of intellectual disability could be further considered as involving two questions, the first regarding aetiology and identification and the second regarding individual need and support. As Webb and Whitaker demonstrate, neither of these questions can be adequately answered by the use of IQ testing. Given what is known about the aetiology of intellectual disability, the issue of identification of whether a person has intellectual disability could be in many cases already answered through the use of appropriate biomarkers, including genetic testing, whilst the assessment of what support a person thus identified will require could be done through appropriate cognitive, psychosocial, educational and occupational assessments, including those for risk. A re-conceptualisation of intellectual disability along these lines would, I contend, be both clinically and scientifically meaningful, thus satisfying both the demands of Webb and Whitaker, as well as those of the god Janus whom they invoke.

Given the evident limitations of the existing IQ-based concept of intellectual disability, this might be an appropriate moment for UK clinical psychologists working in this field to begin the admittedly difficult task of developing a more appropriate conceptualisation and definition of intellectual disability. Indeed, this might be issue on which the BPS could take a leading role.

Dr Dougal Julian Hare
University of Manchester



JOHN BROSALU/PHOTOFUSION

Scale, which is non-verbal and whose range makes it feasible for use with all but those with the most profound intellectual disability. With that proviso IQ can be seen to give good prediction of these people's ability to perform these essential self-care tasks.

Janet Carr PhD
Bookham, Surrey

We are two clinical psychologists working

in social services, in an integrated, multidisciplinary community team for people with learning disabilities. We also regularly receive referrals that request cognitive assessments, for parents in the same position as Sophie, the young lady described by Webb and Whitaker. We commend Webb and Whitaker for highlighting the issue of flawed eligibility criteria, for services for people with learning disabilities. We agree that learning disability is a social construct, in keeping with many of the presenting issues

that clients who work with clinical psychologists present with, such as depression, schizophrenia and personality disorder.

However, we feel that a viable alternative to the current system has not been presented, in that clinical judgement, and societal norms cannot provide a platform for evidence-based practice. The definition of learning disability suggested in the article seems

over-inclusive, as any of us may reach a stage in our lives when we are in need of additional support due to 'a failure to cope with the intellectual demands of our environment and are suffering significant distress'. Furthermore, the inability to take care of oneself/dependants, or to protect oneself/dependants from harm or exploitation may be a direct result of an individual's social circumstances, rather than having any correlation with learning disability. Examples would include victims of domestic violence, self-neglect due to drug or alcohol abuse, or deliberate self-harm due to mental health problems.

Webb and Whitaker provide an 'either-or' construction as an alternative to the current definition of learning disability, whereas we would argue that assessment of need, in order to allocate admittedly scarce resources, must be based on both intellectual capacity and social support.

Webb and Whitaker appear to make the assumption that a diagnosis of learning disability brings benefits to an individual that outweigh the costs of this label. We would question this assumption, as societal norms still include negative attitudes towards people with various types of disability. Many of our clients experience abuse, neglect, hate crime, stigma and social exclusion.

In addition, the example used by Webb and Whitaker of a young woman becoming pregnant and requiring specialist support, overlooks the fact that such parenting support could be provided by child and family services, regardless of whether or not the young woman had a learning disability. BPS (2000) guidance, cautions against sharing information in a way that could potentially restrict or exclude people from the most appropriate services available.

Webb and Whitaker question the utility of intelligence testing in parenting cases. Good practice guidance in this area has been provided by the BPS (Baum et al., 2011) and notes that people with an IQ below 60 have generally been found to be more unlikely to be able to provide adequate and safe parenting. However, in our experience, most referrals of this nature result in an outcome that places people on the borderline of having and not having a learning disability (IQ between 65 and 80). The guidance further asserts: 'Perhaps one of the most critical factors in supporting parents with learning disabilities in being "good enough" parents is what support is available to them on a long-term basis' (p.24). This social support could come from an individual's informal circle as

well as children's services.

Therefore to adhere to best practice and an ethical approach, learning disability services could potentially advise about how to make information accessible and memorable for Sophie. This guidance could be contained in the assessment report, in terms of recommendations by the clinical psychologist and/or speech and language therapist, for the referrer. The learning disability services could also potentially provide advice to other service providers in order to maximise the effectiveness of the help they provide. However to diagnose learning disability based on need only may result in the support provided not being the best type of support available to meet that individual's needs.

We believe that although the IQ is not a perfect tool to measure intellectual abilities, used in conjunction with clinical judgement it does provide a useful set of boundaries to guide the appropriate direction of scarce resources.

Liz Marlow

Vicky Lauté

Merton Team for People with Learning Disabilities
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COPENHAGEN – NOT SO WONDERFUL

Graham Rawlinson argues ('Lessons from advanced physics', Letters, June 2012) that psychology better catch up with quantum physics. Specifically he believes the so-called Copenhagen Interpretation, an outcome of discussions by physicists Bohr and Heisenberg in that city, means we should abandon the idea of a singularly experiencing self.

However the Copenhagen Interpretation is just one way to explain the quantum data. The Everett-Wheeler 'many-worlds' theory works equally well. The latter claims that every observation of a quantum event splits the cosmos into parallel universes. That means multiple variants of me, and what are they up to? For sure, some of them are living in a Nazi Europe made possible by alternative Heisenbergs who helped Hitler build atomic bombs. Not much uncertainty there.

The Copenhagen Interpretation is also rivalled by Cramer's Transactional Theory. Buy into that, and maybe I can signal backwards in time to an earlier Mike Kelly and warn him not to have that extra drink at the office party, which so embarrassed the future me last Friday. Such revisionism would definitely increase my sense of myself as a moral agent, which looks quite opposite from Rawlinson's claim that there is no discrete self that does deeds.

If we want to get serious about time travel, we can embrace still another rival to the Copenhagen Interpretation: the Sum of All Histories. Stephen Hawking does this, extrapolating all the way back to the earliest quantum events of the Big Bang. Present-day intelligent observations retrospectively brought the entire universe

into being. But for intelligent life to evolve in order to make those observations, it probably needed that big cometary impact. I am now racked with guilt and apologise to all dinosaurs for their extinction. We are to blame!

Better comfort myself with one more alternative to the Copenhagen Interpretation: David Bohm's theory of the Implicate Order. This present self that I experience may be but the most shadowy of reflections of a pan-dimensional being, creating or destroying worlds whilst I polish this humble letter.

I could continue. Science author John Gribbin writes of listening to eight top quantum physicists being separately asked how to explain the mysteries of their field. Each solemnly claims that their interpretation is correct while the others are impossible. 'The only problem is, the experts do not agree on which interpretation is correct. Utterly sure of themselves... they all plump for different versions of reality and dismiss the others' (Gribbin, 1995).

Mr Rawlinson's letter offers no more than this same dogmatism, with physics envy thrown in. There is no ruling theory here that psychology must embrace: indeed, the Copenhagen Interpretation is a pretender on the wane.

Mike Kelly

Southminster
Essex

Reference

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NOTICEBOARD

Are you a **health psychologist working in the NHS**? I would like to hear from you. I would like to write a short article about the kinds of jobs health psychologists do in the NHS and how you managed to get your current post. If you would like to contribute please get in touch.

Dr Brian McMillan

Scarborough and North East
Yorkshire Health Care NHS Trust
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Are you a **practising clinical or counselling psychologist with a history of mental health problems**? As part of my Doctorate in Clinical Psychology at Canterbury Christ Church University, I am exploring how this experience may influence psychologists' practice and would greatly appreciate your input. This project has received full ethical approval from the university ethics panel. Choice of telephone or face-to-face interview (dependent upon where you live).

Liz Davison

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As part of my doctoral studies (DCPsych), I am carrying out a qualitative study exploring the possible contextual factors at play in a 'white' therapeutic relationship comprising an Irish client (historically of Catholic background) and an English therapist. I am particularly interested in exploring the potential effect on the relationship of the presence of underlying transgenerational themes emerging from both participants' intertwined cultural histories. To this end I would like to invite fellow **'white' Irish counsellors/psychotherapists** (1st and 2nd generation), who are resident and have undergone personal therapy in England, to join me in a cooperative inquiry group. The findings will be presented to a group of 'white' English counsellors/psychotherapists for their feed-back/reflections in an interactive workshop thereafter.

Lucy O'Connor

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Ignorant about religion?

It is a pity that when *The Psychologist* gives us articles on spirituality, they are so bad, such as the big bash on religion, a few issues back. Now in July's issue there is another example. Craig Aaen-Stockdale writes about 'neuroscience for the soul' in a way that exhibits considerable ignorance about the soul, and even some clearly prejudiced stuff.

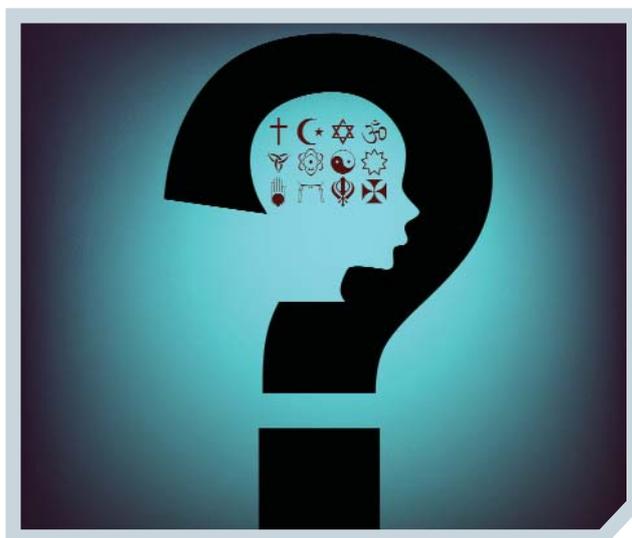
My favourite example of the latter is a discussion of the use of psilocybin in spiritual research. After describing a nice piece of research on its effects, where it gave participants an experience that they rated 'as among the five most personally meaningful and spiritually significant experiences of their lives', the author's comment on this and the famous Good Friday experiment is: '...they don't actually tell us anything about religion. The everyday religious experience is nothing like a psychedelic trip.' Pardon me, but the average *mystical* experience can be very much like a psychedelic trip, and this was what the Good Friday Experiment was explicitly about. It is also noteworthy that the author does not mention that 25 years after the Good Friday Experiment the participants were followed up and re-interviewed. The results showed that the experience was not only remembered but had

resulted in substantial deepening effects upon the religious lives of these men, which were still continuing. Curiously, the reference that the author gives is a reference to a later paper that demonstrated this!

Ignorance about religious mysticism is of course quite prevalent in our society, and in the BPS, but there is no excuse for articles to be published that cheerily demonstrate this.

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Can anybody be a BME therapist?

What makes one therapist more qualified to work with the Black Minority and Ethnic (BME) population than another? What if any are the appropriate criteria that facilitate understanding of BME clients? Do the knowledge, skills and background of the therapist matter? Is there a need to differentiate whether anyone can be a BME therapist or whether there are some specific criteria that have to be fulfilled before a therapist can claim working with the BME

population as their speciality.

As a therapist for over 15 years, in my formative working period I used to try very hard to behave in the ways that I thought were expected of me, to adapt as much as possible to the local culture or norms which in my own work setting were predominately Eurocentric both in their theoretical and physical makeup. As a result, I often felt inauthentic, and worried obsessively about the mistakes I inevitably made when it came to working with

BME clients. Over time, I have learned that working across cultures is a matter of bringing out the genuine sides of my personality and background, likewise discovering the valid aspects of my clients and finding a deferential way for both of us to bring as much of our true selves to the interaction as possible.

I used to try too hard to be polite with the client, at the cost of being reverent to myself. Now I aim for a way of being equally true to all parties who are engaged, including

obituary

Daryl Madeleine Foot (1946–2012)

Daryl Madeleine Foot, clinical psychologist, died of cancer on 6 April 2012 in Australia whilst visiting her children with her husband Hugh Foot.

Daryl was a strong, forthright and committed woman who was passionate about the power of clinical psychology to improve the lives of patients. She was politically savvy, pragmatic and indefatigable. As Chair of the Division of Clinical Psychology in Scotland, Daryl pressed for more recognition of the profession in Scotland. In particular, the funding for postgraduate training had been uncertain for many years, but eventually the Scottish Council for Postgraduate Medical and Dental Education (later NHS Education, Scotland) took over the budget and responsibility for training and commissioned a Review of Psychology Services in the NHS in Scotland. As a result of this, two new bodies were set up at national level: SCPMDE Psychology Committee to advise on training needs and the Psychology Advisory Committee to the Chief Medical Officer to advise on matters relating to psychology in the NHS in Scotland.

Serving also on the DCP-UK Daryl was known for her emphasis on the differences between Scotland and the rest of the UK. With the involvement of other senior applied psychologists, a group called Clinical Psychologists in Scottish Healthcare (CAPISH) under the aegis of the BPS was also established. It was partly due to Daryl's efforts that the BPS eventually established an office in Scotland and directed resources north of the border.

Daryl was brought up in Hertfordshire and then went to St Andrew's University (Queen's College, Dundee) where she met her husband, Hugh. She trained as a clinical psychologist in Cardiff, qualifying in 1972 and worked in South Wales for the next 20 years. Daryl worked in adult psychology services and quickly made progress through the promotion ladder. She was Secretary and then Chair of the Welsh Branch of the DCP before

coming to Scotland. On moving to Scotland, she initially worked for forensic clinical psychology services and took up a post in Lomond, on the outskirts of Glasgow, eventually becoming Head of Service for Lomond and Argyll. She was an Honorary Senior Clinical Lecturer on the Doctorate in Clinical Psychology course based in Glasgow and latterly Chair of its Programme Strategy Committee. She is well remembered by psychologists as someone who was supportive and who instilled confidence.

Daryl made a difference to the lives of many patients. She helped them analyse their problems, she gave them hope and the confidence to make changes. Being very committed to evidence-based practice, Daryl was not afraid of being too senior to develop her own skills, so she furthered her training later in life by taking the South of Scotland CBT course so that she would have the skills at the level of competence required to deliver effective therapy. She set a good example to many senior psychologists.

Daryl approached her cancer with great fortitude and extraordinary openness, keeping her friends and former colleagues informed and involved. A huge example to us all, she was stoical, calm and accepting and importantly, continued to be engaged with the world. She loved her family dearly and it is fitting that she died with them around her in a place that she loved.

Those who knew her will remember her strength of character, her integrity and her contribution to clinical psychology. They will also remember her loyalty, friendship and support. She made a difference to the lives of many people and is greatly missed.

Geraldine Bienkowski
Kate Davidson
Leonora Harding
 Edinburgh



myself. I will use feedback as an example of not being reverent because that is a topic that is sensitive to individuals in general and manifests itself quite differently in various cultures. I noticed as a qualified therapist that I worked extremely hard to be 'therapeutically correct' and find exactly the right approach and the right words. Over time I have turned therapy into an engagement with the other person or group on how we proceed and how we handle the therapeutic sessions that

will work for them. I offer my interpretation in my words, still chosen carefully and respectfully, and engage them in finding the words that have meaning for their 'cultural ideology', to make sure that the feedback comes across in a way that is as useful and meaningful to them as possible.

It was not surprising on completion of my PhD that

I found a complex relationship exists between clients, their culture and the values that emerge from their culture. Arguably, the relationship between culture and values is a complex one that can perhaps best be understood as 'dialectical' in nature. While psychotherapists can learn the background and history of various minority groups it is not realistic to assume that they have more than just a superficial understanding of culture, perhaps even little that more than stereotypes and

generalisations. As therapists in a changing world we have to take into account not only the multicultural and economic movements around us, but incorporate and understand the impact of different cultures in societies and the issues that may arise. My research gave rise to some interesting and concise results, but I would like to open up this debate with the question I started with, 'can anyone be a BME therapist?'

Dr Uzma Durrani
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