



## TO THE EDITOR...

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](mailto: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.

## Was it really worth the exercise?

**H**OW could intelligent people be so stupid? This question is often of interest to psychologists (e.g. the study of 'groupthink'), and it was just the reaction a number of us in the academic community had to the Research Assessment Exercise. How could the great and the good of academic psychology devise and promote such an absurd system where research quality was assessed by such narrow 'objective' indices? Did they not foresee that it would lead to salami-publishing, the cessation of textbook writing, the blatant dishonesty of universities poaching staff to acquire research records actually achieved in other institutions?

The answer apparently is 'no'. It is disappointing that we now see Vicki Bruce defend the exercise (President's column, February 2002), even claiming that 'there has been an enormous shift upwards in quality' (which prompts the question of how one measures quality), while admitting in the same sentence 'most universities... have stayed in about the same relative position'. This was not at all surprising to those of us who felt the exercise was structured to bring about precisely this outcome: to ensure that the high-profile research departments maintained their position at the top of the tree.

The simple answer to Vicki's question 'Was it worth it?' is 'No'. Why? Because the RAE was not only a grossly extravagant method of arriving at a predetermined outcome (no change in relative standing), but also because of its effects on research (suspended while the documentation was prepared) and on teaching, the other activity for which universities exist.

Vicki Bruce suggests we need a lighter touch in the RAE. Why? Because the original approach was merely heavy-handed? I suspect such a view is too simple. The original exercise was deeply flawed, fundamentally misguided in its basic assumptions. Here was an instance of the quantitative, 'objective measurement' style of psychology demonstrating just how constricting, narrow and inadequate it can

University	Grade	Score
University of Cambridge	A	12.0
University of Central Lancashire	B	28.3
University	A	15.0
University	A	27.5
University of Derby	C	9.2
University of Durham	C	16.0
University of East London	C	11.0
University of Essex	C	13.5
University of Exeter	C	24.0
University College	C	18.5
University of Greenwich	B	19.0
University of Hertfordshire	A	18.5
University of Hull	C	24.0
University	B	11.0
University of Kent at Canterbury	C	17.8
University College, Winchester	B	16.5
University	B	15.0
University of Leeds	B	16.0

be. For those of us still supporting the quantitative approach, suspicious of the reliability and validity of much qualitative work, it was deeply disappointing to see such a powerful lesson in how quantitative research can so totally misunderstand the aim of its endeavours and so distort the very subject it is hoping to elucidate.

Some of us feel that those associated with the RAE should be more ready to admit that it was an experiment that failed and be more willing to consider how and why they were so misguided. And we have some support for this view. First, the RAE was changed from its first to its second implementation (so someone realised it was faulty), and secondly it is now likely to be done away with (so someone realised it was fundamentally faulty). Perhaps this sad episode can be seen in a positive light: demonstrable failure leads to demise. But this still leaves one wondering why the failure was not foreseen.

**Jeremy J. Foster**  
80 Hillside Ave  
Bromley Cross  
Bolton

**I** WAS surprised to read in Vicki Bruce's President's column in February ('Judgement day for academics') that she regards as 'mythology' and 'nonsense' the view that because popular books and textbooks do not count for the RAE people should not produce them.

Of course she is right that such books

have played an enormous part in introducing psychologists to the subject. However, academic psychologists have been faced with increasing demands upon their time. There have been ever more students, more documenting of all stages of teaching to demonstrate quality and pastoral care, and the need to maximise the quality of publications for the RAE. All of these have been continuous and unavoidable calls upon the academic's time. They have had to be fulfilled before any book writing could be considered.

In spite of this some highly efficient and devoted academics will manage to write books as well as fulfil the essential elements of their jobs. No doubt the correct advice should have been elaborated – not to produce textbooks until the other demands of their jobs had been fulfilled. In reality, that is likely to be the same as saying that the books should not be produced, since the demands of the job are nowadays such that few people will have the time to write the books to replace the classics that Vicki and I admire.

In the carving up of the academic job descriptions between teaching and research, the role of scholarship that captured and communicated the current knowledge and skills within academic disciplines was ignored. I still hope that one day it will be rehabilitated.

**Peter E. Morris**  
Psychology Department  
Lancaster University

## 'That's what gets results'

**I**N response to Peter Kinderman's question asking about the difference between counselling and clinical psychologists (Letters, February 2002), the answer lies in the lyrics of the old song 'It ain't what you do, it's the way that you do it'. Counselling psychology derives from a different philosophical tradition to clinical psychology, humanistic

rather than experimental. It argues that the most crucial factor in healing is not what we do with clients but how we are with them.

In this formulation the emphasis is placed on the power of the therapeutic relationship (being) rather than the application of specific skills or techniques (doing). If in the final resort the outcome is the same for the client, we surely

have cause to celebrate the differences which exist – different but equal.

**Ray Woolfe**  
13 Woodvale Road  
Knutsford  
Cheshire

**W**E would expect, and indeed hope, that any discipline would evolve and change over time. The document Peter Kinderman refers to, Chartered Counselling Psychologists' Training and Areas of Competence, reflects the current work of Chartered Counselling Psychologists.

Counselling psychology is an emerging and developing area of applied professional psychology and it is hardly surprising that it does not appear to be the same as it did some eight years ago when the Society's Division of Counselling Psychology was established. It may also be the case that in the intervening years some areas of clinical

psychology have similarly changed, with the result that counselling and clinical psychology appear to have grown closer together. It is also possible that these apparent resemblances are superficial and do not reflect similar philosophies and goals in relation to therapeutic practice.

We welcome the development of the National Occupational Standards for Applied Psychology and hope that this work will highlight similarities and differences among all the existing Divisions. We also look forward to debating the concept of a 'family' of applied psychology and consider that such discussions are timely.

**Pamela James**  
*Chair, Division of Counselling Psychology*  
**Jill Wilkinson**  
*Chair, Board of Examiners for the Diploma in Counselling Psychology, Chair-elect, Division of Counselling Psychology*

## Remembering Michael Howe

**T**HE death of Michael Howe at the end of December was untimely (see obituary, March 2001).

Michael's ideas on how genius develops were contentious but decidedly upbeat. He believed and wrote in his many books and papers about how every normal person is born with the seeds of great achievements, and that the essential route to success was sheer hard work. On that basis, he said, any normal person with determination could be a genius. The idea was supported by his biographical research on how eminent people had reached the top. His writing on the debits of hot-housing were a mixture of good sense and academic psychology.

We got to know each other very well on an academic study tour of the facilities for the gifted in Israel in November 1992. The schedule was packed,

exciting and exhausting, though relieved by our group of psychologists smearing black mud over each other in the Dead Sea – and we all knew about Freud. Michael and I also had quite a few friendly interactions on TV shows. Once, police-style, we were asked the same questions in separate rooms so that our answers would clash – which they did.

It is so unfair. Michael had just retired from his Chair with rich plans to work on the understanding of giftedness. I already miss my sparring partner. We liked each other very much, and in spite of our disagreements we each contributed gladly to the other's edited works and conference symposia. The field, especially in Europe, will miss someone of his intellectual stature.

**Joan Freeman**  
21 Montagu Square  
London W1

## Pony tale

**E**ACH year I part with £25 worth of hard-earned cash and in return receive my practising certificate. I was explaining to some trainee psychologists who asked what I got for my £25. I'm ashamed to say, this I couldn't tell them. Nor could I find a quick explanation elsewhere. To spare my future embarrassment could someone help me to explain where my £25 goes?

**Clive Hollin**  
*Centre for Applied Psychology – Forensic Section  
University of Leicester*

**Andy Burman, Membership & Qualifications Directorate Manager, replies:**

*The Society's Statute 13 requires all members who are offering or providing psychological services to hold a practising certificate. In*

*common with many other professions, the practising certificate is used to demonstrate entry in the Register and to indicate that the psychologist is offering psychological services. However, the recent amendments to Statute 13 include the requirement that all psychologists holding practising certificates must maintain continuing professional development. The Society intends to review the status of the current certificate as a result of the current CPD project. This may result in the certificate being more of a 'quality assurance' tool, demonstrating that the holder of the certificate is competent to deliver such services. Consultation on the CPD project has begun and we would welcome views on this issue. Any comments should be sent to cpd@bps.org.uk.*

## Assessing assessment in civil litigation

**I** READ with interest, and some astonishment, the article 'Unreliable assessment in civil litigation' by Michael Scott and Sundeep Sembi (February 2002). The first paragraph dealt with the fact that psychologists are often called on to provide medico-legal assessments of psychological damage 'following traumas such as road accidents and assaults'. My astonishment came from the second sentence, which said 'structured interviews rarely form part of such assessments...'. No evidence was given for this statement, and I wonder how on earth the authors arrived at such a conclusion. Did they survey psychologists who are heavily

involved (or even not so heavily involved) in medico-legal assessments? Did they survey those in receipt of such assessments? Did they survey relevant lawyers, such as, for example, those who are members of the Association of Post Injury Lawyers?

Given the tone of my letter thus far, it will be no surprise to read that I do use structured assessments, and I suspect many of my colleagues do also.

There is a further issue that concerns me. The authors rely heavily on DSM-IV-TR, suggesting that structured interviews should deal specifically with symptoms or criteria that relate to specific DSM diagnosis. Very often the

results of a particular trauma do not readily or easily fit into DSM categories, and the psychologist then has an obligation to write a psychological formulation that may not draw at all on DSM.

**D.N. Brooks**

*Director*

*Rehab Without Walls*

*Milton Keynes*

**M**ICHAEL Scott and Sundeep Sembi should be congratulated on their excellent article 'Unreliable assessment in civil litigation' (February 2002). What I particularly enjoyed was their linking research directly with practice, in a manner which forced readers to appreciate the wider application of clinical work, in this case medico-legal litigation, and which effectively exemplified good scientist-practitioner practice. I most appreciated their putting the clinical back into clinical psychology, in their emphasising a very thorough clinical approach to their subject matter and reminding us that there is more to clinical psychology than just some form of 'therapy'. However, their article raised a few thoughts and concerns.

I have not been convinced that trainee clinicians are sufficiently trained to take a full clinical history, followed through with formulatory and diagnostic thoughts. The spectre of the medical model still looms large on the

horizons of many training programmes. This results in a hesitancy to go 'the whole way' with a full clinical history and frank mental status examinations. Psychology clinicians use and contextualise diagnosis differently from many psychiatric colleagues, giving it far more meaning generally. Our ongoing ambivalence in this regard, is crippling.

Debate still rages about whether clinical psychologists should diagnose, according to DSM and ICD criteria, further rendering tentative our functions as diagnosticians. This is so notwithstanding the seeming contradiction of offering psychometric-based diagnoses (I am very aware of the Pilgrim-type argument and objections).

Lastly, I would like to endorse his view that even the Structured Clinical Interview for DSM-IV Axis I Disorders requires clinical judgement and an awareness of differential and confounding factors, requiring considerable clinical training, skill and experience, to perform adequately. I feel that these considerations, rendered in this particular article within a medico-legal framework, are easily transferable to many other settings in which psychology clinicians find themselves, but for which they are grossly under-trained.

**David Ruthenberg**

*Princess Alexandra Hospital*

*Harlow*

*Essex*

### After the break

**T**HE article by Pellegrini and Blatchford on break time in schools ('Time for a break', February 2002) very much reminded me of Wallas's model of creativity (Wallas, 1926). The four stages in this model include an incubation period – suggesting the importance of a rest period at some stage during the problem-solving process. Building upon ideas implicit in Pellegrini and Blatchford's article, one could develop interesting tests of Wallas's model (e.g. by finding out whether children produce more creative work

in lessons that come immediately after break time than during other lessons). Wallas's model could certainly prove inspiration for those who want to emphasise the importance of school breaks – and, what is more, might even be of interest to employees in the British public who would like to see their holiday allowance increased!

**Anthony Edwards**

*University College Northampton*

#### Reference

Wallas, G. (1926). *The art of thought*. New York: Harcourt.



**Breaks are important for employees too**

### Been there, Dunnett

**I**'M grateful to Stephen Dunnett for his review of the *Oxford Dictionary of Psychology* (December 2001), and particularly for his comment on the definition of dopamine, which is wrongly said to be an immediate precursor of serotonin. I could

claim I deliberately inserted it, as a useful illustration for the entries on *lapsus calami* (slip of the pen) and *parapraxis* (error of speech or action), but I don't think anyone would swallow it.

Other errors, not mentioned by Dunnett, have also come to

## Approval disapproved

**T**HE 'proposal to amend rule 8' arrived in the post, seeking my approval to replace the student membership requirement for two sponsors by the stamp of a bona fide university. I welcome a change, and the intention behind it, but not the restriction to 'approved' universities, which can only move an important decision about membership from members to the executive. As one whose master's degree is not recognised by the BPS and therefore cannot assume Chartered status I am wary of such conditions. I should welcome the addition

of a university stamp as validation (and more catering to A-level demand), but do not approve of it as an absolute 'need'.

I am therefore unable to participate in this vote, and wonder for the future whether the 'banns' might not be posted for some period of discussion before members are confronted with such a yes/no demand.

**Jonathan Miller**  
50 Mount Pleasant Road  
Wisbech

**I** FIND myself a little perplexed at the recent proposal to make entry to



Should it be easier for students to join the Society?

the Society easier for students. Surely it isn't too hard to find two signatures from a department full of

psychologists! Try applying for an assistant psychologist post when you're one of a hundred applicants. You may not even receive an application form. Then try to apply for clinical training. You'll be one of a thousand applying for a couple of hundred places. If you actually get an interview, be prepared for the selection procedure, which is typically an exercise in ritual humiliation. I'm sorry, if you can't raise two signatures, choose another profession!

**James Saunders**  
Flat 2, Park View Lodge  
21 Culmington Road  
Ealing

light. Some have already been corrected for the paperback impression, and others will be corrected in due course for the second edition. I'm always grateful to people who point them out.

Dunnett's positive comments are heartening, but his criticism of the entry on BSE seems unfair and misleading. He describes it as 'unbalanced' because it 'allocates half a line to prion disease and 11 lines to alternative autoimmune theories'. Let's allow readers to make up their own minds. The definition actually says that BSE 'is believed by most authorities to be a \*prion disease'; the starred cross-reference links to a 12-line entry on prion disease, in which BSE and other disorders are discussed, and this in turn is cross-referenced to prion, containing a further eight lines about prions themselves.

Dunnett also considers the definition of Huntington's disease misleading for stating 'onset after the age of 40'. He rightly points out that this is the average rather than the invariable age of onset. But there just isn't space for all the ifs and buts – reviewing a dictionary is easier than writing one. Readers who want detailed information should look elsewhere.

Finally, I simply don't understand Dunnett's objection to the dictionary's recommendation that a hyphen is unnecessary in *t test*. He dismisses this as 'esoteric', but it isn't a secret or mysterious issue. On the contrary, quite pragmatic research students have asked my opinion about it. Should a dictionary not provide guidance on spelling and orthography? Esoteric? Moi?

**Andrew M. Colman**  
School of Psychology  
University of Leicester

## Projecting the right image

**M**AY I add my voice to those already commending Ron Howard's film *A Beautiful Mind* for its portrayal of schizophrenia? I have met people suffering from schizophrenia in the course of my research and, I'm ashamed to say, often find it very difficult to see beyond their illness. It is all too easy to perceive schizophrenia to be the most salient aspect of a sufferer's character – to see them simply as 'schizophrenic'. But this film shows just how wrong

that perception is. Instead, it portrays schizophrenia as a terrible, parasitic affliction that is an attack on the sufferer's character, not an essential part of it.

Because of this film, I for one am going to try harder to see beyond the illness the next time I meet someone suffering from psychosis. I believe Russell Crowe and the film's makers deserve all the praise they get.

**Christian Beresford Jarrett**  
Department of Optometry &  
Neuroscience  
UMIST

The Letters page remains the main forum for discussion in *The Psychologist*, but don't forget our new 'Counterpoint' format. If you fundamentally disagree with an article, you can submit your argument in up to 1500 words within a month of the original article. E-mail: [psychologist@bps.org.uk](mailto:psychologist@bps.org.uk)

## MARIANNE LOWE (1913-2001)

**M**ARIANNE Lowe, my mother, passed away peacefully on 22 November 2001 at the age of 88. My mum chose to devote her life to children – as a child psychologist, as a mother and as a grandmother.

Many of your readers will remember her or be familiar with her work. Her psychological studies started at the Czech University of Prague and were completed at the University of London (at the time evacuated to the University of Aberystwyth). She wrote up these times, as she fled from the Nazis, through seven countries, her

life constantly in danger, under the title 'Studying psychology in turbulent times'. She nevertheless handed in her PhD thesis on 'Problem solving in children from one to two' before the war had ended. No doubt my sister Dorrit, two at the time, was helpful.

My mum's career started in child guidance. She went on to work for 17 years as a clinical psychologist in Great Ormond Street Hospital for Sick Children. Whilst still there she published a paper in infant play: 'Trends in the development of representational play in infants from one to three years – An observational study'. Before

she had retired, this had been developed into a standard psychological test, published by NFER as the Symbolic Play Test. Her generosity was such that all royalties from its sale were given to the hospital – something like £50,000 in the last 25 years, and still selling well.

A quarter of a century ago she retired. But her interest and involvement in psychology continued to this year. In her living room, on a table was the October issue of *The Psychologist* opened at an article 'State of the art: Consciousness'. I am not sure she had much to learn from

this. Also I found that the *Journal of Child Psychology and Psychiatry* had in their October 2001 issue an article on the role of direct observation in the assessment of young children. My mum is mentioned there. In her modesty she never told me of this.

Finally, last year's Science Museum exhibition celebrating 100 years of psychology in Britain includes my mum's Symbolic Play Test. Her legacy to children lives on.

**Martin Lowe**  
2F1  
81 Duke Street  
Leith

### INFORMATION

■ WE are interested in establishing a **network of clinical and educational psychologists involved in the assessment of infants**. The purpose of the network would be to share information about current practice in assessment. Please contact:  
**Ingram Wright**  
Department of Psychological Medicine  
Great Ormond Street Hospital  
Great Ormond Street  
London WC1N 3JH  
E-mail [i.wright@ich.ucl.ac.uk](mailto:i.wright@ich.ucl.ac.uk); tel: 020 7905 2925

■ SINCE graduating in 1992 our youngest son has lived with us as a virtual recluse. In Japan the phenomenon is known as **hikikomori** and is regarded as an effect of the national culture. Could anyone please tell me (a) whether it is common in this country and (b) how best to deal with it.  
**Name and address supplied**  
Replies sent to the editor at the Leicester office will be forwarded to the author.

■ WE are a group of clinicians interested in developing a more **coherent assessment to look at social reasoning abilities in children with autistic spectrum disorders**. We are aware of a number of measures of aspects of social reasoning, for example for

theory of mind, attributions, metacognition, social anxiety, etc. However, as far as we are aware none of these measures have been systematically used together to provide a more comprehensive measure of social reasoning skills. We would like to find out if there are other groups across the country who are working on similar projects, and would be keen to hear from anyone interested in this topic.

**Paul Wallis**  
Carol Kendrick Unit  
Withington Hospital  
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Manchester M20 2LR  
E-mail: [Paul.Wallis@smuht.nwest.nhs.uk](mailto:Paul.Wallis@smuht.nwest.nhs.uk)

■ I AM an assistant psychologist working in **paediatrics (gastroenterology and constipation clinics)**. Our paediatric psychology service has only recently been developed. Therefore, we would be very interested to hear from any other psychologists working in similar settings, so that we can share ideas – especially with regard to the role of psychology in paediatrics.

**Michelle Sandiford**  
Child Psychology  
Crown House  
Beecroft Road  
Cannock WS11 1JP  
Tel: 01785 500113; e-mail: [sandiford100@hotmail.com](mailto:sandiford100@hotmail.com)

■ I AM a psychology graduate with an MSc in forensic psychology and four years of experience of working with adults with learning disabilities and mental health problems. I am looking to gain **work experience in a forensic setting** on a voluntary basis in Central Scotland.  
**Emma Ducklin**  
28 Cameron Park  
Newington  
Edinburgh EH16 5LA  
E-mail: [ejducklin@hotmail.com](mailto:ejducklin@hotmail.com)

■ I AM a recently appointed **clinical psychologist working within a crisis resolution service** that comprises a home treatment team and day hospital in Greenwich. Given that this is a developing area for clinical psychology, I am keen to establish links with other clinical psychologists who work in similar services.

**James Easton**  
Oxleas NHS Trust  
Home Treatment Team  
Oxleas House  
Queen Elizabeth Hospital  
Stadium Road  
Woolwich SE18 4QH

■ I AM a second-year undergraduate student at Loughborough University with aspirations to go into clinical psychology. I am desperately looking for some **voluntary work**

**experience** in the North West area.

**Emma Gudgeon**  
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E-mail: [E.J.Gudgeon-00@student.lboro.ac.uk](mailto:E.J.Gudgeon-00@student.lboro.ac.uk)

■ I AM an assistant psychologist eager for any extra **unpaid clinical experience** in any specialism in the North East of England.

**Steve Hewitt**  
38 Mill Farm Close  
Newcastle upon Tyne NE4 6NF  
E-mail: [steveh1@btinternet.com](mailto:steveh1@btinternet.com)

■ I AM a second-year psychology student and am looking for a **voluntary work placement** over the summer in any area but especially in forensic, developmental or occupational psychology. If anyone can help with this or has any information about institutions that might offer placements such as this, can you please get in touch? I can work in the North Shropshire, North Staffordshire and South Cheshire areas.

**Rachel Ackerley**  
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