

Rooting for roots

I'M writing this in January, just back from the Occupational Psychology Conference in Bournemouth, where in two months I take over at the AGM as President from Graham Davey on the day before the ides of March. Bournemouth is a terrific conference venue, with a huge variety of big hotels and smaller cheaper ones, a mind-blowing beach, and a swimming pool as part of the conference centre, boasting a symbolic Big Slide and a wavemaker. I hope I make a few waves this year, as my statement for election hinted. (In case you have forgotten, this listed statutory registration/regulation, CPD, positive publicity for psychologists serving society, including a distinction in bookshops from the occult and barny, and more customer sensitivity from the BPS office and systems.)

The advantage of being relatively old is that I can remember recent history. The annual Occupational Psychology Conference started in the dreary days after pagan midwinter festivities (and Christmas too, of course) in about 1965, and I don't think I have missed one. They are wonderful opportunities to meet old friends, admire the energy and *yooof* of the young, update on the field and its developments, and network into the early mornings. This time I also indulged in pseudo-sumo wrestling with Barry Brooking, our Chief Executive, who sometimes conceals the fact that he won his green beret in his earlier Royal Naval career. The result is less important than the fact that we both survived: it's hard work carrying a sumo suit on top of a natural framework, and it raised both our pulse rates.

There hasn't been an occupational psychologist as President since Harry Kay in 1971, and, before that, the great Alec Rodger of Birkbeck in 1957. There are umpteen points about occupational psychologists I would love to advertise, but space is limited. Let me mention just four.

1. We had a revolution a year ago, when the Occupational Section voted to merge with the Division, going against the general trend of increasing fission into smaller specialised groups in the BPS. This combination is going well, with the Section's tradition of welcoming radical critiques of

capitalism still thriving. The merger also makes the Division of Occupational Psychology the second largest subsystem, with 3078 members at September 2002.

2. The Division also moved forward on its own internal revolution, delegating tasks to subcommittees with budgets and powers to act. This has released a burst of energy and brought up many new keen volunteers, as well as speeding up action. Even a subsystem can feel heavily dominated by its centre without this kind of empowering initiative. And the whole of the BPS needs a steady upsurge of new blood, in my opinion. I will return to this in some future column, as it worries me when a fundamentally democratic structure like ours fails to generate nominations for posts like Ordinary Members of Council. Where were you, when this call went out for people to serve three Saturdays a year?
3. The practical and intellectual skills and knowledge of psychologists focused on the world of work is formidable and continues to expand, as the conference with 400 attenders demonstrated. We couldn't start to do this well without strong roots in psychology, even if we are big enough to

go it alone. For me, the distinctive valuable mark of psychologists is that we have a common broad training in the human brain and statistics (putting it briefly), which puts us in a unique place to contribute to society.

4. Occupational psychologists mostly work in a free market place, where they must compete with HR professionals and other 'experts'. Some thrive, some starve; but our roots in sound psychology are one of the unique selling points.

Of course I am President of the whole Society for this year, and have no intention of denigrating or ignoring any other specialist group. Our strength is not just our roots but our breadth.

I sometimes think the BPS needs an ombudsman, to whom frustrated members can appeal when the Byzantine structure seems to block them (for more thoughts on this, see the interview on p.181). For the time being, please feel free to use your President and contact me at any time you think I could help: president@bps.org.uk is the most direct way.

Zander Wedderburn

Contact Zander Wedderburn via the Society's Leicester office, or e-mail: president@bps.org.uk.



MENTAL HEALTH ACTION WEEK

MENTAL Health Action Week 2003, organised by the Mental Health Foundation, will take place from Sunday 20 April to Saturday 26 April with the theme 'Work-life balance and mental health'. Local groups across the UK, including employers, doctors' surgeries, schools and prisons, will be working with the MHF to set up a series of events and exhibitions to raise awareness of mental health issues. There is also an online questionnaire on work-life balance that visitors to MHF's website are invited to complete.

□ For more information see www.mentalhealth.org.uk.

BACP MEMBERSHIP GROWS

THE British Association for Counselling and Psychotherapy has reported that its total of members has gone past the 20,000 milestone. This is a rise of 160 per cent since 1991, when there were 7713 individual members. According to BACP this shows that 'talking treatment' is becoming a normal part of the British way of life.

WELSH NETWORK

THE All Wales Primary Care Mental Health Network was launched in February. Its aim is to provide a forum for sharing models of good practice, for removing stigma from mental illness, for exchange of information between isolated practices, for training, research and consultation, and for support and encouragement of the whole primary care mental health community across Wales.

The network's first step is to make a series of awards for innovative work in primary mental health care in Wales. Closing date is 31 May. More information and application forms available from: AWPCMHN Awards, RCGP Wales, Regus House, Cardiff Bay, Cardiff CF10 4RU. E-mail: welshc@rcgp.org.uk; website: www.rcgp.org.uk.

□ Contact the Project Development Manager at RCGP Wales, Sali Morgan, to join the network or contribute ideas for new initiatives: e-mail: smorgan@rcgp.org.uk.

Who's the greatest?

THE results of our survey (see p.32, January) are in, and the big three have risen to the top again. As in the Haggblom *et al.* survey, Skinner, Piaget and Freud dominate, although our version rated Piaget above



Jean Piaget

Skinner as the greatest psychologist of the 20th century. Donald Broadbent, only 54th in the American survey, came in 6th.

Professor Elliot Turiel (Berkeley University, USA) is

President of the Jean Piaget Society (www.piaget.org). He said: 'Jean Piaget formulated the most influential developmental theory of the 20th century. His influence extended to philosophy, biology, and educational practice. He produced a massive body of empirical research on a variety of aspects of action, knowledge, and thought.'

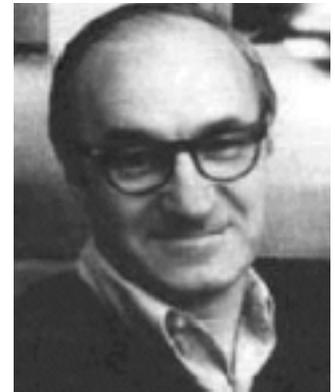
'Piaget's research supported a conception of development that provides a powerful alternative to the debates on nature and nurture. His ideas continue to animate discussions about theory and research.'

You were also asked to suggest three living psychologists you thought had the potential to make a list of the greatest psychologists of the 21st century. The top five were:

1. Albert Bandura
2. Martin Seligman
3. Elizabeth Loftus
4. Annette Karmiloff-Smith
5. Josef Perner

YOUR TOP 10 PSYCHOLOGISTS

1. Jean Piaget
2. Burrhus Skinner
3. Sigmund Freud
4. Hans Eysenck
5. Albert Bandura
6. Donald Broadbent
7. Lev Vygotsky
8. John Bowlby
9. William James
10. James Gibson



Albert Bandura

On being told the results, Professor Albert Bandura (Stanford University) said: 'High ratings race the pulse but at the price that one has to keep knocking out those psychic etudes to buck the regression toward the mean.'

We're keen to increase our historical coverage in *The Psychologist*. Why not write for us about a psychologist who has particularly influenced your work, their life, and how their research holds up in a modern light? See Dianne Berry's article on Donald Broadbent (August 2002, also at www.bps.org.uk/publications/thepsychologist.cfm) for an example of what we're after. Get in touch with the editor to discuss your ideas, on jonsut@bps.org.uk.

SEEKING IMAGERY IN SCIENCE

DOES photography bring your work to life and help explain your research and skills to a wider audience?

The Novartis and The Daily Telegraph Visions of Science Photographic Awards are again looking for entries that capture science in creative, surprising or thought-provoking ways. By entering Visions of Science you could be one of the winners in line for prize money totalling over £8500. Winning images will then tour the UK in an exhibition designed to encourage public interest in science.

The award categories this year are (1) Action, for images that capture a scientific process or event in the natural world; (2) Close-up, for images that reveal the world in a way not seen with the naked eye; (3) People, for images that communicate the impact of science, medicine and technology on people's lives; (4) Concepts, for images that demonstrate or explain a scientific concept, and (5) Art, for images that illustrate the beauty of science. There are also four special awards – a DNA Award, a Healthcare Award, a Veterinary Award and a Young Photographer Award for students aged 18 years and under.

□ You can enter online or by post until 30 May. To find out more visit www.visions-of-science.co.uk or call 020 7613 5577.

Call for mental capacity legislation

LEGISLATION is desperately needed to help people who may not have the 'mental capacity' to make decisions and the professionals who come into contact with them, according to the Making Decisions Alliance.

The Alliance, including members such as Mind, the Mental Health Foundation and the National Autistic Society, is lobbying the government to introduce mental capacity legislation in the next Queen's Speech by November 2003. A recent Alliance-commissioned NOP survey of 1000 adults found that 92 per cent of people thought that a partner would have the legal right to be consulted if they could not make decisions themselves following a severe head injury from an accident. In fact there

is no mental capacity legislation in most of the UK.

Professionals are often unsure about what the law allows them to do to ensure someone gets the necessary treatment. As a result, they are at risk of being accused of malpractice. Patients are also vulnerable to abuse and exploitation.

Michaela Willmott, Chair of the Making Decisions Alliance, said: 'Any one of us or a member of our families could find ourselves in a situation where we need to make a serious decision about our lives or a loved one's welfare. But currently, we have the extremely inequitable situation where individuals and carers in Scotland have clear rights but a gaping hole persists in the rest of the UK.'

In Scotland laws were introduced in 2000 to protect people who cannot make decisions or need help to make decisions about their health and welfare. The Adults with Incapacity (Scotland) Act makes an assumption that individuals will be able to

make their own decision unless it is proved that they are unable to do so, and clearly sets out which agencies can take decisions on behalf of the adult.

□ *For more information see the MDA's website: www.makingdecisions.org.uk.*

MEDIA FELLOWSHIPS

Applications for the British Association Media Fellowships are now open. The scheme aims to create a greater awareness and understanding of the workings of the media among practising scientists, social scientists and engineers by providing placements working with a national press, broadcast or internet journalist. During placements of between three and eight weeks fellows learn to work within the conditions and constraints of the media to produce accurate and well-informed pieces about developments in science. After their placements fellows are better equipped to communicate their research and expertise to the public and their colleagues.

□ *For further information please visit www.the-ba.net/mediafellows.*

Treating 'the untreatable'

JACKIE CRAISSATI on psychology's contribution to the understanding of internet pornography use and the treatment of sex offenders.

JOHN HARRIS (REPORTDIGITAL.COM)

THE media seem to be drawn inexorably to the subject of paedophiles, fuelling or simply reflecting – depending on your viewpoint – understandable feelings of horror, fear and anger. Debates about risk and treatability rage on, with little reference to the growing evidence base; and despite attempts to educate, the public returns again and again to the image of the inadequate loner in the park, the sadistic stranger attack, monstrous but comforting images of aberrant outsiders. Psychology has been oddly silent throughout such debates, and it is time for us to speak up.

This year's well-publicised arrests of individuals – some professional, some famous – involved in internet child pornography resurrected long-standing debates about the differences between 'looking' and 'touching'. Research has rarely supported the commonly held belief that 'looking' must inevitably lead to the temptation to 'touch', except in those individuals who have already crossed the 'body-barrier' and assaulted another person. Admittedly, the internet provides opportunities for aiding such a transition – for example adults can pose as teenagers

and engage in chatroom conversations with pubescent boys or girls. But we know very little yet about the extent of such activity.

At first glance, the opportunities for child molesters on the internet appear to be frighteningly broad. Work in America is beginning to provide a startling context to the problem. 'Online sexual activity' appears to be accelerated and intensified by three internet components: access, affordability and anonymity. It is estimated that 20 per cent of internet users engage in some form of online sexual activity, and approximately 1 per cent of the male American population spend more than 40 hours a week engaged in online sexual activity (Cooper, 2002). Individuals report searching out the extremes of their sexual interests in a way that they would never previously have contemplated. Of course, we can all agree on one thing: the child pornography industry is one of the most abhorrent and abusive imaginable, and all those associated with it – including the 'customer' – are fully culpable.

However, if all internet users of child pornography are equally responsible, does this mean that they are equally 'risky' in terms of the likelihood of future sexual assaults on children? Can any future risk be ameliorated by treatment, and if so how do the treatment needs of internet pornography users compare to those of contact sex offenders? An important distinction here relates to confusion over the difference between the likelihood of an individual reoffending (recidivism), the seriousness of the offending in terms of the victim

experience (impact), and the community response (public interest). Thus, reference to a 'low-risk offender' should not be interpreted as a dismissal or minimisation of the enduring psychological trauma that many victims will experience. Perhaps misunderstanding of this distinction is behind some of the apparent resistance to an acceptance of risk analysis in sex offenders.

The past 10 years have nevertheless seen an emphasis on developing an empirical evidence base with regard to sex offenders, the risk they pose, and the nature and efficacy of psychological treatments. If, for one moment, you set aside understandable frustrations about the difficulty in detecting sexual abuse, and the limitations of the recidivism data, then there is a clear pattern emerging (Hanson & Bussiere, 1998) that could be crudely summarised in a few snappy statements:

- At around 12 per cent, the official sexual recidivism rate in convicted sex offenders is surprisingly low. But such rates do differ enormously between subgroups of sex offenders, from 0 per cent to 60 per cent.
- Rapists generally pose a higher risk of future non-sexual violence than sexual offending.
- Child molesters are highest risk if they have previous sexual convictions, male victims and stranger victims.
- The nature of the sexually abusive behaviour, in terms of duration, extent and emotional impact, is not generally related to sexual recidivism risk.

WEBLINKS

Home Office Research and Statistics Directorate:
www.homeoffice.gov.uk/rds

Correctional Service of Canada: www.csc-ccc.gc.ca

Association for the Treatment of Sexual Abusers:
www.atsa.com

- Absolute denial has never been shown to be related to future risk, although it poses significant problems for management and renders treatment almost impossible.

Glorious statistics have their limitations, but such work has enabled us to dispel some of the myths, and make crucial decisions: specifically, defensible decisions in the allocation of inevitably scarce resources to the highest priority cases and clients.

Prioritising risk concerns may also mean targeting treatment resources, which begs the question whether sex offenders respond to treatment, and which might be the treatment of choice. Again, psychologists have been at the forefront of developments in group programmes for sex offenders. We have collaborated with other agencies – notably the probation and prison service – in rolling out accredited programmes, training and supporting other staff in implementing such programmes, rigorously maintaining treatment integrity, and evaluating efficacy (Beckett *et al.*, 1994).

Why treat sex offenders at all? Clearly, the criminal justice agenda is primarily one of public protection, and there is no doubt that their central goal in sex offender treatment programmes is to reduce sexual recidivism. However, one might argue that sex offenders also have a right to request treatment for what is commonly understood to be a problem with complex psychological motivation. Clinical experience often reveals that for a surprising number of sex offenders, defensiveness and denial is largely fuelled by shame and anxiety. When these issues are handled empathically, they may manifest high levels of psychological distress and need, not least in relation to unresolved issues of trauma and deprivation that they themselves have suffered in childhood (Craissati *et al.*, 2002). This is not to excuse or condone offending behaviour, but to recognise that sexual offending occurs within a context. I would argue that in most cases, risk and distress are not mutually incompatible reasons for treatment. Furthermore, if one is emphasised at the expense of the other, it has been shown to be to the detriment of the treatment outcome (Beckett *et al.*, 1994).

The research evidence is strongest in terms of the efficacy of cognitive-behavioural programmes, although this owes more to the rigour and frequency with which they have been evaluated as compared with other psychological models,

such as psychoanalytic psychotherapy. The conclusion from a recent meta-analytic review is a cautious confirmation that treated sex offenders are reconvicted for sex offences at a significantly lower rate than untreated sex offenders (from 17.3 to 9.9 per cent), and similarly for general offences (Hanson *et al.*, 2002).

Initially, treatment models from America and Canada were replicated in Britain, without much critical review of the content or theoretical underpinnings to the programmes. The aim was to encourage sex offenders to develop an account of their offence that was honest and detailed and

'risk and distress are not mutually incompatible reasons for treatment'

that took full responsibility for their behaviour and its potential impact on the victim. This was then complemented by an understanding of the cognitive and affective components of their behaviour preceding the offence – the motivation for, and triggers to, offending (Craissati, 1998). The aim in targeting pro-offending attitudes has been to promote inhibitors to offending (e.g. by an offender understanding, with absolute clarity, the extent to which they manipulated and controlled the victim, and that the victim's subsequent passivity cannot be conveniently construed as implicit consent) and to enhance self-awareness in terms of risk indicators. Only when these goals had been achieved were sex offenders ready to look to the future and take on relapse prevention skills. Such skills – drawn from work on addictions – focus on the identification of risky situations, thoughts and feelings in the future, and on the development of alternative strategies for avoiding or managing such circumstances. Treatment effects within prison and community probation programmes have been clearly demonstrated (see Home Office site in weblinks).

There have been two overlapping strands to recent developments in treatment content. First, excellent work in this country, and in Canada, to identify dynamic – as opposed to fixed – variables that appear to predict risk (see weblinks). These 'changeable' variables might include heavy alcohol use, impulsive behaviour or sexual preoccupations. Second, a growing recognition of the additional treatment needs of a subgroup of 'high-deviancy' sex

offenders (Beech *et al.*, 2002). There is reasonable agreement about the four core dynamic domains: pro-offending attitudes, intimacy deficits, sexual self-regulation (including fixed deviant sexual interest) and general self-regulation. Increasingly, treatment is drawing on these findings. Accredited programmes in the prison and probation service currently provide a limited range of treatment options that try to reflect a more detailed understanding of the risks posed by different offenders.

Many of the steps in advancing our knowledge of contact sex offenders, their risk and their treatment needs are likely to be relevant to any consideration of internet child pornography offenders. That is, we should expect to find subgroups, or typologies, that are characterised by certain personality traits, sexual difficulties, motivation and risk. This is not to argue that internet child pornography offenders will not be found to require treatment, nor that a percentage – perhaps surprisingly small – will be active and risky contact sexual abusers. It is simply to put a case for careful appraisal and evaluation, formulating the individual's behaviour within a relevant context – something at which psychologists are particular adept.

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