



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 (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.

That's entertainment

I DON'T know what all the fuss is about in your publication over BBC 2's *The Experiment* and Alex Haslam and Stephen Reicher's involvement. Instead of trying to analyse and hand write about the ethics and psychological ramifications of this programme we should just accept it for what it

is...entertainment. Like all commodities in a competitive marketplace a good marketing strategy and cover story are prerequisites. So why shouldn't bright television executives borrow some psychobabble and claim the programme as scientific study? It creates mystique and credibility, and also helps to

deflect any criticisms about crude voyeurism.

Good luck to Messrs Haslam and Reicher for getting such a coup. I wait to see how the programme and its psychological dissection stand the test of time in the furtherance of psychological knowledge. In the meantime I would suggest that we create

a BPS 'Division of Reality TV' where we psychologists can properly indulge ourselves and avoid having to think about the complexities of real people.

Andrew Ganley
Department of Psychological Therapies
The Hesketh Centre
Southport

REICHER and Haslam say they 'believed that Zimbardo's message concerning the inability of people to resist the roles thrust upon them is both wrong and dangerous' (Letters, June 2002).

However, the Reicher and Haslam study, because of the strict ethical guidelines followed, failed to show how ordinary people would behave under the often unrestricted pressures of the real world. They refer to tyrants, but ignore the fact that tyrants often rise to power in

situations that are void of ethical guidelines. Such leaders, once in power, tend to circumvent ethical and legal restrictions on their behaviour, by using secretive, hidden oppressive methods of control, just as Zimbardo's guards did when they thought they weren't being watched.

Furthermore, the prisoners in the Reicher and Haslam study were never subjected to any harsh punishments, because the guards were limited in what they could do. Consequently, this fails to reflect real life. Even

in so-called democracies, prison guards, police officers and other exercisers of authority have a far wider range of reprimands and punishments at their disposal than were made available to Reicher and Haslam's guards.

Contrary to these researchers' opinions, under tyrannical regimes such as Saddam's Iraq, victims are disempowered and people do find themselves unable to resist the roles thrust upon them.

As a lecturer in psychology at a college of further education, I did feel there were

some positive aspects of *The Experiment*, particularly regarding conformity, obedience and role identification. However, I do suspect that Reicher and Haslam ended it early because some of the prisoners were on the verge of demonstrating how easily people can actually adopt the role of tyrant.

It also demonstrated, in my opinion, some of the reasons why discipline is poor in schools. When those in authority are heavily restricted in what disciplinary measures they can employ, and those

Clinical research

I READ with interest the article 'Clinical research under threat' (June 2002). I wonder if one solution to concerns about the decline in clinical research could be adoption of the dual training model, such as that available in Australia. Current training routes in clinical psychology approved by the Australian Psychological Society include DPpsych, but it is also possible to complete a PhD in clinical psychology, or even a combined degree programme such as an MPpsych/PhD, and so become trained as a clinician and researcher. The latter programmes require the completion of all clinical training requirements except for a clinical dissertation. Instead a full research PhD in a clinical area is completed by the candidate. In order to achieve the 'dual qualification' a further year of study is required in addition to the three years for a DPpsych, that is four years of full-time study overall.

Such a training model appreciates that the international standard of research training is a PhD and that this is a preference for clinicians who wish to be competitive researchers. The model also appreciates that it is

unlikely individuals would want to complete a full DPpsych and a PhD. Those interested in research in addition to clinical work would likely be put off by such an extended period of study.

Perhaps individuals could be encouraged to apply for such courses if they would be able to start a training programme sooner rather than later, that is require less experience in an assistant psychologist role prior to commencing their training than for the DPpsych.

Obviously it would need the training consortia to appreciate the utility of the dual degree and fund for four years to the same level as for DPpsych trainees.

Ian Kneebone
Haslemere Hospital
Surrey

GLYN Thomas, Graham Turpin and Caroline Meyer make some good points in their article 'Clinical research under threat' (June 2002), but their narrow view of research leaves out much else. In particular, I would draw their attention to the journal *Counselling and Psychotherapy Research*, now in its second volume. This journal is unique among research journals in

being disciplined are able to break rules and guidelines at will and constantly challenge authority, control inevitably breaks down.

Isa Darby
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Tividale
West Midlands

UNFORTUNATELY the priorities of television production companies and the requirements of ethical research are not necessarily easy to reconcile. Section 6.2 of the BPS Statement

of Ethical Principles recommends that participants be given the right to withdraw from research retrospectively, and that under those circumstances all records concerning that individual must be destroyed. It is difficult to see how a TV programme like *Big Brother* could comply with that recommendation when material has already been broadcast in real time.

Charles Colbourn
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York

the field, it seems to me, in publishing research reports that are actually of interest and relevance to practitioners.

It is no secret that the problem with the vast majority of research in the psychological field is that it is of no interest to professionals working at the coalface. It is written by researchers for other

researchers, and is irrelevant to the rest of the population. But the journal above is an exception to this, and in my opinion is worthy of consideration by all those in the clinical field.

John Rowan
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Taking a chance

WITH Jim Orford ('A nation of gamblers?', June 2002) I was one of the few psychologists asked to give evidence to the Budd Committee set up by the government to report on gambling. Although many of the things on my 'wish list' appeared in the Budd Report, the government failed to remove the loopholes regarding adolescent gambling on fruit machines.

I consistently made the point that fruit machines with low stakes and prizes are psychologically no different from those with slightly higher prizes. Both exploit the principles of operant conditioning, and both can be equally addictive to vulnerable populations (Griffiths, 2002). Children here can still legally

gamble on fruit machines, and we are the only country in the world that allows this.

I would also add that the 'availability hypothesis' has not been taken seriously by the government. If Tessa Jowell thinks that a 50 per cent growth in the gaming industry won't cause increased problem gambling, why did the Budd Report ask for the industry to put £3 million a year aside to help in the research and treatment of problem gambling? Moreover, since here are approximately 300,000 problem gamblers in the UK, £10 of help per problem gambler is inadequate anyway.

Mark Griffiths
Psychology Division
Nottingham Trent University

Reference

Griffiths, M.D. (2002). *Gambling and gaming addictions in adolescence*. Oxford: BPS Blackwell.

Editor's note: This letter has been edited.

DEADLINE

Deadline for letters for possible publication in the October issue is **30 August**

ME – Emphatically physical

I CANNOT quite see the logic in Jane Herlihy and John Gandy including their almost random mention of chronic fatigue syndrome, the doctors' favoured name for ME, in their article 'Causation and explanation' (May 2002). But seeing that they did, I must give an answer to their question 'Do we tell patients it's physical or psychological?'

I would say emphatically

that ME patients should be treated initially in a GP's surgery for physical illness. The earlier the condition is diagnosed, the less the risk of the development of that depressive comorbidity which so often is associated with chronic illness.

Do not take my word for it. My source is no less than the *Report of the CFS/ME Working Group*, endorsed by Sir Liam Donaldson, the Chief Medical

Officer, on 11 January 2002. I quote Sir Liam: 'Until now, on the whole, this has been a disease in the wilderness. Sufferers have been ignored, not always taken seriously, sometimes labelled hypochondriacs, urged to pull

themselves together and get better on their own. From today, that changes.'

The report can be read on the web at www.doh.gov.uk/cmo/cfsmereport/index.htm

Val Hockey

The ME Association

Statistically good Samaritan

REG MAIO ('Values – Truth and meaning', June 2002) commits a sadly typical error of omission when describing the celebrated study of Darley and Batson that 'showed how seminarians would practically hurdle an ailing bystander while on their way to give a talk about, of all things, a Biblical parable about the importance of helping others'. This famous study is quoted in countless secondary textbooks as one in which theology students were asked to prepare a talk on either their future career plans or else a talk on the Good Samaritan, and in which there was no significant difference in terms of which group would stop to help a stooge acting the part of a victim. Yet both Maio and many of these

secondary sources neglect to mention that, as Greenwald (1975) observed, application of Bayesian statistics to Darley and Batson's data suggests that being asked to prepare a talk on the Good Samaritan probably did make the participants slightly more likely to offer help.

Maio's article notes how values and behaviour do not always match. Perhaps this frequent omission is a case in point – much as psychologists may claim to be committed to the value of rigorous scholarship, they do not always do their homework!

Anthony Edwards
University College Northampton

Reference

Greenwald, A.G. (1975). Does the Good Samaritan parable increase helping? A comment on Darley and Batson's no-effect conclusion. *Journal of Personality and Social Psychology*, 32, 578–583.

Explaining causation

THE article by Jane Herlihy and John Gandy ('Causation and explanation', May 2002) is an excellent summary of the flaws inherent in the neurobiological reductionism encountered regularly in clinical practice. Whilst I have never had any trouble accepting that psychological distress can be accompanied by physical changes I am, like the authors, occasionally frustrated and irritated by unwarranted assumptions about causation. I have developed my own small collection of snappy retorts for use in the face of more brazen examples, humbly proffered in case they may be of more general use.

Firstly, when brain chemical imbalances are declared the 'cause' of (usually) depression, I point out that the chemicals concerned originate from nutrition, and we know that mood disorders can affect appetite; it is therefore unclear whether the reduced serotonin

levels precede or follow the change in mood.

Secondly, we now know that environmental stressors can produce structural cortical changes (e.g. Delville *et al.*, 1998). Such changes are, therefore, an unsurprising consequence of, for instance, obsessive compulsive disorder.

Thirdly, and most telling in my view, I refer to my enjoyable custom of imbibing a large gin and tonic on a Friday evening after work. This results in (usually) an improvement in mood; I am not convinced the 'premorbid' mood is the result of a 'too low' blood alcohol level. What has happened, of course, is that I have absorbed a mood-altering chemical. Could this be why antidepressants work?

Adrian Skinner
15 Wetherby Road
Harrogate

Delville, Y., Melloni, R.H. Jr & Ferris, C.F. (1998). Behavioral and neurobiological consequences of social subjugation during puberty in golden hamsters. *Journal of Neuroscience*, 18, 2667–2672.

Contractual problems for authors

MANY readers might appreciate some warning about a potential difficulty with publishing contracts, perhaps a coming trend. Those members who write books will be aware of the 'non-compete' clause often present in such contracts. Some of these clauses are fairly specific, preventing authors writing defined books of a 'similar nature'. Other clauses are much wider, for example requiring that authors do not write 'any work... which might interfere with or injure the sale of [the first work]'. This is the clause in the contract I have with Psychology Press (for one AS level textbook and one A2 level textbook reviewed in the June issue of your magazine).

Subsequent to writing the AS book I wrote a book for another publisher, which I believed to be dissimilar to the original, a view not shared by Psychology Press. In any case the similarity of the two books was not the main issue. The mere fact that it could be argued that it might threaten the sales of the original work was sufficient for Psychology Press to prevent publication of the second book by seeking and being granted an injunction in the High Court against Nelson Thornes, my second publisher.

I have decided not to defend the breach of contract case as the potential costs if I lost (over £70,000) could not justify the risk. I am now in the unfortunate position of

having my future writing projects severely restricted until my contract with Psychology Press is terminated. This will only happen when the book goes out of print. It is not governed by whether or not I choose to do subsequent revisions (which I don't) because such revisions are included within the original contract – even if they are done by someone else.

My advice to all authors (and prospective authors) is to strike out non-compete clauses or rewrite them so that they specify the kind of book more precisely. You may seek the advice of the Society of Authors about such contractual issues.

As a final note I should add that Nelson Thornes have been

extremely supportive throughout and have elected not to sue me for damages, though they might have been able to.

Cara Flanagan
*East Gilgo
Migdale
Bonar Bridge
Sutherland*

NICE recommendations

I WAS pleased to see your report ('Atypical antipsychotics', June 2002) of my poster at the Annual Conference (although you omitted my name as lead researcher).

In light of the recent recommendations made by the National Institute of Clinical Excellence (NICE) concerning antipsychotic medicines, we feel that our findings are now even more relevant and the need for further investigation more urgent. Part of the NICE recommendations state that professionals should discuss medication options with service users, explain the benefits and side-effects of different antipsychotics and where at all possible make decisions jointly with service users about which medicines to prescribe.

However, it has been suggested that mental health professionals are fearful of telling people in receipt of

antipsychotics about the potency of these medicines and their side-effects (Rogers *et al.*, 1993). If this is the case, our findings may be an indication that professionals are more inclined to discuss atypical antipsychotics that have fewer and less severe unwanted side-effects than typical antipsychotics. However, particularly given the NICE recommendations, type of medicine prescribed should not be a prerequisite for people being offered choice and information.

George Sandamas
*School of Health & Social
Science
Middlesex University*

Reference

Rogers, A., Pilgrim, D. & Lacy, R. 1993.
*Experiencing psychiatry: Users' views
of services.* London: Macmillan, in
association with Mind.

*Editors note: This letter has
been edited.*

INFORMATION

■ I AM a second-year undergraduate student at Portsmouth University with aspirations to go into **forensic psychology**. I am looking for a **voluntary work placement/experience** in this field in East Anglia or Hampshire.
Rebecca Ormond
 Cross Green House
 Cockfield
 Bury St Edmunds IP30 OLG
 E-mail: becca_ormond@yahoo.com

■ I AM a psychology and sociology student who will be graduating in July (hopefully with a 2:1). I am seeking **part-time voluntary work in a forensic setting** in the Nottingham area. I would like to do this to gain experience in order to complete an MA in forensic psychology in the future.
Anna Carrick-Leaver
 18 Gregory Boulevard
 Hyson Green
 Nottingham NG7 5JE
 E-mail: anna_leaver@yahoo.com

■ I HAVE just completed a graduate diploma psychology course (BPS accredited) and am seeking **voluntary clinical experience** in any specialism in the London/South East region. I have extensive teaching and advisory experience with children and their families.
Richard Pratt
 48 Chevening Road
 Greenwich
 London SE0 OLA
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■ I AM a psychology graduate with an avid interest in **clinical neuropsychology**. To stand me in good stead for gaining entry into a clinical course, I am looking for relevant **voluntary experience**. I am ambitious and determined, and have some experience with

children and older adults with learning difficulties and challenging behaviour. I live in the Midlands but I am prepared to move anywhere in the country.
Donna Reid
 124 Church Street
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■ I AM a psychology graduate and am going to be studying for an MSc in counselling psychology at UEL in September. I am looking for a one-day **counselling placement** with supervision to coincide with my course. I have experience with learning difficulties, mental health and challenging behaviours (all with adults and children). I would be grateful for a placement within any of these fields. I can work in the south east, central or north London areas.

I would also like to hear from other MSc counselling psychology students about their own experience on this course.
Maria Koumi
 32 Bavaria Road
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■ WE are currently auditing the potential uses for counselling skills with our **Learning Disability Services**. It would be helpful if any other services employing counsellors could contact us. We are interested in examples of evidence-based practice and the issues that have arisen.

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 Community Team for Adults with Learning Disabilities
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If you read an article in *The Psychologist* that you fundamentally disagree with, then the letters page remains your first port of call: summarise your argument in under 500 words. But if you feel you have a substantial amount of conflicting evidence to cite or numerous points to make that simply cannot be contained within a letter, you can now submit a 'Counterpoint' article of up to 1500 words – but we need to receive it within a month of the publication of the original article. We hope this new format will build on the role of *The Psychologist* as a forum for discussion and debate.