



## 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.

## Abortion assumptions – Is that all they are?

**P**ROFESSOR Mary Boyle ('Challenging assumptions about abortion', October 2002) argues that journalists, researchers and society at large hold theories about motherhood and about what is natural to women as part of a set of assumptions which are essentially social/cultural. Thus, Professor Boyle considers, there is an expectation that women will find abortion distressing even if they have themselves made the decision to abort; and so there is also a difficulty in focusing on 'potentially positive psychological effects of abortion', such as relief or 'feeling more in control of one's life'.

Professor Boyle nowhere explains why she thinks such cultural assumptions are merely assumptions. In fact, there are excellent evolutionary reasons why women may be genuinely predisposed 'to nurture life and not destroy it'. With the evolution of mammalian species (whose young depend directly and physically on their mothers for nourishment) there must have evolved a tendency among females to care for rather than to neglect their offspring, simply because neglectful females would fail to raise any offspring and their genes would not have been perpetuated, whereas those of 'nurturing' females would pass to the next generation via

their successfully-raised offspring.

With the human species, in which childhood is greatly prolonged relative to the length of the individual's lifetime, it is reasonable to expect a maternal nurturing tendency that is particularly powerful and enduring. Even the assumption (characterised by Professor Boyle as 'how we as a society still think') that women constitute 'the group who are not supposed to have irresponsible sex' has evolutionary justification, in that avoiding irresponsible sex safeguards the survival into adulthood of the woman's children, through judicious choice of a mate who will be

positively supportive of the mother-child unit over a period of years.

Therefore it is to be expected that a majority of women have inherited psychological as well as physical tendencies to care for any children they may have; from which it follows that a decision to abort (however 'rational' it may seem in the context of a particular woman's situation) may well result in distress or psychological disturbance.

**Iona Seymour**

*c/o Children, Families and Lifelong Learning  
County Hall  
Llandrindod Wells  
Powys*

**M**ARY Boyle ('Challenging assumptions about abortion', October 2002) expresses astonishment at the media's naivety in believing that abortion may have harmful psychological effects. She implicitly dismisses the woman who was claiming for psychological damages. But given that views on the status of that which is destroyed in an abortion vary enormously – from those who believe the unborn child has the same rights as a newborn child to those who see only a *potential* life, the demise of which is no more significant than a visit to the dentist – it would be surprising if there were not some harmful sequelae. Indeed, a study of suicides after pregnancy from 1987 to 1994 in Finland (Gissler *et al.*, 1996) showed that the suicide risk in

the 12 months post-abortion was three times the general suicide rate, and six times that of women who gave birth.

Professor Boyle quotes with approval one of the major abortion providers stopping routine counselling of its clients. But this raises the issue of whether the client's right to informed consent is being violated if they are not being made aware of risks, or the nature of that which they would destroy. Not to give information is to patronise women.

**Michael Scott**  
*39 Hayles Green  
Liverpool*

#### Reference

Gissler, M, Memminki, E. & Lonnqvist, J. (1996). Suicides after pregnancy in Finland 1987–94: Register linkage study. *British Medical Journal*, 313, 1431–1434.

## No fundamental break

**I**N her article 'Challenging assumptions about abortion' (October 2002), Professor Mary Boyle makes some very interesting points. But while I would agree that anti-abortionists are seeking to publicise 'post-abortion syndrome' in an attempt to secure their goal of banning abortion, I would differ from the suggestion that this represents a move to a strategy centred on the alleged harm to women away from one based on the rights of the fetus.

Organisations such as Life and the Society for the Protection of Unborn Children continue to focus on the argument that abortion is a denial of the right to life. Their taking up of claims of psychological harm to mothers

(or their belief that abortion increases the risks of breast cancer) is partly to be understood in terms of their long-standing attempt to invoke science in their favour. But it also involves an attempt to position themselves as, to quote an American bumper-sticker, both 'pro-woman' and 'pro-child'. Just as it would be a mistake to see anti-abortionists as always arguing in a religious framework or always being on the political right, we would be mistaken too to see their expressed concerns for post-abortion women as representing a fundamental break with the strategy they have long pursued in both Britain and the US.

**Martin Durham**

*Senior Lecturer in Politics  
University of Wolverhampton*

## Justified concern – But there is more to the whole story

I WAS interested by the juxtaposing of Mary Boyle's article on abortion and the subsequent feature on parenting and families in the October issue. Professor Boyle notes that we don't currently have compulsory counselling before marriage

(in fact some religions require it) or parenthood, but that doesn't mean that we shouldn't have.

Many of Professor Boyle's justifiable concerns about the focus on the negatives associated with abortion may arise from the lack of a history

of 'positive psychology'. But I wonder if it is deceptive to simply describe the variables of interest in studies – surely the fact that depression was the focus of a study isn't the whole story, as one might find improvements in depression after abortion if Professor Boyle's beliefs are correct. If she was suggesting (and I don't think she was) that such findings are suppressed, that would be another matter altogether.

Professor Boyle doesn't mention that abortion is an invasive medical procedure (perhaps not always carried out sensitively and competently), and as such (from a health psychology perspective, perhaps) might be expected to have negative physical and psychological sequelae. And while decisions may well have been taken beforehand, without

the need for counselling, they may have been rushed and with some misgivings (that is, it wasn't a trivial decision). Surely it is reasonable to expect that regret is one potential outcome?

As a man, I have to comment on Professor Boyle's statement that 'only women have abortions'. Contrary to other parts of her article this seems to emphasise the physical and biological factors related to motherhood. Elsewhere she briefly mentions that partners (presumably mainly fathers) may also be involved in the decision – so by inference it is not only women who have abortions, as fathers are in some way stakeholders too.

**Peter Marshall**  
38 Anembo Street  
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Australia

## Times they are a-changin'

I WAS pleased to see a large section of the October *Psychologist* devoted to the family today. It is perhaps a sign that times are changing.

Some 10 years ago, when working with the National Stepfamily Association we proposed running courses for a range of clinicians and practitioners. Overwhelmingly people said that although they saw members of stepfamilies in the course of their work and had never had training about stepfamilies, they would not attend training courses about them.

Our experience of writing reports on families for the courts is that even today it is by no means exceptional for professionals to assume the 'normal' two-parent, two-own-children model.

I do hope the features were read.

**Kathleen Cox**  
Cox Associates  
Sheffield

WHILE the articles in the October issue of *The Psychologist* recognised that the traditional nuclear family is no longer typical, I was disappointed that they failed to extend the concept of family beyond that of heterosexism. This silence extends beyond *The Psychologist*: Green (1996) reports that between 1990 and 1995 only 7 out of 718 articles submitted for

publication in the *Journal of Marital and Family Therapy* were on the topic of homosexuality. Given that only a fraction of articles submitted for publication in any journal actually get published, there is an extremely low incidence of lesbian and gay families being included in the discourse around psychology's involvement in families.

Like the families in Wren's study on gender identity disorder ('The changing family', October 2002), silence does nothing to help develop thoughtful reflections on our work or a clearer understanding of the issues that present for lesbian or gay families. This general invisibility is a loss, not just in exploring the diversity and complexity of issues that exist in such families, but also the potential this would provide for widening perspectives on heterosexual families.

May I suggest a useful place to start for anyone further interested in these issues is <http://groups.msn.com/ukgayandlesbianfamilies>, designed to provide information and support to those raising in children in gay relationships.

**Catherine Butler**  
c/o Clinical Psychology  
Department  
University of East London

Green, R-J. (1996). Why ask, why tell? Teaching and learning about lesbian and gays in family therapy. *Family Process*, 35, 389–400.

## CHAIR – RESEARCH BOARD

### Call for expressions of interest

The Chair of the Research Board, Professor Steve Cooper, will step down at the Society's AGM because of his recent nomination as President Elect. This is a call for expressions of interest from Society members who might wish to take on this role.

The Research Board is responsible for the promotion, advancement and diffusion of a knowledge of psychology pure and applied – especially for encouraging new developments in psychological science and its applications. The Board meets four times a year, supplemented by meetings of its Executive Committee. The Chair also serves as a member of the Society's Board of Directors and Council (which meet 10 and 3 times a year respectively).

The Chair will come from a senior academic/research background. Experience of Society affairs and of chairing committees more widely would be desirable.

A statement of interest form, along with further information regarding the Board, its full terms of reference, and details of the administrative and secretarial support available for the postholder, can be obtained from Lisa Morrison (e-mail: [lismor@bps.org.uk](mailto:lismor@bps.org.uk); tel: 0116 2529510). For information regarding the roles and responsibilities of the Chair, please contact the current Chair of the Board on [s.j.cooper@liv.ac.uk](mailto:s.j.cooper@liv.ac.uk).

The deadline for the receipt of completed statement of interest forms is 5pm Monday **6 January 2003**.

## Planning for positive parenting

**W**E read with interest the 'Head to head' debate between Sue McGaw and Charlie Lewis ('Should parenting be taught?', October 2002). We currently lead Starting Well, the national health demonstration project in child health in Scotland. This project aims to demonstrate that child health can be improved by a programme of activities which both supports families and provides them with access

to enhanced community-based resources.

Through the project, we provide intensive health and social support to families experiencing a range of ongoing stressors (including mental health difficulties, substance abuse difficulties, etc.) in a context of deprivation. Project teams, led by health visitors, are in contact with families as early in the antenatal period as possible and, in addition to a variety

of other services, provide both one-to-one and group parenting intervention. We have employed the Positive Parenting Programme (Triple P – see [www.ppsc.uq.edu.au](http://www.ppsc.uq.edu.au)) as our model of parenting education. Triple P has evolved through clinical research, and an extensive evidence base demonstrates that the programme is effective in helping parents manage children's behaviour in a variety of populations.

McGaw expresses concern about 'the rapid roll-out of government initiatives' and subsequent operational difficulties in both providing appropriate education and ensuring access for parents across the family developmental spectrum. In our view, central policy clarity will

be essential to ensure choice for parents in parenting education and sustained service provision. We also maintain that parenting education will need to be coupled with other kinds of social support for parents, depending on individual circumstances. Further, we wish to emphasise that, in our experience, appropriate training aimed at ensuring a consistent approach to parenting education among providers is essential and has clear resource implications for the development of programmes within a community.

**Michael Killoran Ross**  
Consultant Clinical Psychologist  
Greater Glasgow NHS Board  
**Linda deCeastecker**  
Consultant in Public Health  
Medicine  
Greater Glasgow NHS Board

CHRIS CHAFFRON

## NOTHING LIKE REAL CHILDREN

**I** TOO worry, with Charlie Lewis ('Head to head: Should parenting be taught?', October 2002), about feeling we have all the answers about how to be good parents. I suspect that those who have the strongest feelings of that kind probably haven't had enough children of their own.

There's nothing like real children to take the shine off your best theories. Many years ago I read a journal article reporting on interviews with a handful of psychologists who were asked if being a psychologist made them a better parent. Everyone said no, but being a parent had made them better psychologists.

**Beverly Plester**  
Psychology Subject Group  
Coventry University

*Editor's note: This letter has been edited.*

If you read an article in *The Psychologist* that you fundamentally disagree with, then the letters page is your first port of call: summarise your argument in under 500 words. But if you feel you have a substantial amount of conflicting evidence to cite or numerous points to make that simply cannot be contained within a letter, you can 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 format will build on the role of *The Psychologist* as a forum for discussion and debate.

## Mental health – No force

**A**S readers may be aware, the Mental Health Alliance's march and rally ('Mental Health Alliance to rally against draft bill', September 2002) was cancelled as the organisers claimed they 'could not guarantee the health and safety of participants in an atmosphere of prejudice, ignorance and fear whipped up by sections of the media against people with mental health problems in the wake of Soham'. Many were disappointed, but I would see it as a blessing in disguise – shortly after the Alliance announced the rally was cancelled, an alternative 'No Force' march was being planned for the same date by current and former recipients of the mental health services.

One of the key features of the march was the relative lack of well-meaning, though usually unhelpful professionals attempting to pass off their own opinions and ideas as 'what service users want'. It was perhaps the first time that we,

those who have experienced the mental health system firsthand, were able to speak for ourselves and decide what we wanted to campaign for.

'No Force' is campaigning not only for the proposed Mental Health Bill to be scrapped, but further that no force, such as compelling people to have ECT or psychiatric drugs against their will, should be employed in the mental health system. Unlike the BPS, we feel that such abuses are never acceptable – even when people are deemed to lack the capacity to make decisions about treatment. Forced psychiatric drugging can cause brain damage, and many describe the experience as being like rape – it has no place in a 21st century Britain. Readers interested in finding out more about the 'No Force' campaign are invited to visit our website at:

<http://pages.zdnet.com/cullyd/thenoforcecampaign/>  
**Tamasin Knight**  
8 Shirley Road  
Droitwich Spa  
Worcestershire

## But does it work?

**I** HAVE no involvement with EMDR and cannot comment on the claims and counterclaims for its efficacy or theoretical basis. However, those working to assess claim and counterclaim will not be well guided if they accept at face value Robert Forde's view (Letters, October) that the progress of knowledge is 'data-based, cumulative and theory-driven'. This very Popperian view of 'science' may describe its appearance from a distance, but certainly not what actually goes on.

The debates between Einstein, Schrödinger, Bohr, Heisenberg and others in the mid-1920s on particles behaving like light beams progressed through the adoption of entrenched positions and development of competing – not cumulative – theories, almost totally in the absence of any relevant data. Einstein described Heisenberg's uncertainty principle, from the outset, as a 'tranquilizing philosophy', and he proceeded to repeatedly challenge it. These challenges helped Bohr in refining this key component in quantum physics, but it was never a position agreed with Einstein. Indeed none of the key players ever moved their positions throughout the debate.

Galileo in seeking to support the Copernican view of the universe simply ignored existing facts and inserted new telescopic observations and assumptions of his own as he sought a new formulation for understanding the universe. In this case there were observations but no theory. It was indeed an 'isolated quantum leap' – and it changed everything.

Whatever EMDR's merits or demerits we will not reach a satisfactory assessment by relying on the test 'Does it look like "science"?', when the lesson of history is that science generally does not look like 'science'. Rather science appears – as Paul Feyerabend has described it – to be an anarchic counterintuitive exercise where there are no easy rules to guide progress.

The question is not whether EMDR looks like 'science', the question is 'Does it or does it not help the condition of those being treated, and does it or does it not – even in the absence of theoretical underpinning – provide opportunities to build our broader understanding of the human condition in ways that allow other fields of research within psychology to proceed?'

In psychology, just as in quantum physics, dead ends can serve a purpose. We need to be open to and to check all the possibilities, taking what Einstein described as the 'unscrupulous opportunist' approach to building our conceptual world.

**Henry Thompson**  
Post point 2W13  
260 Bath Road  
Slough

**P**ERHAPS Robert Forde (Letters, October) could suggest interventions which are unequivocally theory-based, data-driven and have cumulative support, and that are suitable for use with deeply distressed, possibly suicidal, clients, who believe their unpleasant state to have been caused by trauma?

If this is not possible, could Robert Forde advise whether best practice would be to offer this type of client no intervention?

**Jo Sullivan-Lyons**  
Nonsuch High School for Girls  
Cheam  
Surrey

## INFORMATION

■ I WOULD be grateful if you could contact me if you are working with **non-American self-esteem/self-construing measures**.

**Sarah Gasson**  
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■ I AM a second-year postgraduate psychology conversion student (Guildhall) seeking an **unpaid clinical work placement for one day a week in London in**

**any specialism**. I have experience in homelessness and university peer counselling.

**Jayne Griffiths**  
griffithsjayne@yahoo.co.uk  
020 7289 0076

■ I AM investigating **young Asian people's perceptions of school counselling**. I would like to hear from practitioners in the same area.

**Samina Allie**  
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## RODERICK PAKENHAM POWER

**R**ODERICK Pakenham Power, a Fellow of the Psychological Societies of Australia, Britain and Ireland, died in Dorchester, England, on 5 July 2002 at the age of 68. Rod was educated in Australia, receiving his BA, MA, and PhD in psychology from the University of Sydney. He then moved to Ireland, where he taught at the Queen's University of Belfast from 1966 to 1975 before returning to Sydney to take up a faculty position at Macquarie University.

Rod spent the remainder of his academic career at Macquarie, publishing over 50 journal articles, books and book chapters. While he is best known for his research on rotary motion perception, he also published more widely, including papers on personality assessment, auditory and haptic perception, and books on the teaching of perception at tertiary level. Rod was a dedicated and inspiring teacher of undergraduates, and a committed mentor of graduate students and staff. He contributed broadly and unselfishly to psychology at Macquarie, and to the wider academic and professional community.

Following his promotion to associate professor in 1993, Rod's managerial skills came to the forefront. He was elected deputy head of the School of Behavioural Sciences in March 1995, and then became its popular and very successful head later in that year. He was the first head of the newly established Division of Linguistics and Psychology from January 1999 to March 2000 when he retired. In retirement he was appointed adjunct professor.

Professor Di Yerbury, the vice chancellor of Macquarie University, described Rod as 'an outstanding member of senior management': 'We all trusted him, turned to him for help and advice, and admired his fairness, decency and common sense. I know I was joined by many in my great respect and deep affection for him.' To his many colleagues in the Department of Psychology he will be remembered as one of the nicest and most generous people we have ever known – someone who was always there for all of us, ready to listen to any problems or difficulties and willing to support us in any way he could. All of us who knew Rod will sadly miss him.

**Judy Ungerer**  
**Sandra Cotton**  
Department of Psychology, Macquarie University

## DEADLINE

Deadline for letters for possible publication in the February issue is **20 December**