

Qualified protection

RECENTLY I attended the launch of the Health Professions Council (HPC) along with the Society's Chief Executive Barry Brooking and the Honorary Treasurer, Geoff Lindsay. The HPC is a new independent UK-wide regulatory body whose purpose is to promote and safeguard the health and well-being of people and patients who use the services of a number of medically related health professionals – physiotherapists, radiographers, speech and language therapists, and clinical scientists amongst others.

The HPC will maintain and publish a public register of qualified members of these professions, approve and uphold high standards of education and training, and investigate complaints and take appropriate action against members who violate their professional code of conduct. I was aware at this launch event that those whose professions were to be included were proud of their statutory regulatory status and were positive about the setting up of the HPC.

Many of the functions of the HPC reflect the Society's own self-regulation processes. One of my duties as President has been to chair the Society's Investigatory Committee. This committee is the first port of call for individuals or organisations who believe that a member has violated the BPS Code of Conduct. Serving on it has been an interesting experience (I have already served a year in my role as President Elect). It is clear that the number of complaints against practising psychologists is growing. This makes the work of the Society's regulatory affairs team increasingly important in a context where we need to act quickly and effectively, both to protect the public and to discipline those in violation of the Code. There is also an increase in the complexity of the complaints, with a move towards greater transparency in our procedures and the advent of the Human Rights Act.

However, the types of complaint we receive are very diverse. We have dealt with a case where the member had been convicted of manslaughter, others where members had been convicted of sexual offences, and others where members have blurred professional

and personal boundaries with clients. Additionally, the disciplinary committees are increasingly taking the view that members have a responsibility to consider their conduct away from the workplace to ensure that it does not bring the profession into disrepute. In a profession that is dealing in many cases with vulnerable client populations it is indeed important that the Society is able to protect the public – and to be seen to be doing so – in an effective way.

Having said all this, one important

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distinction between the Society's self-regulatory activities and the role of the newly formed HPC is that the HPC is embarking on a process of consultation that will specify those professional titles that need to be protected by law. Once established in law, this means that, for example, only those physiotherapists registered with the HPC will be allowed to call themselves physiotherapists. This will help to protect the public by preventing unregistered and unqualified individuals from practising using such titles. More importantly, members found guilty by the HPC of violating their profession's code of conduct can be expelled from their professional body and, in effect, prevented from further endangering the public.

At present the Society's processes do not similarly protect the public from rogue psychologists. We can act on complaints about members from the public, and we have a range of sanctions available. If the complaint is upheld members can be expelled from the Society. Sadly, though, at present this does not prevent the guilty ex-member from continuing to offer services in private practice, and to advertise their wares as psychological services. The Society has to think very carefully about expelling members, because this does not

prevent that individual from practising and puts them outside the Society's jurisdiction and Code of Conduct.

Hopefully these difficulties will not have to be endured for too much longer. The Society has been seeking statutory registration for many years, and is committed by votes of the members to achieving this. The current and previous governments have been supportive of our aspirations. While the Society would prefer an independent regulatory body for psychologists, it is clear that the government does not wish to have a proliferation of individual regulatory bodies (as the launch of the HPC indicates). So, where do we stand now?

Geoff Lindsay and David Legge met with Health Minister John Hutton in February, when he reaffirmed the government's support for the statutory regulation of psychologists using the vehicle of the HPC.

The Society remains committed to the principles that have been articulated in the past, including the requirement that a statutory regulation system should apply to *all* relevant psychologists, not just those working in the health field. However, there are difficulties to overcome. For example, it would be a nonsense to bar all non-members of the Society from using the label *psychologist*. It also seems fair that psychologists not offering a psychological service to the public (e.g. academics engaged in teaching and research) should not need to register to be able to call themselves psychologists.

Council has set up a working group, with Geoff Lindsay as chair, which has been guiding Society policy on statutory registration. Council will soon be receiving a full report to consider and will be approving an action plan. There is much work to be done but we now have government commitment. I intend to keep you informed through this column.

Graham Davey

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SUFFERING IN SILENCE

FINDINGS from a global survey reported by market analyst Datamonitor show that less than half of the increasing number of people with Alzheimer's disease seek diagnosis, believing that the symptoms are just an unpleasant side-effect of old age and that nothing can be done to help.

NEW BACP TRAINING DIRECTORY

THE British Association for Counselling and Psychotherapy has published its *Training in Counselling and Psychotherapy Directory 2002*. Course listings are given for over 350 universities, FE colleges and specialist training providers. The directory also has information on funding, open learning and accreditation.

☐ Order from BACP, tel: 0970 443 5172, web: www.bacp.co.uk. BACP members: £16; non-members £18.

HEAD ON

A NEW exhibition at the Science Museum in London is organised round three broad themes relating to the human mind: the anatomy of the brain, the relationship between the head's innards and outer surface, and models and metaphors for the mind. 'Head on' runs until 28 July.

The insides story

ONE of the most revealing exhibitions of human bodily structure is currently under way in the East End of London. Body Worlds – The Anatomical Exhibition of Real Human Bodies, is a fascinating and innovative display of actual human (and non-human) bodies in health and disease (www.bodyworlds.com). The event is the brainchild of Professor Gunther von Hagens, an anatomist from the University of Heidelberg and Director of the its Institute of Plastination.

The exhibits – all bodies and body parts from donated corpses – are the result of an advanced form of tissue preservation called plastination. This technique (patented by von Hagens in 1977) involves the replacement of bodily fluids with, first, acetone, and then either polymers or rubber, to produce tissue that is pliable yet odourless and not subject to decomposition. The result allows the manipulation of the body's skin, muscles, blood

vessels and organs, often to artistic effect.

The exhibition at the Atlantis Gallery, London, includes examples of all the organs in healthy and diseased states but also other, grander preservations. One of the most striking exhibits is a man straddling a horse – with all anatomical detail clearly exposed in both species; there is also a human playing chess, a man's body holding its own skin, a woman's body and her exposed fetus, a series of exhibits showing preserved slices of a human body, and a series of displays showing the blood

circulation of various species. The plastination of a whole body takes between 1000–1500 work hours to complete.

The controversial exhibition, which runs until 29 September, is an extraordinary public display of anatomy and neuroanatomy and is intended as an educational introduction to the human (and non-human) body. You may have received a ticket as a Society mailing; some of these were already out of date, but the exhibition will honour this offer.

☐ For tickets e-mail special@plastination.com or call 020 7053 0000.

THE GENE GENIE

THE £45 million 'Biobank' project was officially launched on 29 April by the Wellcome Trust, the Department of Health and the Medical Research Council.

The genetic details of half a million British people aged 45 to 69 are to be collected and offered to researchers under the new scheme, which is aimed at pinpointing interactions between genes, the environment and health.

'This exciting project may one day herald a new era of medicine,' said George Rada, Chief Executive of the MRC. 'Once we understand the genetic bases of various diseases and the genetic differences between individuals that may affect their responses, it may become possible for a GP to prescribe drugs or other treatments designed specifically for people's own genetic makeup.'

But a research pressure group, Human Genetics Alert (www.hgalert.org), insists that the project is premature as the ethical foundations of the study have not yet been finalised.

LIAR, LIAR

ONE in three people don't trust scientists, according to an annual survey carried out by MORI for the Institute of Public Relations.

The survey asked 1972 British adults 'if you generally trust them to tell the truth'. Scientists ranked just above the police with 64 per cent, but way behind the top three: doctors (91 per cent), teachers (85 per cent) and TV newsreaders (71 per cent). In an interesting psychological quirk, the journalists who supply the newsreaders' stories ranked bottom with just 13 per cent.

☐ For full survey results, see www.mori.com/polls/trends/trust.shtml

HOME OFFICE SWAP SCHEME

WOULD you like to spend from a few weeks to a year working in the Research, Development and Statistics Directorate of the Home Office? Now you can, as part of an interchange scheme organised by the Academy of Learned Societies for the Social Sciences (ALSSS) and the Home Office aimed at providing closer working relations between universities and government.

In return, Home Office civil servants with a background or experience of social research or policy will be able to spend from one term to one year on secondment to a university social science department, where they will contribute to teaching and ongoing research projects.

Home Secretary David Blunkett said: 'Social scientists are at the heart of policy making, essential to determining what works and why. The relationship between government and the social research community is therefore crucial to ensuring we get policy right. The interchange scheme will strengthen this relationship by sharing expertise and best practice between the

best of academic and government researchers. Closer working ties of this nature will benefit both government and academia and result in the maximum benefit for policy making.'

As well as full-time interchanges, there will also be opportunities for part-time arrangements (e.g. one day per week), including mentoring, shadowing and joint training. The scheme is open to both senior and more junior staff.

Opportunities for interchange will be advertised on the websites of the Home Office (www.homeoffice.gov.uk/rds/vacancies1.html) and ALSSS (www.the-academy.org.uk) as they become available.

Applications should be submitted by 31 October. Offers of opportunities for interchange are also welcome.

☐ Contact either Professor Nigel Gilbert, ALSSS, c/o School of Human Sciences, University of Surrey; e-mail: n.gilbert@soc.surrey.ac.uk; or Dr Judy Youell, RDS Central Management Unit, Home Office; e-mail judy.youell@homeoffice.gsi.gov.uk.

Mental Health Media Awards 2002

NOMINATIONS for outstanding TV and radio coverage of mental health – programmes that inspire and affect positive change – are being sought by Mental Health Media for this year's awards.

Mental Health Media's awards recognise the role of the broadcast media in promoting greater understanding of mental health issues, in both factual reporting and fictional representations. This year there is a new award category – for the best mental health storyline in a soap or drama serial.

Last year's award winners include clinical psychologist and BPS member Rufus May for his groundbreaking interview on Radio 4 about his personal experience of schizophrenia and psychiatry. Rufus May will also be on the panel of judges for the 2002 awards, which includes prominent journalists and broadcasters.

The 2002 awards will be presented on 17 October at BAFTA, Piccadilly, London.

☐ Nominations may be made online (www.mhmedia.com), or call 020 7700 8171 for a nomination form. Entry deadline is 1 July.

On the right road

PSYCHOLOGISTS have been involved in two recently published reports from the AA Foundation for Road Safety Research.

A team from the Age and Cognitive Performance Research Centre at the University of Manchester, led by Professor Patrick Rabbitt, wrote the report *Age, Health and Driving*, a longitudinal study of changes in reported general health, mileage, self-rated competence and attitudes of older drivers.

Reduction in mileage over time was predicted by decline in health status, and the authors suggest that the immediate factor in instigating these reductions is a decline in confidence in driving competence. The authors conclude that 'this is a strong counter-argument to the idea that drivers not only become less competent, but also less conscious of their

shortcomings and so more feckless as they grow older.'

In the second report, *Cradle Attitudes – Grave Consequences*, Andrea Waylen and Frank McKenna (University of Reading) studied the development of gender differences in risky attitudes and behaviour in road use. 'We examined road user attitudes and behaviour in drivers, students aged 11 to 16, young children aged between 4 and 6 years and also the parents of these infants,' said Waylen. 'In my opinion, the overall message to take from this report is that safe road user behaviour appears to be associated with more general attitudes towards safety. It needs to become part of everyday awareness which is practised from cradle to grave.'

☐ For more information e-mail ruth.bridger@theaa.com.

WEBSITES

www.lancs.ac.uk/users/apsocscilhvp.htm

Information on 26 projects within the ESRC Health Variations Programme, findings and newsletters.

www.apa.org/convention/jeopardy/

Contribute questions for a 'Psychology jeopardy' quiz at the American Psychological Association's convention in August 2002. Deadline for questions is 1 July.

www.rescu.org.uk

A new national register of sport and exercise care providers. For more information contact Claire O'Neill on claire.oneill@nsmi.org.uk.

If you come across a website that you think would be of interest to our readers, let us know on psychologist@bps.org.uk.

A nation of gamblers?

JIM ORFORD looks at recent proposals for gambling reform, asking whether psychological evidence was considered.

In March the Department of Culture Media and Sport (DCMS) announced its proposals for the future regulation of gambling in Britain (available from www.culture.gov.uk/PDF/gambling_report_pgs.pdf). This followed, remarkably quickly, last July's report from the Gambling Review Body (GRB, 2001) set up by the Home Office. While the GRB was deliberating, the government had switched lead responsibility for gambling from the Home Office to DCMS. This switch and the resultant proposals clearly illustrate a change in government thinking about gambling: the final abandonment of a public policy of careful regulation built up over the course of the 20th century, and the arrival of a commercialised, deregulated and increasingly globalised view of gambling. When the chips were down, was psychology invited to the table?

A free-for-all?

As could have been predicted, the large majority of the government proposals have come down on the side of greater freedoms and the removal of restrictions. Opportunities to gamble will be more prominent than ever before. Much publicity has been given to the prospect of restoring Blackpool's economic fortunes by turning it into a 'British Las Vegas'. Proposals have also been set out for the development of what the chief executive of one leisure empire calls 'gambling sheds', combining casino, bingo hall, betting shop and other gaming activities, set around a food court.

Specific proposals include the abolition of the restriction of casinos to 'permitted areas', and of the need to demonstrate a 'demand' for proposed new betting offices, bingo clubs and casinos. A new member of a casino would no longer have to wait 24 hours to start gambling. A new style of super gaming machine, with unlimited stakes and prizes, would be allowed in casinos, and jackpot machines would be allowed in betting offices. Advertising of gambling would be permitted, as would online gambling, and the use of credit cards. A greater variety of games would be permitted in casinos and bingo halls, and bingo would also be allowed unlimited stakes and prizes, with multiple games and rollovers. The list goes on.

To be fair the GRB report on which the proposals are based did not recommend a complete free-for-all. It suggested the minimisation of 'ambient gambling' – gambling incidental to the main activities conducted on the premises in question. The report also recommended that gambling should be restricted (with some exceptions) to people 18 years of age or over, and that there should be no extension of opportunities to mix gambling and the consumption of alcohol on the same premises.

The GRB was particularly exercised by machine gambling and young people, which they rightly recognised to be a dangerous combination (see e.g. Fisher, 1999). In fact the report clearly stated its preference, had it been starting from scratch, for completely restricting machine gambling to those of 18 years or older, as well as for eliminating gambling machines from pubs. But the GRB appears to have bowed to industry pressure in drawing short of prohibiting under-18s from gambling in what have traditionally been called 'seaside arcades'. Hence the recommendation is that Britain should continue, out of line with all other countries, to allow machine gambling by children and young people at the seaside. Here the government makes the fine distinction between low-stake/low-prize machines (the so-called 'amusement with prizes' or AWP machines, with a maximum stake of 10p and a maximum prize of £5), and all others (referred to as 'gaming machines'). Only adults will be allowed to play the latter, but children of any age can practise on the former.

Odds-on a problem?

From the point of view of a psychologist interested in addiction, my main criticism of the government's proposals is their apparent neglect of the likelihood that the incidence and prevalence of problem gambling will rise as a result. I served as the 'academic link' for the first British Gambling Prevalence Survey of adults, carried out by the National Centre for Social Research for the national organisation GamCare in 1999 (Sproston *et al.*, 2000; see also www.gamcare.org.uk). That survey used two screening scales that

produced estimates of the adult one-year prevalence of 'problem gambling' of 0.6 per cent and 0.8 per cent, equivalent to an estimated 275,000 and 370,000 of the adult population of Britain.

Problem gambling is a generic term often preferred to the alternatives 'compulsive gambling' or 'pathological gambling'. No one seriously doubts the fact that some people's gambling can get so out of control that it seriously interferes



Is the future fabulous for Blackpool?

with their quality of life. But there continues to be controversy over whether it constitutes an addiction like alcohol or opiate addiction.

My own view is that gambling is in fact prototypical of addiction, being a pure type without the confounding effects of drug action (Orford, 2001a, 2001b). Two points should be made here. First, remember that a number of substances now recognised to have dependence potential and to be associated with harms of various kinds (including nicotine and cocaine) had great difficulty being recognised as addictions that fitted the stereotype of heroin addiction. Secondly, addiction theory has moved a long way in the last two decades from a position in which neuroadaptation (leading to tolerance and withdrawal symptoms) was considered central, to a position in which positive incentive-attachment models (in which dopamine, and memory and attention schemata play prominent roles) are in the ascendant. Gambling as a potential addiction is far more consonant with the latter than the former.

Explanations of problem gambling based on personality have not met with much success (e.g. sensation seeking or external control). More successful (e.g.

Walker, 1992) has been the identification of high-risk groups including males, adolescents and young adults, those with a parent who gambled regularly, and those on lower incomes. Cognitive explanations have found favour, such as positive gambling expectancies and a range of cognitive biases (notably the 'illusion of control' and the 'gambler's fallacy': the assumption that 'heads' becomes more likely after a run of 'tails'). Such explanations are also linked to behavioural factors, such as the fact that payout is generally on a 'random ratio' schedule, rather than a 'variable ratio' schedule in which the probability of reward increases with each successive response since the last reward. If it were the latter, the 'gambler's fallacy' would not be a fallacy at all. As it is, the heavy gambler's erroneous assumption leads to the phenomenon of 'chasing losses', which is often thought to be central psychologically.

One kind of explanation for which there is broad agreement is the availability hypothesis. This suggests that greater access and opportunity leads to more gambling in the population as a whole, with an effect at all levels of activity: fewer abstainers, occasional gamblers playing more often, and a higher proportion of the population falling above the threshold for problem gambling. The GRB report recognised this, and acknowledged that their recommendations would be likely to lead to an increase in problem gambling. They also recognised that adolescents and young adults were particularly at risk. It might reasonably be asked how a responsible body could have made recommendations they expected would lead to an increase in a problem so serious and prevalent as problem gambling, and how a responsible government could act on such recommendations.

The social impact

The GRB was instructed to consider the social impact of gambling and the costs and benefits to society. It was therefore disappointing to find that it did not attempt to do that. In particular, the report failed to consider the wider social impact of its own recommendations, and made no estimate of the likely size of the increase in problem gambling. Do the benefits of gambling accrue disproportionately to the well-off and the harm disproportionately to the poor? How is an increase in the rate of problem gambling for some to be weighed in the balance against profits, taxes and increased access for the many? Does

an increase in gambling facilities in a community really improve that community's fortunes economically? And if it does, are there any downsides for a community in having more gambling facilities? Is an increase in gambling consistent with our society's values? Do we wish to become a nation of gamblers?

In its failure to address those questions and others like them the GRB report was a disappointment, falling short of the standard set by the report of the Australian Productivity Commission (1999), which considered those questions and many others in great detail and with much care in their review of gambling in Australia. When Australians were asked whether they agreed or disagreed with the statement 'Gambling does more good than harm', only 15 per cent indicated that they agreed (only 4 per cent strongly agreed), and 71 per cent disagreed (47 per cent strongly disagreed). No one has asked us.

This is an important topic for psychologists, but I do not think a psychological view has been taken very seriously. On the other hand, the proposals do say that there should be much more treatment for problem gambling – it is astonishing that there is next to none at the moment – and that NHS mental health services have a role to play. In terms of what psychology should do, those working in mental health should certainly be prepared to contribute to services for problem gamblers and their families. The rest of us should perhaps be raising the issue as much as we can and contributing to a proper public debate.

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Tavistock Clinic and Anna Freud Centre unite

MIRIAM STEELE reports from a conference on the clinical relevance of research in child psychotherapy.

THE first joint conference to be held by the Tavistock Clinic and the Anna Freud Centre was described by one participant as 'an historic event', and it certainly had that feel. The conference, funded by the North Central London NHS Workforce Development Confederation, grew out of a series of meetings between the two institutions over the preceding year.

Opening the conference Peter Fonagy (Anna Freud Centre) discussed the vital need for empirical research in child psychotherapy. He presented compelling evidence for the need for child psychotherapists to respond to the debate currently in the public domain. As an

example of this debate he cited the recent *British Medical Journal* article by Jeremy Holmes, which argued that the lack of evidence for efficacy of psychodynamic approaches does not necessarily show that these approaches are not effective.

Michael Rustin (Tavistock Clinic) approached his introduction from a different perspective with an address titled 'Research in the consulting room'. Taking a sociological approach, he urged child psychotherapists to remain vigilant to ensure that what they were hoping to study was indeed accessible to empirical scrutiny. He argued that much can be gained from a qualitative approach.

Mary Target (Anna Freud Centre) then highlighted her work on the Child Attachment Interview and its usefulness in the clinical domain. Having collected hundreds of these interviews from a wide range of ages, Target provided compelling evidence for the utility of a systematic interview approach as a way of gaining a window on the child's representation of attachment figures. Judy Shuttleworth (Association of Child Psychotherapists), discussed the presentation, pointing out the clinical relevance of the approach.

The second paper of the morning was presented by Judith Trowell (Tavistock Clinic) and Maria Rhode (Tavistock Clinic) and focused on their work on a prospective outcome study of childhood depression. This study, with links through its European funding in Athens and Helsinki, is a unique initiative to investigate psychodynamic psychotherapy through audio-recording and extensive use of empirical measures. The results of three children's therapeutic interventions pointed to diminishing symptoms.

In the afternoon Marguerite Reid (Tavistock Clinic) presented a qualitative piece of work on 'replacement babies' with mothers who had all suffered the loss of an infant. The moving clinical material provided Viviane Green with an opportunity to address the issue of the way in which the mind of the clinician brings a unique perspective to a research endeavour.

In the final presentation I presented an ongoing longitudinal study of attachment representations in a group of newly placed adopted children. This highlights the way in the use of empirical methodology can aid understanding of the characteristics of both adopters and the maltreated child. My presentation was sensitively discussed by Meira Likierman (Tavistock Clinic).

The day was a marked success with over 200 participants, spanning the range of child psychotherapists from trainees to heads of services. Whether the next step is to make this into an annual event or whether it will lead to collaborative research efforts by the two institutions remains to be seen. In any event, the important dialogue will leave many new doors open.

■ *Miriam Steele is at the Anna Freud Centre.*

Memory matters

SUSAN CRAWLEY reports on a weekend seminar organised by the Institute for Cultural Research.

HOW much do we understand about memory? How are memories formed, distorted, lost? How can memory be improved? How does memory shape our perceptions and sense of identity? These questions were among those explored in a lively seminar held at the School of Oriental and African Studies (University of London) that brought together experts from various areas to introduce this complex but fascinating topic to an audience composed mainly of non-psychologists.

In the opening session Steven Rose (Open University) argued that the popular analogy of the mind as a computer is both inadequate and inaccurate. We have to study the brain to really understand the mind. New neuroimaging techniques have recently identified the brain's 'shopping centre', which is activated when preferred items are spotted.

Martin Conway (University of Durham) drew attention to the importance of autobiographical memory for our sense of self, while Michael Eysenck (Royal Holloway) outlined some of the ways in which amnesic patients have provided a vital insight into the workings of a healthy memory system. The ability of such patients to perform certain tasks but not others has provided the strongest evidence for the existence of separate memory systems, and in particular the distinction between short- and long-term memory.

World Memory Champion Dominic O'Brien brought the first day to a close by demonstrating

some of the ways in which memory can be improved. Just to show that his techniques worked, he recalled the names of the 300 or so members of the audience from a list studied briefly earlier that day.

Appropriately for those unaccustomed to an early start on Sundays, the opening session was concerned with sleep. Mark Blagrove (University of Swansea) presented conflicting evidence about whether sleep and dreaming help us to form memories. Next Amina Menon (University of Aberdeen) examined factors that might impair eyewitness testimony, and discussed methods for reducing errors with appropriate investigative procedures. Menon reported a longer look at the offender produces more confident (but not necessarily more accurate) identification.

Chris French (Goldsmiths College) used examples from parapsychology to demonstrate types of memory error, namely eyewitness accounts of real events, and fantastic memories of events that almost certainly never happened. In the final lecture of the weekend Graham Wagstaff (Liverpool) questioned the popular belief that hypnosis can assist people to produce full and accurate memories. Wagstaff argued that generally a cognitive interview produces fewer errors, but hypnosis may in effect give the person 'leave' to talk about previously undisclosed matters.

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