



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.

Stress at work – Has the HSE got it right?

JENNY Head's article ('Stress – A firm role for employers', August 2003) describes how the Health and Safety Executive (HSE) has used her research as part of its initiatives to deal with organisational stress. The HSE has also delivered an enforcement notice to an NHS hospital for failing to control workplace stress. Some of these developments have been based on the assumption that the job demand/control/support model has a paradigm-like status that should be the methodology of choice for measuring, preventing and managing work-related stress. This is a debatable position. There are other equally valid approaches for measuring and tackling work-related stress that could be adopted as well (see French *et al.*, 1982; Lazarus, 1991).

Another unresolved issue is that employees' personality traits could bias their perceptions and reactions to stressful events (e.g. Payne & Morrison, 2002). If links remain between a source of stress and subsequent mental or physical strain after statistically controlling for personality traits, then the enforcement action taken by the HSE in this hospital might be justified. But if employees are predisposed towards having highly severe and frequent negative affective experiences, the HSE's actions could be hindered by the use of subjective data. To combat this problem, more sophisticated methods of assessing sources of work-related stress could involve analysis of the combined severity and

KATE GREY

frequency of such stressors (Spielberger & Vagg, 1999) – a rare move indeed.

There are also problems with the concept of control – one of the core standards drafted by the HSE. It has often been loosely defined, and its capacity to protect employees from stress is questionable. Control only seems to have meaning for those who subscribe to a Western view where individualism reigns supreme (Hobfoll, 1998). But how does the stress researcher treat the perceptions of those who do not value this capability? If employees become aware that control is one area upon which organisations can be penalised, could malevolent staff decide to report their jobs as lacking in control so as to punish an 'errant' manager?

Work stress is not measurable with a temperature-like gauge, yet the HSE standards seem intent on distinguishing 'sick' organisations from 'healthy' ones. To press employers to action in dealing with work-related stress may be laudable. To do it through using arbitrary

standards targeting demands, control and support should be cause for concern.

Glenn A. Williams
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References

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- Hobfoll, S. (1998). *Stress, culture, and community: The psychology and philosophy of stress*. New York: Plenum Press.
- Lazarus, R.S. (1991). Psychological stress in the workplace. *Journal of Social Behavior and Personality*, 6, 1–13.
- Payne, R.L. & Morrison, D. (2002). The differential effects of negative affectivity on measures of well-being versus job satisfaction and organizational commitment. *Anxiety, Stress and Coping*, 15(3), 231–244.
- Spielberger, C.D. & Vagg, P.R. (1999). *Job Stress Survey professional manual*. Odessa, FL: Psychological Assessment Resources.

THE reaction of the Institute of Directors and the CBI to the Health and Safety Executive's landmark enforcement notice against West Dorset Hospitals NHS Trust – requiring it to assess stress levels amongst its doctors and nurses, and introduce a programme to reduce these or face

prosecution if it fails – is at the best misguided and at the worst misleading.

Not all managers are caring for their employees as the IoD and CBI would like them to be, and there are organisations in which a stress-inducing work culture is as 'institutionalised' as racism or sexism were until similar legislation was introduced to stop them. Some managers are even proud of this fact, believing that unrealistic deadlines and work pressures are the best way of getting their employees to perform.

This is not the way forward for UK plc. To create an environment that fosters old-fashioned tenets such as loyalty and commitment, employers and employees need to work together as a team for the overall benefit of the business – and those organisations that fail in this regard should rightly face prosecution as the HSE is proposing.

The HSE's actions have been interpreted in some quarters as supporting the rights of employees against those of employers. Yet the fact is that bullied, overworked and mismanaged employees will not be as productive as those who work in an environment that encourages health, well-being and resilience. By forcing organisations to take positive action to ensure this, the HSE is acting in the best interests of employees and employers alike, and should be applauded for doing so.

Carole A. Spiers
Carole Spiers Group
Stanmore
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Freeing the mind through meaningful work

ALLAN Dodds's letter (August 2003) and Lesley Thoms's article ('Back to our roots for serenity?', July 2003) about the therapeutic effects of

gardening may remind some readers of the classic children's novel *The Secret Garden*, which makes (and in my view, and that of many critics, convincingly

authenticates) similar claims. Frances Hodgson Burnett's story, first published in 1911, shows how discovering and reviving a neglected garden was effective in transforming a neglected, damaged, near-autistic 10-year-old child, Mary Lennox, into a generous, competent and confident one. Contact with Mary's 'bit of earth' also rescues her 'paralysed' cousin, Colin, from the damaging effects of the kind of iatrogenic medical care that kept a healthy child an invalid in order to validate the doctors' own expertise.

Burnett clearly drew on contemporary theories of child health and education, such as the ideas of Frederick Froebel, the philosophies of the Deptford Centre nurseries founded by Margaret McMillan in 1911, and maybe Freud (see

Davies, 2001). She was certainly convinced by the notion of psychosomatic illness. An aside in the book comments: 'One of the new things that people began to find out in the last [19th] century was that thoughts – just mere thoughts – are as powerful as electric batteries – as good for one as sunlight is or as bad for one as poison' (1978 Penguin edition, p.238).

The Secret Garden (never out of print) is still a good read, but, more relevant to your discussion, it is also a good example of how a skilled storyteller can successfully use academic theories of child health and development in a fictional form – one of the ways in which the public can be painlessly educated.

Máire Messenger Davies
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Reference

Davies, M.M. (2001, Fall). A bit of earth: Sexuality and the representation of childhood in text and screen versions of *The Secret Garden*. *The Velvet Light Trap: A Critical Journal of Film and Television*, No. 48, pp.48–58.

Editor's note: If you can make an interesting psychological analysis of a character or plot from fiction, we'd like to hear from you. It could be from a novel, play or film, but should be reasonably well known. First send a brief outline of your idea to jonsut@bps.org.uk.

Should universities be for the above-average? – Not half!

FOOLS step in where angels... Or is it only those of us who are safely retired who dare speak a view that might be unpopular with government, or research grant-giving bodies? Why else has nobody written to *The Psychologist* to challenge the government's declared intention to get 50 per cent of school leavers into university?

To get the top half of the ability distribution into university means including a range of ability stretching from the brightest to students of just average ability. I spent a career teaching the statistics of the normal curve, and using tests of cognitive ability on young folk and adults of all the levels of ability found within mainstream schools. My clear understanding has always been that the expected achievement of pupils at the population average is just a modest bunch of Standard Grades, GCSEs, or whatever

marks the 16-year-old's examination hurdle in their part of the UK – 50 years ago, the appropriate ability level for a craft apprenticeship.

If that is still true, then it is unreal to suggest that pupils of this level of cognitive ability should end up at university. Or is the term 'university' to become a catch-all term meaning any institution of post-secondary education?

By all means in our power let government try and keep more young people in full-time education, to 18 and beyond; but let us psychologists advise the politicians of the difference between technical training and degree-level courses. Do we not have a professional duty to remind them that there are individual differences, and that they cannot all be educated away?

David Nelson
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Dunfermline*

I WAS intrigued by Allan Dodds's letter ('Allotment meant a lot', August 2003), in which he described the many positive ways in which working on an allotment improved his state of well-being at a difficult point in his life. He described gaining benefits such as increased self-efficacy, an enhanced sense of control, and the pleasures of a visible end-product. With colleagues I am carrying out an ongoing project exploring the meanings of engaging in

the visual arts for women living with chronic illness, and I have found similar themes arising.

Participants talk about the pleasures of choice, autonomy, flow, and dwelling in the present moment, all of which seem to help counteract the anxieties and uncertainties that are part of the illness experience (Reynolds & Prior, 2003). Many of the therapeutic experiences that the participants describe seem not to be specific to the visual arts alone but may

potentially be gained from any meaningful occupation that is absorbing of attention and rich in visible outcomes.

I suggest that psychologists might consider working in collaboration with occupational therapy colleagues to study in more depth the ways in which meaningful occupations contribute positively to identity and quality of life, particularly

when people are coping with difficult circumstances such as illness, bereavement, and so on.

Frances Reynolds
Brunel University

Reference

Reynolds, F. & Prior, S. (2003) 'A lifestyle coat-hanger': A phenomenological study of the meanings of artwork for women coping with chronic illness and disability. *Disability and Rehabilitation*, 25(14), 785–794.

GRANADA/SHOWTIME NETWORKS/THE KOBAL COLLECTION/TEPPER, RANDY

If music be the food of...
gambling

PROCEEDING FROM ABSTRACTION

BEFORE sealing the fate of the 'big yellow *Proceedings* book' (Letters, August 2003), it may help to relive the various stages of its transmutation. More mature members will recall the days when our conference abstracts were published within the (then) *Bulletin of the British Psychological Society*. The giveaway 'A' prefix on page numbers must surely have frustrated many a nascent academic's efforts to boost his or her publication record!

Big yellow pages first appeared under the title *Abstracts of Papers* in 1988, following the metamorphosis of the *Bulletin* into *The Psychologist*, and continued in this form until August 1993, when Volume 1 of the big yellow *Proceedings of the British Psychological Society* first appeared. The name change may well have escaped those who employ shape and colour as their predominant cues.

There is a serious point to this trip down memory lane. The move from *Abstracts* to *Proceedings* was far more than cosmetic. In addition to the name change, the new *Proceedings* acquired an ISSN number, the significance of which will not be lost on those involved in research assessment and performance appraisal. Indeed, I was a member of the Society's Finance and General Purposes Standing Committee, as it then was, which proposed this change as a modest means of supporting researchers, particularly more junior staff, in the increasingly demanding research assessment climate.

Granted, anyone relying on the big yellow book as their main seam of publications is in trouble, but I for one continue to support the original spirit of the change. So, while wholly concurring with any moves to make the *Proceedings* more user-friendly, and to develop alternative formats, I feel there are strong reasons to continue distribution of the paper version to our thirty-odd thousand members. In its own way, *Proceedings* is as important a publication as *The Psychologist* itself – and we wouldn't wish to see the paper version of the latter discontinued, would we?

Gerry Mulhern
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THE article by North and Hargreaves ('Is music important?', August 2003) raised some interesting questions. For us, more research should be done into how music affects potentially addictive behaviours like excessive drinking and gambling. Studies (including those by North and Hargreaves themselves) have demonstrated that music can have reliable effects on atmosphere and purchase intentions in commercial environments. For instance, one of their studies reliably showed that music can increase or decrease sales of wine depending on what type of music is played as background music (North *et al.*, 1999).

Given this growing research area, further investigation of background music in gambling environments such as casinos and amusement arcades is much needed. It could be the case that such music maintains or exacerbates gambling behaviour in some individuals.

This will obviously depend on the musical preferences of the gamblers themselves. Given previous research in other environments, it is likely that 'pop music' will be the most effective.

We have argued (Griffiths & Parke, 2003) that empirical research would be useful in a number of areas as background music might (a) increase confidence in gamblers, (b) increase arousal in gamblers, (c) relax the gambler, (d) help the gambler disregard previous losses, or (e) induce a romantic affective state leading the gambler to believe that their chances of winning are better than they are.

Mark Griffiths
Jonathan Parke
Nottingham Trent University

References

Griffiths, M.D. & Parke, J. (2003). The environmental psychology of gambling. In G. Reith (Ed.) *Gambling: Who wins? Who loses?* (pp.277–292). New York: Prometheus Books.
North, A.C., Hargreaves, D.J. & McKendrick, J. (1999). The influence of in-store music on wine selections. *Journal of Applied Psychology*, 84, 271–276.

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 and 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.

Dislike the problem, not the person

I WAS surprised and disappointed to read Martin Seager's view that people with severe mental health problems 'are often unlikeable almost by definition' and that 'genuinely likeable people probably don't need help' (Letters, August 2003). I wonder on what evidence he bases these assertions.

Seager states that 'most people with severe mental health problems have been treated badly [and] dislike themselves'. There may be some truth in the suggestion that many people who develop mental health problems have experienced abuse of some kind, and that their self-images are adversely affected as a consequence. However, there are many routes to mental health problems, and

generalisations about individuals with different backgrounds and personal histories should be avoided.

It is worth noting that people with severe mental health problems may also have suffered multiple losses and may have been excluded from various spheres of social activities and relationships. Moreover, they may also have been 'treated badly', to use Seager's term, by the mental health professions – their emotional difficulties sidelined and opportunities for access to 'talking therapies' denied. Hardly surprising then that they do not have high opinions of themselves and talk of feeling stigmatised by attitudes such as those expressed by Seager. Such attitudes are in line with the inaccurate and stigmatising

images of mental illness all too often presented in the popular media.

Working with countertransference reactions may well be valuable in 'understanding and helping people'. But it seems equally important for clinical psychologists and others who work with people with severe mental health problems to approach users of their

therapeutic services with respect and open minds, whatever the severity of the clients' mental health problems. They may find, possibly partly concealed behind the (perhaps unlikeable) mental health *problem*, the very likeable warmth and humanity of a likeable person.

Ken Bledin
Camden & Islington Mental Health and Social Care Trust

A paradoxical effect of homophobia?

EXPLAINING the prevalence of homosexuality in humans – estimates as high as 10 per cent of the population have been made by some researchers – has been a challenge to biologists and psychologists for many years. Since homosexual preference would not appear to have a positive effect on viability and, potentially, to reduce fecundity to zero, how can this be squared with the Darwinian notion of evolutionary fitness? One would expect random mutation of genetic information at conception to generate homosexual individuals from time to time, and for such preferences to be passed on to successive generations to a limited degree, but not to the extent evidenced by current numbers. I would like to suggest a simple hypothesis for discussion.

Homophobia has prevailed in most societies for thousands of years. This has forced many homosexuals, both males and females, to feign heterosexuality and procreate, thus passing down a predisposition to homosexuality to succeeding generations. Without ambient homophobia fecundity would have been dramatically reduced, as would the current level of homosexuality. A corollary would be that the much less homophobic zeitgeist of the past 40 years, should it continue, will result in lower rates of homosexuality in future years.

I would welcome any comments, suggestions and references that fellow readers may have.

John Jacob Lyons
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Delivering good practice

WITH regard to Joseph and Bailham's 'Research in brief' article in the August issue ('Just how traumatic is childbirth?'), perhaps other health professionals – obstetricians, midwives, nursing staff, and so on – would do well to take note, given the generally held view that prevention is better than cure.

To my mind post-traumatic stress disorder is the very extreme end of the scale. Surely there are many women who

experience some degree (however great or small) of unnecessary pain, loss of control, fear, and lack of support and care during childbirth. Perhaps there is even a role for pre-birth counselling (as happens routinely in France). In sharing information like this, the interdisciplinary care approach can truly come into its own.

Sinead Burke
Slavejko Arsov 68
Skopje
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Looking at prescription rights – A professional issue

AMANDA C. de C. Williams ('The burden of prescription rights', Letters July 2003) appears to highlight some areas of

potential concern for many of us. First, that rare and often serious adverse effects of pharmaceutical products are missed by drugs trials, thereby

presumably leaving the public at the mercy of the 'notoriously underused and slow' yellow card system. Second, that psychologists 'do not necessarily routinely keep up with evidence on the psychological therapies they apply'.

With reference to the first point, there is a clear implication that the medical profession has failed to address the issue of drug safety adequately. Amanda Williams is apparently of the opinion that if 'doctors' (by which, I assume, she refers to medical

practitioners) find the situation complex there is little hope for other less 'trained' professionals. Is she also suggesting that the implied negligence of duty to date is a basis on which to judge the potential contribution of other professional groups. This would seem rather illogical.

Second, I would be interested to hear more about the evidence base from which she has generated the conclusion that psychologists are negligent in their adherence to evidence-based practice. If this is indeed the case, it is a matter of professional concern that should be taken up in the appropriate quarters.

I would finally add that, as a Chartered Psychologist with a practising certificate, I hold myself entirely capable of making decisions about the boundaries of my expertise and consider it rather arrogant of Amanda Williams to imply that other psychologists will not apply similar constraints to their practice.

Carol Stott
*Department of Psychiatry
 (Developmental Section)
 University of Cambridge*

QUESTION TIME

In the July issue a reader asked **Is theoretical understanding of child development correlated with good parenting?** We have had no replies, so we're giving readers another chance to suggest answers.

Send your replies (and more questions) to psychologist@bps.org.uk (marked 'Question Time'). We'll publish the best. We welcome the serious or light-hearted, thoughtful or thought-provoking, practical or philosophical – as long as it has a psychological angle.

DEADLINE

Deadline for letters for possible publication in the December issue is **31 October**

INFORMATION

■ I SHOULD like to hear from any **psychologist in research or practice working in the field of endometriosis.**

Frank Carter
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■ I AM a psychology graduate (2:1) enrolled on an MSc psychological research methods course. I am looking for **voluntary work experience in clinical psychology or neuropsychology in the Plymouth area**, anything would be appreciated short or long term.

Nicholas Shaw
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 Plymstock
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■ I AM a psychology graduate with an MSc and have assistant psychologist experience in clinical neuropsychology settings, where I have worked with adults and undertaken research. I am looking for unpaid **clinical work experience** in any other specialisms in the **London area, preferably evenings and/or weekends** although I appreciate that this may be difficult. I would

like to broaden my experience before undertaking clinical training.

Susie Henley
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■ I AM a psychology graduate (2:1) keen to pursue a career in clinical psychology and seeking **voluntary work experience in the London area**. I am particularly interested in working with patients with severe mental illness, but would be interested in working with any client group. I would also be extremely interested in shadowing a clinical psychologist. Any offers or advice gratefully received.

Tim Desai
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■ I AM looking for someone interested in clinical psychology training – student or psychology assistant – who would be **willing to assist with an eating disorder research project in Oxford**. They would need to be based locally, have access to a car, and would get training in interviewing skills with eating-disordered patients, as well as lots

of varied research experience. Time is variable and flexible – it might suit someone on a sandwich year but offers of a few hours per week would be helpful – and there will be small payments to cover expenses.

Myra Cooper
E-mail: myra.cooper@hmc.ox.ac.uk

■ I HAVE a **complete set of The Psychologist from 1994 to 2002** inclusive available to anyone willing to collect or pay postage for them.

Elizabeth Stanton
*11 Rushmere Avenue
 Northampton NN1 5SD*

■ I AM a psychologist graduated in Argentina. I would like to get in contact with **psychologists from Argentina practising in the UK**. I would also like to know from people with the degree of Licenciatura en Psicología who have followed the path of statement of equivalence with the BPS. I am interested in getting in contact and sharing experiences.

Mabel Martinelli
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■ WE are offering a **one-year placement to a student who would help us with research/administrative tasks** for a few

hours per week in return for 'student status' at UCL Institute of Neurology, National Hospital for Neurology and Neurosurgery. The student would be able to attend lectures, presentations and clinical teaching rounds at Queen Square and would gain work experience, key transferable skills and continuing professional development. Tasks/schedule/objectives all negotiable.

Caroline Selai
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 e-mail: c.selai@ion.ucl.ac.uk*

■ I HAVE recently graduated from Oxford University with a 2:1 in experimental psychology. I am keen to undertake **voluntary clinical experience, within travelling distance of Oxford**, during the next academic year. I am entirely flexible as to hours and type of work, and would be grateful for any offers of a position.

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