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The British Psychological Society

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- Feature articles of general interest to psychologists, up to a maximum of 2,000 words. These should be written as for an intelligent, educated but non-specialist audience, shared knowledge of theory should not be assumed, and references kept to a minimum. Two copies of all submissions should be sent, typed on A4 paper, double-spaced, for the attention of the Managing Editor at Leicester.
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The Psychologist
Psychology and AIDS

The theme of our second issue is symbolically shown in our cover illustration: psychology supporting the damaged, drooping but still living tree.

What can psychology offer to victims of AIDS and their lovers, family and friends? or to that larger population who have not contracted the disease, but who perhaps fear they or their loved ones might do so?

How too can psychology contribute to the effective management of what has become a world-wide epidemic?

David Miller and Barrie Brown draw on their experience with the Department of Psychiatry, Middlesex Hospital Medical School, and with the Bloomsbury Health Authority, in their discussion of the role of psychologists in education and prevention as well as effective disease management. Their examination of the literature makes it clear that psychology as a profession has enormous potential in all relevant areas.

But they imply what Keith Phillips, in his briefer piece on Strategies Against AIDS, says clearly: the AIDS epidemic represents a crucial test of psychology as a scientific discipline. Can we yet offer what social psychologists have been seeking for at least 30, possibly 50 years: effective ways to change social behaviour?

As the contributors to the symposium on AIDS at the London Conference all point out, the government sponsored campaign of information about AIDS has been enormously effective: knowledge about the disease is widespread, and so is fear. But changes in sexual mores do not appear to have accompanied the increase in information.

Another interesting example of a lack of correlation between knowledge, attitude and behaviour is given in Keith Nichols' article Practising what we Preach. Those who know about stress management, and who teach it to others, apparently often fail to apply their expertise to themselves.

Some food for thought.

Psychology, Ideology and the NHS

Mrs Thatcher was quoted in The Observer (27 December) as saying, "There is no such thing as society. There are only individuals, and families." Could it be argued that Mrs Thatcher has taken a theoretical stance on a long-standing social psychological issue? From the evidence of this quote, she appears to reject the view held by such leading lights as Durkheim, McDougall, Tajfel and Rom Harre that society exists as an entity in its own right, and to accept the opposing view of such other eminent thinkers as Tarde, Allport and Len Berkowitz that society is merely the aggregate of its parts.

If the only living psychologist mentioned is American (and Rom Harre is a philosopher of science), that is intentional. From Mrs Thatcher's apparent theoretical stance (however unconscious) is based on her expressed ideological position, and in her case, on clear political implications.

I do not wish to make unwarranted assumptions, only to ask questions. Could it be that there is some link between a theoretical position on this issue and one's ideological position?

This month, Richard Marshall discusses the role of ideology in theoretical issues relating to mental illness and various behavioural disorders, from criminality to alcoholism. He suggests that a stance on the nature vs nurture issue may well be a reflection of one's original conceptualisation of the problem, which guided data collection, analysis and interpretation, rather than simply a response to objective scientific evidence. A sobering thought.

In the meantime, newspapers and television screens are filled with stories about the increasing limitations in medical services offered by the NHS. For some this represents a disastrous erosion of the principle of the right to health care established with the Health Service; for others, the government's demand that some services be paid for is a necessary step towards a more free society.

Clinical psychologists, and others in the caring professions, may have much to say on this subject, as Simanta Roy-Chowdhury suggests (see Letters). But what about psychology as an academic discipline? Can scientific investigations be carried out objectively? Or is it really true that to take a stance on a theoretical issue in psychology may involve taking an ideological stance whether you will or no?

Forum for Controversy

As the new Managing Editor of this new magazine, I believe that psychologists should in principle respond to important social issues, and should try to illuminate them for all our benefits.

This applies to the current crisis in the NHS. It also applies to other issues like the Education Reform Bill, children as witnesses and use of videoed evidence, hunger and homelessness, use and abuse of power, sexism, racism, crisis management, and a host of others.

In his inaugural Parliamentary Lecture at the London Conference, Nigel Forman, MP, called on psychologists to address practical problems of interest to politicians. They want to hear from us, they say they are willing to listen. It is up to us to produce the goods.

Solutions to politically sensitive issues are very likely to be controversial. Controversy should be aired, and that is one of the functions of The Psychologist: all sides to a given issue will be discussed in our pages, if you will write in. Letters, of course, but also short articles and features will be welcome.

Elizabeth Mapstone

The Society was invited to send an observer to an International Summit of Health Ministers on AIDS, sponsored by the World Health Organisation, in London, 26 to 28 January. Our representative at this meeting was Aidan Bucknall, AIDS Counsellor (Drug-dependency) with the Tower Hamlets Health Authority.

Next Month

The Psychology of the Stock Exchange

Peter Echus applied social psychological theories to the behaviour of investors some time before the "crash" in world stock market prices - and his analysis still stands up. Required reading for all who would prefer not to lose their life savings in a bear market.

Are Psychologists a Good Buy?

Ian Howarth, Chair of Membership and Qualifications Board, looks at what the new Register of Chartered Psychologists can offer the public.
A Stranger in a Strange Land

The inaugural Parliamentary Lecture was given by Nigel Forman, M.P., at the London Conference on 18 December. Psychologists can expect to have a greater influence on politicians in future, he told the audience. Guy Fielding reports.

The social sciences, and psychology in particular, can look forward to increasing influence amongst politicians. This was the cheering, if rather unexpected theme of the inaugural Parliamentary Lecture delivered by Nigel Forman, M.P. (Conservative Member for Carshalton and Wallington) on the Friday afternoon of the London Conference.

Nigel Forman, Vice Chairman of the All-Party Social Science and Policy Committee, and PPS to the Chancellor of the Exchequer, is also a lecturer in Government at the University of Essex.

He noted politicians' neglect, amounting to antagonism, of the social sciences in the late 70's and early 80's, contrasting this with the "golden years" of the 60's and earlier. During the 70's, with the world economic system suffering repeated traumas, politicians saw the social sciences as irrelevant, having no convincing or conclusive answers to the problems about which politicians cared most.

"Five or ten years later the situation has changed for the better, with social scientists having managed to reestablish their utility in the eyes of most politicians."

This has been achieved not only by the greater willingness of social scientists to tackle practical problems of immediate interest, such as AIDS, child abuse, drug dependency, aided by initiatives by politicians within Parliament to forge closer and more useful links with the world of the social scientist, as evidenced, for instance, by the establishment of the All-Party Social Science Grouping.

A Strategy For Influence

As a "cross-border traveller", Nigel Forman offered some guidelines to "increased influence and mutual understanding":

1. Research the questions that decision makers and opinion formers want answered. If appropriate, work on an interdisciplinary basis. And if possible, examine the cross-cultural and international aspects of the issue. (Academic parochialism should be avoided.)

2. At all costs, avoid political bias or axe-grinding. (Politicians like to express their own political biases, and academic axe-grinding ends up either preaching to the converted or confirming the prejudices of the unconvinced.)

3. Don't claim too much precision or certainty for our knowledge. (Politicians know it's untrue, and anyway, suffer too much dogmatism from their political colleagues. Honesty is the best long-term policy.)

4. Be prepared to think about the unthinkable. The social sciences should be society's think-tank for creating and exploring new social options.

5. Communicate clearly and simply, eschew technical jargon. (However impressive, if it can't be understood it won't influence ideas or actions.)

Some of the Questions

Psychology occupies a central position in researching "the questions that decision makers and opinion formers most want answered", and in his conclusion Nigel Forman pointed to some of topical interest:

• The psychology of medical care, and particularly of elderly and chronically ill.
• The psychology of behaviour in the financial markets, and its apparent dependence on subjective rather than objective analysis.
• The psychology of international relations, and their dependence on the personal relations between the individuals leading the world's major powers.

And finally, perhaps with tongue somewhat in cheek:

• The psychology of political leadership...

Perhaps next year we can look forward to Maggie or Neil addressing the BPS's London Conference?

Guy Fielding is Chair of the Parliamentary Group

Test for Child Abusers

A psychological screening test which could identify potential child abusers was outlined by Jacqueline Granleese.

This test for child care workers is the result of a feasibility study commissioned by the Government after the Kincaid home scandal in Northern Ireland where boys in care suffered abuse.

The test looks for traits such as psychological rigidity, loneliness and the effects of extreme disciplinarian parents.

Miss Granleese said that she was more confident of devising a personality test indicating the risk of physical abuse than of sexual abuse. There were no previous studies on the personality factors of child abusers in institutions and so the study relied heavily on the findings of research into abuse in families.

She believed that physical abuse of children in care could be a reflection of frustration with absent individuals who were ultimately in control of the children and the institution.

Miss Granleese is a member of the research group based at Queen's University, Belfast.

A Cure for Addiction?

Sandra File reported on a drug which could help addicts give up their tranquillisers.

A drug which could cure tranquillisers addiction within three weeks is about to undergo clinical trials. Flumazenil is used at present to treat drug overdoses, but research by Sandra File has shown that it could also considerably reduce the withdrawal symptoms for people coming off tranquillisers, such as valium and librium.

Her research examined the effects of benzodiazepine-based drugs on the brain. When these are prescribed, the brain produces substances to counteract the effects of the drugs. These substances remain in the brain for some time after the course of tranquillisers has ended, and they cause the anxiety withdrawal symptoms experienced by addicts.

Flumazenil blocks the effects of these substances. Dr File believes that this treatment would only take about two to three weeks, depending on how long the person had been on tranquillisers. She noted, without further comment, that Valium and Librium, the two main tranquillisers, and Flumazenil are all made by the Roche Company.
Media Watch

Press Committee

John Morton reports

Feedback Section

An avid reader of the column (checking to see if I mention him again) picked up on my sports psychologists query in November and sent me a "Shrinks who can turn you into a winner too" two-page spread from Today. We started with Pat Cash. When Cash won, his psychologist "was among the first to get a thank you hug." There was a photo of Cash with girl friend who, according to the caption writer "came second to his psychologist when the champion was dishing out thank you hugs." That's called inferencing and I mention it to set the standards for what follows.

The article rapidly turned into a publicity handout for "psychologist" Chris Connolly and his partner John Syer who together make up Sporting Bodymind. This is the form that was employed by Tottenham Hotspur over a period when they won the F.A. Cup a couple of times in the early eighties. Note that success isn't always that easily come by. George Sik tells me that when he visited Queens Park Rangers football club recently, looking at hemispheric differences and laterality in the control of motor skill (remember this fact: it will come in useful later on), the aforementioned John Syer was there filming for OED - the BBC's science for the simple man series. Apparently he was supposed to gear up QPR to beat the mighty Liverpool. To everyone's embarrassment QPR lost 4-0, and the BBC had to go back to film again. We will see what they say. In any event, the programme promises to be a boost for "psychology".

Giving Away the Secret

I didn't mention that the headline goes on to give the secret of sports psychology (by the way, the same principles work for city whiz kids): controlling the left side of your brain. A box at the foot of the page expands on this thought: "The brain is divided into two halves." "Right then, says the right - I'm ready for anything. Hang on there, says the left - I'm thinking about it." Clearly a top psychologist has had an influence here. Indeed. He is quoted as follows.

"Cash showed amazing reflex responses that he would simply not have had the time to make up his mind about." (What syntax!)

London Conference

Stephen White reports on press coverage

The abiding media impression is of the stars. Those, without any question, were Ben Fletcher and David Morris from Hatfield Polytechnic with their paper on stress and London Black-cab Drivers. From well before the Conference began until literally when we were locking the doors to leave, the phones were ringing to demand the statutory interview. The media hits that we could keep track of include ITN lunch-time news, Thames TV evening news, BBC Breakfast-time, BBC World Service (audience of a mere 600 million), Science in Action (World Service), Capital Radio and City Limits (audience of a mere 600 million). Science Now (Radio 4) again did us proud with a whole programme on Saturday 19 December. Ben Fletcher appeared yet again, as did Jan Stockdale talking about the psychological effects of poster campaigns from various charities, Judy Edworthy on auditory warnings in hospital settings, and Pat Rabbitt on his Myers Lecture on Ageing and Performance.

Judy Edworthy also picked up spots on BBC World Service and an enquiry from the Times.

Sandra File, from the School of Pharmacy at University of London, produced a star performance at a Press Office Press Conference where she explained the Fleet Street hacks a very technical paper on benzodiazepine dependence and a possible cure for valium addiction. This story was picked up by all the Fleet Street heavies. The Times Education Supplement picked up the story from Lynette Bradley on the long-term value of rhymes being used early in children's reading.

BBC Today programme had got the conference off to a good start by interviewing Graham Davies on his child witness work. Many other media mentions appeared and over the early weeks of January many local papers and magazines picked-up stories which are too numerous to mention.

Thanks should not only be given to all those speakers and participants who spent many hours being interviewed or giving background to all and sundry, but also to the Press Committee who spent even longer hours setting up the whole operation.

Stephen White is Director of Information for the Society.
Strategies Against AIDS

AIDS provides a crucial test of our ability to develop effective strategies of behavioural change. As Keith Phillips reports, increasing knowledge and awareness are not enough.

Since its emergence in America in 1981 the history of Acquired Immune Deficiency Syndrome (AIDS) has been well-documented. It is caused by the retrovirus, human immunodeficiency virus (HIV), which is notable for its long incubation, mode of transmission (by exchanges of body fluids), and its virulence. The emergence of AIDS has provoked a diversity of responses - psychological, social, and cultural - and the need for urgent pragmatic and short-term actions against AIDS. Psychology could and should play a significant part in the development of longer-term effective behavioural strategies against the spread of HIV infection.

It is widely accepted that an effective vaccine is unlikely to be available within the next five years. Meanwhile, though the drug azidothymine (AZT) seems to have some efficacy as an agent that slows the progress of the virus, it is only available in the UK for patients with AIDS and not for all individuals diagnosed as HIV positive. The virus has been most prevalent in particular groups - male homosexuals and bisexuals, intravenous drug users, haemophiliacs - but is not confined to them and is beginning to spread within the heterosexual population. Estimates of future prevalence of AIDS in the UK vary widely depending on the particular assumptions used by different predictive models; even the most optimistic estimates suggest that the figure may be several times greater, perhaps as many as 57,000.

In the absence of effective medical treatment for AIDS, maximum effort must be directed towards developing and implementing behavioural strategies for limiting the transmission of the virus. There are several options available for control or regulation of behaviour. These include legal actions against individuals, including mandatory notification of the disease, screening for HIV antibodies, segregation and isolation of HIV carriers, and against properties, e.g. closing gay bathhouses as in some American states. Despite some calls for their introduction, it is widely accepted that these measures would be counter-productive, since their discriminative and punitive effects would simply push the issue underground. They would, in addition, pose significant threats to individual liberties and privacy.

Since legal measures are unlikely to be effective, the only viable strategy against AIDS is voluntary cooperation of individuals to engage in responsible beha-

vours that reduce the spread of HIV infection within the population.

Pivotal Role for Psychology

Psychology has a pivotal role to play. The Science Directorate of the American Psychological Association has urged recently that more psychologists should become involved in combating AIDS by carrying out basic behavioural research and suggesting how behavioural knowledge might be applied. At a time when psychology proclaims itself to be an applied and relevant discipline, it would be both timely and appropriate for psychologists to become significantly involved in limiting the spread of AIDS, as well as addressing the social and psychological problems that may be experienced by patients and their friends and families.

AIDS should not be regarded as a unique disease. It has arisen in the context of a general increase in sexually transmitted diseases (STD) over the previous 20 years, which accompanied maturation of the "baby boom" cohort, and which has been attributed to structural changes in society that have allowed altered patterns of sexual behaviour to develop e.g. an increased interval between puberty and marriage, increased availability of contraception, changes in attitudes and social norms. Amongst the STDs, genital herpes simplex is of interest since it shares some similarities with AIDS; it is caused by a virus for which there is no cure available, and which may cause clinical illness or be present as asymptomatic infection; the immunosuppressive system is implicated in the aetiology of the disease; transmission depends upon sexual contact between individuals.

Awareness Is Not Enough

The experience of genital herpes tells us that it would be wrong to expect public awareness by itself to be effective against the spread of disease since we know that, despite media coverage, its rate has continued to grow, and in the UK the annual rate of increase is about 11 per cent. The UK public education campaign to prevent the spread of AIDS has successfully achieved its objective of increasing "awareness" of the disease, and it is clear that knowledge about AIDS has increased tremendously. It would be a grave mistake, however, to believe that "awareness" or knowledge will become translated inevitably or automatically into effective changes in behaviour.

To combat the further spread of AIDS we need to understand the complex psychology of AIDS - its perception, and appreciation in relation to individual beliefs about health, responsibility for health, perceived control over health, and judgements of individual risk. Studies of health behaviours often find that people have an overly optimistic view of their own personal risk and vulnerability to disease. Our studies based upon small group discussions with undergraduates indicate that within this important group of young and sexually active persons, and despite considerable knowledge about AIDS, there is little evidence of intentions to alter patterns of sexual behaviour significantly.

AIDS is a behavioural disease, and campaigns against AIDS must appreciate this, and recognize the difficulties involved in modifying individual behaviours.

Psychology has several roles to play within the total response to AIDS; providing a counselling, information and support service for individuals diagnosed as HIV positive and their associates; behavioural interventions to modify the habits of intravenous drug-users; combating stigmatization and discrimination, which are unfair to themselves, but which also act as barriers to effective strategies since they promote the myth that AIDS is a disease of deviancy; advising public education campaigns upon the most effective means of promoting messages aimed at modifying behaviour, and evaluating the outcome of such campaigns; identifying the variables that determine individual health behaviours and constructing models that identify the dynamics of healthy living, it would be arrogant to believe that psychologists alone should be responsible for these functions, but they do have a contribution to make in co-operation with other health professionals.

Changing Behaviour

The AIDS Research Project in our department has been looking at some of these areas, and is particularly concerned with two aspects: gain of information about AIDS from the UK public education campaign, and description of a socio-cognitive model that focuses upon the importance of behavioural intention as a critical variable for promoting behaviour change. It is clear from the findings of large scale surveys and from our own research based upon small group discussions that the objective of increasing knowledge about AIDS has been successfully achieved, this has not changed behavioural intentions within large sectors of the population. Knowledge by itself does not change behaviour.

February 1988

The Psychologist
There has been a considerable amount of research measuring attitudes towards AIDS amongst different groups. Attitudes are a source of influence upon behaviour, but they are one among many: beliefs, values, perceived behavioural control, sensitivity to cultural norms may all be important. Much more research is needed upon the impact of these variables, singly and in combination, for behaviour modification.

Moreover their influence needs to be looked at within individuals' own particular social contexts. One important determinant of behaviour is a person's perception of the extent of perceived control in a situation since absence of control (whether this is real or imagined) presents a considerable obstacle to behaviour change. "Desirable" behavioural intentions may be easily overcome by the force of situational influences that mitigate against intentions to adopt low-risk behaviour. Thus, it is easy to imagine a situation where conformity to peer-group pressure results in sexual intercourse without a condom between a couple both of whom had previously intended not to have intercourse at all. If our psychological models of health behaviours are to be effective, they must take account of the impact of situational and social influences upon individuals.

Beyond the Information Given

A further area for research involves the gain of information about AIDS. It cannot be assumed that information will be received in the same way by all. We know that individuals adopt different modes of processing information which modulate the impact of the message. Processing may be efficient and systematic, or attributional, or may depend upon the use of simple heuristics. The particular mode adopted at any time may depend on mood or motivation, interest in and prior knowledge about the issue, and its perceived relevance to one's own experience. Attitudes can influence memory for material, and therefore affect information gain from educational programmes.

Our project is currently evaluating adolescents' responses to the BBC schools programme "Scene", which deals with personal and sexual relationships between young people in the context of AIDS. We need to know much more about processes involved in effective persuasion, and particularly for young adolescents, since the beliefs that underlie their health behaviours may be less rigidly held than those of more sexually experienced young adults. It may be easier to assist the formation of "desired" health beliefs than it is to change existing ones.

LONDON CONFERENCE

Sympoium on AIDS

Social Psychology and the Spread of AIDS

Dominic Abrams and Charles Abraham report

For social psychologists, the first job is to sort out the relevant social identities and beliefs about AIDS of the different groups within the sexually active population.

Public information campaigns have tried to encourage both condom use and a reduction in the number of sexual partners amongst heterosexuals, and to reduce needle-sharing amongst drug-users. These campaigns appear to have increased concern about infection and increased requests for HIV-antibody tests. But before-and-after measures of public knowledge about HIV infection suggest that these campaigns had relatively little effect on people's beliefs.

The failure of campaigns to increase understanding of HIV infection is readily understood from a social psychological viewpoint. Social psychologists have shown that our behaviour, and the beliefs which underpin behaviour, are generated and sustained by the social groups to which we belong. Thus, whether a heroin-user injects or shares needles will depend upon the drug-using practices s/he was initially introduced to and those of her/his current social group. The promotion of preventive practices will therefore depend upon identifying both the relevant social networks and the particular modes of influence within them.

The crucial point is that current behaviour depends in part on beliefs about the world, and these may be held only by certain groups. The power of social groups to generate appropriate behaviour change has already been demonstrated by the changes in sexual practices within the Californian gay community (Bradbeer, 1987).

However the power of social groups to mobilise action in the light of their beliefs can be a double-edged sword. Those in the heterosexual community may feel secure in the erroneous belief that HIV infection may be dismissed as a "gay plague", or "divine retribution" visited upon outgroup members. Effective health education campaigns will therefore depend upon research into the ways that different groups assimilate and interpret AIDS-relevant information.

The importance of preventive practices must be urgently conveyed to young people, whose sexual identity is emerging and developing. Research will almost certainly reveal differences in the belief structures of different sexes, age groups, those living in different locations, and in different educational and occupational milieux. We need to know, for example, whether particular groups of young people involved in serial monogamy see themselves as "sleeping around", and whether they distinguish between numbers of partners and sexual practices as sources of risk. Public emphasis on the dangers of casual sex may for some young people decrease their sense of vulnerability (because "I don't sleep around"), while emphasising partners' sexual history may increase feelings of vulnerability. For those just discovering sexual relationships, the whole issue may be so threatening as to create cursory dismissal or paralysing anxiety.

Dr Abrams is in the Psychology Department, University of Dundee.

Charles Abraham is with the Centre for Nursing Studies, Dundee College of Technology.


Changing Sex Behaviour

Guy Cumberbatch reports

The challenge of AIDS for psychologists is a fascinating one. Few people seem to pin much hope on an early medical solution to the problem. Quite sensibly the focus of government propaganda has been on trying to change sex behaviour. But psychologists know that changing attitudes and behaviour isn't at all easy.
How Young People Really See AIDS

Peter Aggleton and Ian Warwick report

We recently carried out in-depth interviews with 50 young people, exploring their beliefs about a number of health issues, including AIDS and HIV infection: half were contacted through various youth clubs and half through lesbian and gay youth groups.

Particularly confusing for many young people has been the distinction between what they call "the virus" and "the actual AIDS". The relationship between the two seems poorly understood. The lesbian and gay respondents were however much more confident than the others in their description of the processes that might lead to AIDS.

May even contemplate suicide

In contrast to the popular view that people will willingly or even wilfully infect others, young people's responses to the question "what would you do if you had the virus?" highlighted their concern not to "pass" HIV infection on to others. Some young people said they would even contemplate suicide if they discovered they had HIV infection. Others suggested they would either become celibate, or get more information to find out what the risks of passing it on really were.

We were particularly concerned, however, by the extent to which some of the young people we interviewed felt that "chance" or as some put it "bad luck" was the main factor in whether or not someone got the virus. This view seemed more widely shared amongst heterosexual young people than amongst those in lesbian and gay youth groups. Many were unacceptably believed that, because they did not see themselves as the sort of person who would get the virus, then if they did, it would be because of "chance" or "bad luck". This view may reduce some young people's feelings of personal efficacy in the adoption of safer sexual practice.

Most, if not all, of the information so far available on safer sex was perceived by the young lesbians as quite irrelevant to their needs. Finding out about safer sex was felt to be particularly difficult because of the assumption that currently available is framed within an agenda constructed around condom use.

Importance of lay beliefs

What is clear from these preliminary findings is that mainstream medical explanations of HIV infections and AIDS are at best only moderately well understood - a finding which mirrors that from interviews with members of the adult population. It is not that young people are especially confused or ignorant about the issues, but rather that their lay beliefs are comparable to those of other sections in the community.

In developing future health education interventions we will need to take into account lay beliefs about HIV infection and AIDS that are very different from mainstream medical knowledge.

Has AIDS changed women's attitudes to condoms?

Lorraine Sherr reports

By September 1987, the number of AIDS cases in the UK was in excess of one thousand: for every 30 males with AIDS, 1 female was reported. However, the heterosexual spread can be monitored if this ratio is contrasted to the HIV ratio where, for every 17 males infected, one female is found. Women thus represent the cornerstone of the change in spread of the HIV virus in the West. As there is no medical cure available and no immunisation in sight, the only means of containing the spread of the AIDS virus is by preventing infection in the first place. The virus has been spread in semen, blood, vaginal and cervical secretions, and to babies via placenta and in breast milk. Ensuring against such spread demands behaviour change.

In March 1986 the UK Government launched a multi-component health education campaign, and a major theme was recommendation of condom usage. Condom uptake has only ever been studied in the light of contraception. It is used in the UK by about 10% of couples.

Condom use as a woman's decision

Contraception has for many years been a woman's decision, where women take responsibility priming the sexual encounter (such as daily ingestion of the contraceptive pill or prior insertion of an intra-uterine device or a cap).

This study examined a group of higher risk women (consecutive attenders at an STD clinic in North West Thames, the highest AIDS infected area in the UK), a group of consecutive attenders at a family planning clinic in the same area (the only location where condoms are free) and students. Subjects evaluated condoms in the light of AIDS. The study was conducted at the height of the Government campaign (1986), and knowledge and attitudes about AIDS were also examined.

High anxiety about AIDS was found. Although attitudes seemed to have changed, reported behaviour had not. Knowledge of reducing the risk of HIV infection by condom use did not correlate with condom use, whereas perceived personal risk did. Women from higher risk groups were more likely to use con-
Haemophiliacs expect prejudice

Ivana Markova reports

People with haemophilia, a genetic blood clotting disorder affecting males, were originally one of the groups at special risk of contracting the AIDS virus, because they could be infected through contaminated blood products needed for treatment of their bleeds. Today, all blood donors are screened and blood products heat treated, so patients with haemophilia are now no more at risk of AIDS than anybody else in the community. Only those patients who were infected in the past are still in danger of AIDS.

In 1985, before the heat treatment of blood products was introduced in the UK, a study into the coping strategies of haemophilic patients at risk was initiated by a team of psychologists and doctors in Scotland.

The purpose of the study was twofold: first, to explore the meaning of available information about the HIV virus and AIDS for patients with haemophilia and their families; second, to investigate people’s perception of risk of contracting HIV, and their coping strategies.

Perception of risk and attributions to others

In this report I shall focus only on the question of patients’ perception of the risk of HIV. We gave people with haemophilia a questionnaire to find out how they perceived the severity of HIV in terms of their health. In addition, we wanted to find out their beliefs as to how other people would evaluate the severity of HIV infection. We therefore asked patients to evaluate the severity of conditions such as chronic bronchitis, cancer, overweight, heart attack, diabetes, epilepsy, HIV infection, high blood pressure, and haemophilia. Second, they were asked to indicate how they thought the manager of a life assurance company would evaluate the severity of such conditions.

Systematic difference between self and others

The main finding of this study was a systematic difference between the severity of HIV and other conditions as perceived by the self and by others, in this case by the manager of an assurance company.

As evaluated by the self, the severity of HIV positivity was perceived as fifth after cancer, chronic bronchitis (chronic bronchitis causes severe morbidity and mortality in Glasgow), heart attack and haemophilia. However, the patients believed that the assurance company could evaluate HIV positivity as the second after cancer. This finding is instructive. Whether such perceptions are justified or not (I am convinced that they are justified), they must be taken into account by others.

Whether such perceptions are justified or not (I am convinced that they are justified), they must be taken seriously by researchers, health service providers and by the public at large. They are part of our everyday psychology that affects relationships between health professionals and those needing their service, the results of health education campaigns and the lives of all those suffering from chronic conditions.

Professor Markova is with the Department of Psychology, University of Stirling.

See also: Developing the role of Clinical Psychology in the Context of AIDS, by David Miller and Barrie Brown beginning on page 63.

Numbers of Recorded Cases of AIDS

Department of Health figures showed that 897 people died of AIDS in 1987, compared with 293 deaths in the previous year.

The number of known cases of HIV infection has risen to 8,000, but the Department estimates that between 40,000 and 50,000 people are probably infected.

Total number of cases of AIDS is 1,227 at end December 1987, double the number a year ago.

NACAB-Vision have produced a training video complete with teaching notes, for Carers and Counsellors of people with HIV and AIDS.

★ Needs of people with HIV or AIDS—practical & emotional.

★ Preparation for the Carer—looking at attitudes, responses etc.

★ The role of Counselling. Presentation and analysis of basic skills.

★ Needs of the Carer/Counsellor. Support systems, supervision etc.

(Running time approx 70 mins)


£25 (+VAT) for Voluntary and Charitable organisations.

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Practising What We Preach

Occupational stress affects psychologists too, Keith A. Nichols writes. This appears to be a definite case of "Psychologist, heal thyself".

We now frequently find psychologists urging members of other professions to watch out for job stress, and to practise various forms of stress management and self-care skills, usually under a psychologist's direction.

Cooper (1986), for example, notes the high prevalence of stress effects in industry and commerce; he suggests that psychologists should take on stress counselling and health promotion in industry by creating a new role, the clinical-occupational psychologist. Similarly Bailey (1985) outlines the high risk of stress conditions in nursing and medicine and underlines the importance of support and self-care. I too have trodden a similar path in numerous workshops with nurses, and in written material directed to nurses and doctors which involves exhortations to self-monitor for stress and take positive steps in learning self-care skills (Nichols, 1984, 1987).

With this background in mind it was with some unease that I was recently led to consider how we as a profession, and as clinical psychologists in particular, actually perform as role models in this discipline of self-care and stress management. Two events started the question in my mind.

"Irresponsibility"

Firstly, in my part-time function as clinical psychologist within a general hospital, I had addressed some 70 ward sisters and charge nurses on the theme of stress. In emphasising the importance of self-care skills I made the point that to neglect one's self as a nurse was not only an act of professional irresponsibility, since nursing is identified as a high stress occupation with a high "casualty" rate. Similarly if senior nurses failed to provide a support structure for nurses under their authority, this should be seen as a form of psychological neglect. I often make these charges, particularly to nurses in terminal care work, or those working with the seriously ill.

Secondly, and by coincidence shortly after this talk to the ward sisters, I was in the audience of the first conference of the Health Psychology Section of the Society and heard a report on the experiences of the first British department of clinical psychology to become heavily committed to the care of people with AIDS (Miller, 1987). An element of this report dealt with the enormous strain that the work had imposed on the psychologists involved, with the phrases "total exhaustion" and "complete burn-out" being freely used.

The story was readily understood and will probably be repeated in many parts of the country where the AIDS epidemic takes hold. In brief, four years ago, in the everyday course of its work, a particular clinical department received a referral of a man diagnosed as suffering the AIDS syndrome. More followed and, because of geographic location, the trickle turned into a flood. The department, taken unawares, responded by forming a sub-department specialising in AIDS which geared itself to keep pace with the ever-more demanding case load.

The load has become extreme. Miller mentioned having dealt with around 200 deaths from cerebral deterioration (presumably the very distressing toxoplasma encephalitis) and hinted at many more deaths from the common fatal opportunistic infections allowed by the immune deficiency, such as pneumocystosis and thrush. On top of this extraordinary demand in terminal care work, the department also gave psychological care to those identified as HIV positive but without symptoms, together with the partners of infected people and a number of so-called "worried well".

Exhaustion and "Burn-out"

Inevitably the problem for the psychological therapists was exhaustion. As Jackson et al. (1986) describe, after an initially enthusiastic and energetic phase of committed care, people in this role are likely to fatigue and show signs of "burn-out". This is described as having three aspects: emotional exhaustion, a tendency to de-personalise and seek distance, and feelings of low levels of personal accomplishment. The effect is damaging for the psychologist involved, and not unnaturally leads either to loss of effectiveness or wastage (because they seek other types of work).

Although the situation which Miller described had rather special circumstances, it raises the worrying possibility that, as a profession, clinical and other applied psychologists in the UK lack training and professionalism in the knowledge and discipline of self-care. On reflection, I was embarrassed that, so soon after delivering my challenge to the nurses, Miller illustrated that psychologists are probably no better at self-care practices.

Embarrassment

This embarrassment has been further amplified: in my home patch things seem no better. I do not know of a working and readily available support group specifically for psychological therapists (of any genre), and no-one has required me to join one. For my part, I am guilty of not taking the initiative to create such a group.

Nor do we appear to teach the students on our MSc course that part of their professional duty involves averting these problems through the systematic use of self-care skills themselves. Our skills and practice training mentions assessing, planning, case consultation, facilitating self-help groups, advising, educating, researching, prevention, etc, but not self-care skills and responsibilities as a special topic. I have heard nothing to suggest that other departments or courses are different.

Thus nationally it is likely that many active therapists are heading straight down a path similar to that described by Miller. Sadly it appears that clinical and applied psychologists may well provide very negative role models in the application of self-care techniques, and thus serve as an excellent example of self-neglect.

Some will see this as an overly dramatic statement. However, if we acknowledge our own literature and, in particular, if we ascribe value to stress prevention in intensive clinical engagements - whether with the elderly, drug-dependency cases, the head injured, AIDS victims or whatever - then the position is surely serious. Without a professional and disciplined practice of preventive self-care, inefficacy, wastage through job change, and damage to individual psychological and physical health are highly probable.

Paradox

How are we to explain this paradox? How is it that the very profession which so often teaches self-care so often fails to practise it?

The most important source of the problem has to be the failure of training courses in clinical, educational and occupational psychology to promote the preventive approach in self-care. This should be seen as an essential part of routine professional practice. Otherwise, it has to be asked, how did Miller's team as a product of such courses become so heavily committed in intensive clinical work with AIDS victims, apparently totally without any effective self-care and support work?

General and clinically related literature is very weak in promoting the concept of preventive self-care. For example, Canter and Canter (1982) review the whole field of applied psychology without ever mentioning the notion. More telling perhaps is the recent article by Cano and Bender (1987) under the title "AIDS - what should psychologists be doing?"
This outlines all the sorts of work that Miller and his team became committed to, without once indicating the demand and stress that this would impose on those psychologists who respond to their plea. This is a perfect recent example of failure to register the critically important need for preventive self-care by the psychologists involved, although those same psychologists are urged to take on support work with other care staff because of the stressful nature of their jobs.

Heads of clinical, educational or occupational psychology departments do not appear, in the main, to create support systems in their department or to insist on their use by active therapists. Nor do they appear to take steps to ensure that therapists are competent in self-care techniques, and remain in current practice. In turn, this situation may arise because many heads of department are themselves deficient or lapsed in such activities.

Being on the Receiving End
There is something about the use of support systems and self-care work which has deterred the majority of us from becoming heavily involved. My own experience in running a support group for school and higher education counsellors reveals that it can often be plain hard work, especially if it involves intensive personal work, and one is fatigued from active clinical contact already. This is a real problem: support work is often seen as something added to a full work load and therefore as increasing personal demands even further. This has to be wrong. Support and self-care must be part of the normal work load. To be an effective preventive measure, it must be scheduled as part of the working week, displacing other activities if necessary, not seen as an added luxury when time allows.

Another possible deterrent may be to do with our own "psycho-dynamic" maturity. In particular, there is the possibility that it is easier to deal with other people's difficulties and encourage them to full disclosure than it is to deal with our own, especially with close colleagues. When teaching support work to nurses, I use a list of attitude and skill requirements necessary when receiving support, as distinct from giving support:

• understanding that seeking and receiving support is a necessary strength required for de-stressing and that this must become part of the working routine.
• an ability to value and respect one's own feelings, to be able to identify them, to talk them through in full openness
• being able to be vulnerable, to trust, and to receive the time, attention and care of another.

This clear role-reversal is not always comfortable for therapists, indeed it can be very threatening if the support figures and support situation are less than 100% safe. In fact it may be abnormally difficult for psychological therapists, for the kind of reasons hinted at by Chertok (1986), namely primitive needs and beliefs to do with power, infallibility, omniscience.

Lesson for the Future
I make no criticism of Miller and his department. The same would no doubt have happened in most other departments in the country. However, we can profit from his experiences and perhaps move forwards the time when, if psychological therapists fail to practise good self-care and use support systems, they will be seen as guilty of irresponsibility in their professional behaviour. Similarly if a head of department fails to organise support systems and oversee self-care amongst the therapists then that head of department will be seen as guilty of psychological neglect.

References

Dr Nichols is Principal Clinical Psychologist in Exeter, and Lecturer at the University of Exeter.
Round the Board Room Tables

Colin Newman reports on the last meeting of the Scientific Affairs Board, held on 5 December 1987.

Improving communications with non-psychologists and effectively influencing policy makers in government has been a major theme at recent meetings of all the Society Boards.

National issues of relevance to psychology do not usually go by default without comment from the Society, and appropriate arrangements ensure that statements are submitted by given deadlines on topics on which the Society is specifically invited to comment, often by government. Sometimes, it must be admitted, Society statements have been prepared in a language that may be appropriate for other psychologists, but is incomprehensible to the target readership of government officials and ministers.

What should we do?
Advises from the Standing Committee on Communications was discussed by all three Boards, and a number of important decisions agreed.

Guidelines are to be prepared on the preparation of Society documents emphasising the need to keep in mind the intelligent but non-specialist reader. The problem of short time periods in which to comment on government Green and White papers is to be tackled by efforts to predict forthcoming issues of national significance and to prepare position statements on them before the typical hurried round of government consultation takes place. On many issues the Society will be prepared with a position statement and agreed policy before proposals for legislation are produced.

Steps are also to be taken to arrange for a single author to draft Society statements and then to re-draft them in the light of comments from the sub-systems. This procedure should avoid the current trap in which too many statements are written by a committee thereby ending up as an amalgam of too many ill-matched writing styles.

An encouraging sign: the Society has now gone beyond the stage of deliberating over whether responses should be made, and is now taking a hard look at what form these responses should take.

On the same theme, Mr Guy Fielding, Chair of the Parliamentary Group, attended the meeting to brief the Board on the role of this new sub-committee of SCComms. The Parliamentary Group is forging links with MPs in all parties and is rapidly becoming a "resource" on whose services the Boards can rely when an issue involving legislation is being considered. For instance the Parliamentary Group can raise issues with MPs on which a Parliamentary Question might be asked.

Submissions
Statements are being submitted to:
- DHSS on revised Research Contracts for DHSS funded research
- British Council on the classification of Psychology as a science
- Forensic Science Society in response to a request for advice on graphology.

Closer Links with HODs

Though their numbers are small compared with psychologists in other fields, university and polytechnic lecturers have a unique responsibility towards virtually all future members of our profession and discipline, and can influence attitudes towards the Society.

A representative of the recently reconstituted Association of Heads of Departments is to attend future meetings of the Board. Psychology should benefit if the Society and the Association submit separate, but we hope complimentary, statements to the bodies we are seeking to influence (e.g. the UGC or the Research Councils).

Proposal for a New Division
A lively debate arose over David Booth's draft proposals for a Division of Research Psychologists. Reservations were expressed as to whether the common bond of an interest in research would be sufficiently strong around which to form a Division. More fundamentally, is there a genuine profession of research psychologists or should research be seen as an activity that all psychologists should be encouraged to engage in at least to some extent. The whole ethos of scientific research in psychology is not to define who should and who should not do it by setting qualifications for Division membership, but to promote an acceptance of scientific enquiry as the bedrock of the discipline and profession of psychology.

Those who supported the proposal accepted the need for short-term contract research staff and research workers in isolated settings to have a sub-system within the Society directly concerned with their needs. Others viewed the proposal as an interesting concept that should be considered in the light of discussions now taking place currently within the F&GP on whether the present structure of the Society with its three Boards, in particular the split between a Scientific Affairs Board and a Professional Affairs Board, is in the best interests of the discipline.

It was agreed that the discussion of these proposals should continue at both the PAB and the MQB. Members of the Society interested in the draft proposal can obtain a copy from the office.

Dr Newman is Executive Secretary of the Society.
Guidelines for the Use of Non-sexist Language

The Guidelines below were approved by the Society's Council on 9 December 1987. It should be noted that they draw extensively on the Guidelines published by the American Psychological Association.

Psychologists have made a substantial contribution to documenting sexism in the structure and use of the English language. Research has refuted the belief that gender-specific terms are invariably interpreted by the reader as generic, and in particular, that the male term includes the female. These and other conventions have been shown to reflect and reinforce sex-role stereotypes, and the weight of the evidence is sufficient to justify the effort entailed in writing non-sexist prose.

Consideration for the Reader

Help the reader focus on the content of your paper by avoiding language that may cause irritation, flights of thought, or even momentary interruptions. Such sources of distraction include linguistic devices and constructions that might imply sexual, ethnic or other kinds of bias. Devices that attract attention to words, sounds or other embellishments instead of to ideas are inappropriate in scientific writing. Avoid heavy alliteration, accidental rhyming, poetic expressions and clichés. Use metaphors sparingly: although they can help simplify complicated ideas, metaphors can be distracting. Avoid mixed metaphors (e.g. "a theory representing one branch of a growing body of evidence") and words with surplus or unintended meaning (e.g. "fuzz" for "police officer"), which may distract, if not actually mislead the reader. Use figurative expressions with restraint and colourful expressions with care: these can sound strained or forced.

The British Psychological Society, as a publisher, accepts journal authors' word choices unless those choices are inaccurate, unclear or ungrammatical. The BPS, as an organisation, is committed both to science and to the fair treatment of individuals and groups, however, and authors of journal articles are required to avoid writing in a manner that reinforces questionable attitudes and assumptions about people.

Guidelines for Non-sexist Language

In BPS Journals

Language that reinforces sexism can spring from subtle errors in research design, inaccurate interpretation or imprecise word choices. An investigator may unintentionally introduce bias into the research design: for example, by using stimulus materials and measures that suggest to one sex or the other what responses are "appropriate"; or, in interpretation, an investigator may make unwarranted generalisations about both men and women from data about one sex. Imprecise word choices, which occur frequently in journal writing, may be interpreted as biased, discriminatory or demeaning, even if they are not intended to be.

Sexism in journal writing may be classified into two categories: problems of designation and problems of evaluation.

Problems of designation

When you refer to a person or persons, choose words that are accurate, clear and free from bias. Long-established cultural practice can exert a powerful, insidious influence over even the most conscientious author. For example, the use of "man" as a generic noun can be ambiguous and may convey an implicit message that women are of secondary importance. You can choose nouns, pronouns and adjectives to eliminate, or at least to minimise, the possibility of ambiguity in sex identity or sex role. In the examples, problems of designation are divided into two sub-categories: "ambiguity of referent", when it is unclear whether the author means one sex or both sexes and "stereotyping" when the writing conveys unsupported or biased connotations about sex roles and identity.

Problems of evaluation

Scientific writing, as an extension of science, should be free of implied or irrelevant evaluation of the sexes. Difficulties may derive from the habitual use of clichés or familiar expressions, such as "man and wife". The use of "man" and "wife" together implies differences in the freedom and activities of each and may inappropriately prompt the reader to evaluate the roles. Thus, "husband and wife" and "man and woman" are parallel but "man and wife" are not. In the examples in the table problems of evaluation, like problems of designation, are divided into "ambiguity of referent" and "stereotyping".

Avoiding sexist language

The task of changing language may seem awkward at first. Nevertheless, careful attention to meaning and practice in rephrasing will overcome any initial difficulty. The result of such effort, and the purpose of the table guidelines, is accurate, unbiased communication.

EXAMPLES OF COMMON USAGE

Problems of Designation: Ambiguity of Referent

1 The client is usually the best judge of the value of his counselling
   The best judge of the value of his or her counselling

2 Man's search for knowledge has led him into ways of learning that bear examination
   The search for knowledge has led us into ways of learning that bear examination

3 man, mankind
   people, humanity, human beings, mankind, human species

4 the average man
   the average person, people in general

5 The use of experiments in psychology presupposes the mechanistic nature of man
   The use of experiments in psychology presupposes the mechanistic nature of the human being

6 Responsibly in the premature infant may be secondary to his heightened level of autonomic arousal

The Psychologist February 1988
Responsivity in the premature infant may be secondary to the heightened level of autonomic arousal (Comment: his changed to the).

7 First the individual becomes aroused by violations of his personal space, and then he attributes the cause of this arousal to other people in his environment
First we become aroused by violations of our personal space, and then we attribute the cause of this arousal to other people in the environment (Comment: first-person pronouns substituted for the noun and he and his, his changed to the).

8 Much has been written about the effect that a child's position among his siblings has on his intellectual development
Much has been written about the relationship between sibling position and intellectual development in children (Comment: rewritten; plural introduced).

9 Subjects were 16 girls and 16 boys. Each child was to place a car on his board so that two cars and boards looked alike
Each child was to place a car on his or her board so that two cars and boards looked alike (Comment: his changed to her or his or to his or her).

10 Each person's alertness was measured by the difference between his obtained arousal score and his obtained arousal score
Each person's alertness was measured by the difference between the obtained relation and arousal scores (Comment: his changed to the; plural introduced).

11 The client's husband lets her teach part-time
The client's husband 'lets' her teach part-time (Comment: punctuation added to clarify that the location of the bias is with the husband and wife, not with the author. If necessary, rewrite to clarify as allegation (see example 23).

12 males, females
men, women, boys, girls, adults, children, adolescents (Comment: specific nouns reduce the possibility of stereotype bias and often clarify discussion. Use male and female as adjectives where appropriate and relevant (female experimenter, male subject). Avoid unparallel usage such as 10 men and 16 females).

13 Research scientists often neglect their wives and children
Research scientists often neglect their spouses and children (Comment: alternative wording acknowledges that women as well as men are research scientists). Research scientists often neglect their families

14 When a test developer or test user fails to satisfy these requirements he should...
When test developers or test users fail to satisfy these requirements they should...
(Comment: same as example 13).

15 the psychologist...he psychologists...they the psychologist...she the nurse...she nurses...they, nurses...he
(Comment: be specific, change to plural if discussing women as well as men or use he or she.)

16 woman doctor, lady lawyer, male nurse
doctor, physician, lawyer, nurse (Comment: specify sex only if it is a variable or if sex designation is necessary to the discussion (13 female doctors and 22 male doctors). Women and lady are nouns, female is the adjective counterpart to male).

17 mothering
parenting, nurturing (or specify exact behaviour) (Comment: noun substituted).

18 chairman, chairperson, chairwoman
Use chair (Comment: this is the official designation adopted by The British Psychological Society).

19 foreman, policeman, postman
supervisor or superintendent, police officer, postal worker

Problems of Evaluation: Ambiguity of Referent
20 The authors acknowledge the assistance of Mrs John Smith
The authors acknowledge the assistance of Jane Smith (Comment: use given names).

21 men and women, sons and daughters, boys and girls, husbands and wives
women and men, daughters and sons, girls and boys, wives and husbands (Comment: vary the order if content does not require traditional order).

22 men and girls
men and women, men and boys, girls and women (Comment: use parallel terms. Of course, use men and girls if that is literally what is meant).

23 The client's husband lets her teach part-time
The client teaches part-time. (Comment: the author of this example intended to communicate the working status of the woman but inadvertently revealed a stereotype about husband-wife relationships (see example 11)).

24 ambitious men and aggressive women
ambitious women and men, ambitious people aggressive men and women, aggressive people cautious men and timid women
cautious women and men, cautious people timid men and women, timid people
(Comment: some adjectives, depending on whether the person described is a man or woman, connote bias. The examples illustrate some common usages that may not always convey exact meaning, especially when paired.)

25 The boys chose typically male toys
The boys chose (specify) male toys (Comment: use he or she). The client's (specify) behaviour was typically (specify)
(Comment: being specific reduces possibility of stereotypic bias).

26 woman driver
driver
(Comment: if specifying sex is necessary, avoid biased cliches, Use female driver or write 'The driver was a woman').

27 The girls in the office greeted all clients
The women in the office greeted all clients
(Comment: noun substituted).

28 women's lib, women's liberation
women's movement, feminist, supporter of women's movement
(Comment: noun substituted).

29 Subjects were 16 men and 4 women
The men were (specify) and the women were (specify)
(Comment: women and men described in parallel terms or description of both omitted. Do not use housewife to identify occupation, a term that indicates sex and marital status and excludes men. Use homemaker which includes men).

Avoiding Ethnic Bias
Like language that may be interpreted as sexist, language that my be construed as ethnically biased can be classified into problems of designation and problems of evaluation.

Problems of designation
Styles and preferences for nouns referring to ethnic groups change over time. In some cases, even members of a group disagree about the preferred name at a specific time. You should try to ascertain the most acceptable current terms and use them. Consideration for your audience should prevail.

Problems of evaluation
The majority of instances of implied irrelevant evaluation seem to occur when the writer uses one group (usually the writer's own group) as the standard against which others are assessed. Unfortunately, the basis for negative comparisons is usually established during the planning of the research, for example, by the choice of empirical measures.

At the writing stage, avoid language that suggests evaluation. An example of implied evaluation is found in the term 'culturally deprived' when it is used to describe a single group rather than to compare two or more groups. Using the term to describe one group of subjects without the supporting data required in scientific writing implies that one culture is a universally accepted standard against which others are judged. As a test of implied evaluation, substitute another group (eg your own) for the group being discussed. If you are offended by the revised statement, there is probably bias in the original statement.
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Dr David Legge, Vice President
Quietly Triumphant

When the Privy Council met the Queen on 18 December 1988, and Royal Approval was officially given to amendments to the Society’s Charter, Dr. David Legge was able to sit back with a real sense of achievement. Registration of Chartered Psychologists had not come about in his Presidential year, as had appeared likely at one time; but a successful end to a long campaign is just as welcome a year later. As Chair of the Steering Committee on Registration since 1981, David Legge modestly expressed himself as “very pleased” at the news, which we published in the first issue of The Psychologist.

"Registration represents a triumph for reason and persistence," he said.

As part of our campaign to let you know more about those who work so long and arduously on our behalf, Richard Warry met David Legge in a London hotel, in between meetings, and talked to him about his work for the Society, his interests as a psychologist and as a private person. At the time, no one could know that Royal Approval for Chartered Status was just around the corner.

About to meet a central figure in the development of policy within psychology and a man who commands great respect, I was expecting a daunting impertious man. Dr Legge is neither. He was friendly, straightforward and thoroughly likeable. His role in Registration may grab the headlines, but his views on psychology are wide-ranging and not always predictable. He is particularly concerned with the teaching of the subject.

President of The Society last year, Dr Legge is now serving his vice-presidential year and still fits in time to be Assistant Director and Dean of the Faculty of Business, Humanities and Social Sciences at North Staffordshire Polytechnic. One of the most respected men in psychology and deeply involved in the administration of the subject, he is perhaps an ideal man to sum up the importance of the Society.

"It’s a complex organization and doesn’t have just one value. If any view of psychology, from a psychological standpoint, is to have any impact on the rest of the world, then the Society must articulate it."

Registration is the issue that everybody in psychology is talking about, and Dr Legge has been influential in formulating this idea.

"It was a privilege thrust upon me by Kevin Connolly’s untimely illness (he suffered two serious coronaries while Chair of the Steering Committee on Registration) and by Derek Blackman’s silver tongue." This was 1981 and Derek Blackman was President. "I can perhaps take some credit for keeping the diverse group on the committee, representing incompatible interests, facing in the same direction."

Dr Legge feels strongly that the Society adopted its policy for good reasons.

"Registration could make a very valuable contribution to the establishment and preservation of uniformly high standards in the profession."

He is also concerned about charlatans who offer rogue services and who, at present, are very difficult to track down and discipline.

"There are lots of people going around offering services of a psychological nature. It’s a problem which is almost certainly getting worse and trying to discourage it now would be much better than trying to stop it when this kind of abuse has become rife."

Psychology’s Double Value
But why psychology, why was it special and what value did he see in it?

"People do actually buy psychological services - local authorities buy them, the DES buys them and the government commissions the work of psychologists. You can’t point at historians and say who buys their services to use as evidence that history is useful, but, as a general education, history is obviously of value.

Psychology has a two-listed advantage. Undoubtedly it can provide an immediately useful vocational training and, in addition, it is an absolutely first rate general education - probably a better general education than virtually any other."

A compelling case for the subject, but until recently, as he readily admits, the public considered psychology to be something of a joke. It is an old truism that most people did not know the difference between psychologists and psychiatrists, the whole lot were worthless, sinister headshrinkers anyway. Dr Legge thinks that such ignorance is a thing of the past.

"The public view of psychologists has improved immensely since I was a student. A great many people in influential positions now know something of what psychology has to offer. The public, too, have a much better knowledge of psychology than they once had. They know that educational policy may be influenced by psychological policy and they know that the quality of working life is largely dependent on policy development in organizations from a psychological base. They know that many kinds of personal difficulties can be approached more effectively through psychology than otherwise."

With psychology established as a highly
students who had had jobs already."

"It's my impression that it is a difficult subject and studying it is undoubtedly helped by having some knowledge of people. It also depends on a database you don't fully understand - your own experience. That helps you to understand what is going on, what the theories are about and what is sense and nonsense. I doubt that at 18 when all you've done is gone to school, you've acquired as big a knowledge of people as you could optimally get.

"I'm not saying that people should not study the subject at 18 but I think it may be a very great advantage to spend at least a year doing something else first. The older you are, to a degree, the more likely you are to make the most of the opportunity. Of course, this argument means that studying psychology at school at 16 or 17 is premature."

Strong words, and stronger still about some of the people who teach the subject: 'The only thing a new graduate is fit to do in psychology is to teach it! Professional practice demands extensive further training. It is a peculiar and ironic analysis of university teachers but that is the tradition - school, university, PhD, lecturership! In other parts of the educational system that would be looked upon as somehow deficient because one ought to be able to offer students something more than book-learning.'

All this was said with a disarming smile. He took a long time to consider some of his answers, but I felt that he answered honestly. He certainly did not duck any issues; the perfect diplomat perhaps or maybe just the result of years on numerous committees.

Psychologist as Sportsman

Away from psychology and the rigours of managing a polytechnic, Dr Legge plays golf.

The last thing that most people with back trouble would do is to take up golf. Dr David Legge is an exception; but then he did analyse the problem before he started. According to Dr Legge the stresses involved in hitting a stationary ball are predictable.

"The cerebellum sorts out what you are going to do next and provides a sort of built-in back protection system."

What else could he be but a psychologist?

He also sails. At present he is between cruises. There was a time before the back problem and the "predictable" stresses of the golf course that he sailed competitively. Not any more, As he phlegmatically put it, "If you're sailing something you've spent £15,000 on, why race it under circumstances where some Hooyar Holmsen is going to wipe out your stanchions and cost you £400?"

In the same pragmatic way Dr Legge lists his dislikes in terms of the abstract (waste, irresponsibility, inconsiderate-ness) rather than the concrete. The only thing he seemed to take exception to was loud modern pop music. It invades personal space, he said. I can't see him taking kindly to that.

A Busy Schedule

His work with the Society and the Council for National Academic Awards is not to mention the full time business of directing a polytechnic, means that Dr Legge will never return to empirical psychology, although he retains an enduring interest in the field. Did he miss scientific practice, I wondered, after all he did once publish notably in the area of motor skills?

He took a deep breath and somewhat wistfully answered that he tried not to regret any of the changes in his life, even if the grass he'd left did sometimes assume a "green shift" as he moved away from it. That is not to say that he finds administration unsatisfying - just different and occasionally very taxing.

"The problems that reach me are nearly always the ones that lots of other people have already tried to solve. That means that the chips are stacked against you! If you can actually find ways of cracking real life problems in real time it can be very rewarding. Then there are lots of things you can't solve at all. But it is never boring..."

A Job Completed

With that I gave up the uneven struggle with my tape recorder and we had lunch. As a parting shot I asked Dr Legge what was the most satisfying thing that he had ever done. He thought for a while but couldn't answer. Then, almost embarrassed, he said,

"It would be an exaggeration to say that when the Privy Councillors award the amendments to our charter empowering the Society to set up a Register of Chartered Psychologists it will be the best day of my life - but it will draw a line under my last six years!"

As we go to press, preparations are under way to establish the Register for Professional Psychologists. We are delighted to have this opportunity to congratulate him on a job well done, and to thank him on behalf of the Society and all future Chartered Psychologists.

Publications include:


Information and Skill (1976). London: Methuen (with P. J. Barber)
NHS and the Society

In a month in which the government has announced plans to introduce charges for eye tests and dental checks, in which presidents of three royal colleges have taken the unprecedented step of issuing a statement saying that "acute hospital services have almost reached breaking point", and Edwina Currie, the Junior Health Minister, has gone on record as being of the opinion that patients should be expected to make some contribution to the cost of their stay in hospital (Tuesday, 8th December, BBC, Radio 4), can any of us be left in any doubt that the National Health Service is being systematically dismantled?

Clinical psychologists working in the National Health Service (by far the largest employer of clinical psychologists in Britain), regardless of specialty, in our day-to-day work and through contacts with other workers, are experiencing the same situation of crisis mentioned by the presidents of the royal colleges. Morale is indeed low. The demands made upon National Health Service staff are daily becoming more unrealistic as attempts are made to maintain standards of patient care above a certain irreducible minimum level. All this against a background in which National Health Service employees in common with other public sector employees are constantly being undermined as being wasteful and inefficient in squandering the ample resources allocated to them.

I am of the opinion that the Society, as a professional body with many members employed by the National Health Service can no longer stand idly by whilst the fundamental principles upon which health care in this country have been established are being so systematically eroded. In issuing a statement condemning the under-funding of the National Health Service and highlighting its consequences upon service employees and users, I would contend that the Society is not acting ultra viros its Royal Charter (as suggested in the October Bulletin, in passing a resolution condemning apartheid) as this is a matter of great importance for applied psychologists. At the very least, I would hope that this letter will serve to stimulate discussion on this critically important subject.

Simanta Roy-Chowdhury
Probationer Clinical Psychologist
90 Links Avenue, Gidea Park, Romford, Essex RM2 6NJ

Intelligence Tests
John D. Handyside makes the accusation that in a letter concerning the misuse of IQ tests in graduate job selection I "rather overvalue(s) the evidence" of a study by Ceci and Liker which, according to him, I quote. In fact I don't quote it at all, and since I simply refer to it (I say in the letter, "For evidence, see, for instance, ...") it is hard to see how he has arrived at the conclusion that I "rather overvalue" this work. He then goes on to say that the study (which describes a race-horse handicapping task) involved 10 races (wrong: there were 50 races) and that 10 subjects were selected as experts (wrong again: the correct number is 14).

The question that I raised was that of whether or not IQ tests administered to graduates for job selection purposes give any useful information about the chances of a person succeeding at a job, beyond that which is provided by degree results. In practical terms, is it reasonable for employers to spend time on these tests? As it happens, the study to which Handyside refers is just one of a substantial number which point to the conclusion that the answer is negative.

Handyside may be aware of another finding that seems to argue against the utility of giving IQ tests to graduates: namely, that men whose fathers were in the top 10% of the social hierarchy are seven times more likely to gain high incomes than men with the same IQs from very poor families (see Lewontin, 1982, page 96). If those who want to use IQ tests for graduate job selection purposes really feel that this practice is justified, it is up to them to provide the evidence that these tests can provide useful predictive information.

Michael J.A. Howe
Reader in Human Cognition, Department of Psychology, University of Exeter, Washington Singer Laboratories, Exeter EX4 4QG

Human Diversity
New York: Freeman.

16PF Users' Group
I would like to bring to your attention the fact that there now exists a 16PF Users' Group.

Launched on 30 July 1987, it is intended for people who use Cattell's Sixteen Personality Factor Questionnaire and wish to discuss aspects of its use with other experienced users. The two meetings so far have allowed people to discuss profile interpretations (30 July meeting) and to simulate a use of 16PF in a job selection exercise.

There are three meetings planned for 1988 as follows:

19 July: Report Writing: discussion regarding report writing styles and reports written by expert systems.
1 November: Validity: Issues in validity.

The intention is to bring people together around issues of mutual interest. It will also develop a communication network for the sharing of experiences, for supporting new users and for gathering validity data.

Those interested in the User Group can join for an annual fee of £25.00 and can write to me at the address below, for a Membership Form.

Roy Childs
Assessment and Selection for Employment
NFER-NELSON, Darville House, 2 Oxford Road East, Windsor, Berkshire SL4 1DF

Letters are welcome, and may be sent to either of the Honorary Editors (addresses on page 1) or to the Managing Editor at the Society Offices in Leicester. Brevity is an advantage: the editors reserve the right to shorten letters, and if major editing is necessary, this will be indicated.

Letters "in reply" may be treated as URGENT and every effort will be made to publish them in the next issue: they should arrive in the Leicester Office no later than 8th of month. Please address urgent correspondence to The Editor, The Psychologist, and mark BOTH letter and envelope URGENT.
OBITUARY

Professor Oliver Zangwill

In 1951, a small group of European neurologists and psychologists, including Oliver Zangwill, gathered in Austria to discuss disorders of higher mental functions associated with injury or disease of the brain. This small group contained many distinguished people who were to become the leaders in the developing field of neuropsychology. Meeting every year from 1951 onwards, they explored a variety of approaches to the study of brain and behaviour relationships. Throughout, Oliver Zangwill was one of the leading figures in this influential group. It was this same group who in 1983 felt that the time was ripe for the launching of a journal dedicated to neuropsychology and Neuropsychologia appeared for the first time. Oliver Zangwill continued as an Editor of this journal for some twenty years and through it played a major part in the shaping of the development of contemporary neuropsychology. He also edited the Quarterly Journal of Experimental Psychology for eight years, being President of the EPS in 1964-65.

Having read Natural Sciences at King's College, Cambridge, he graduated with a starred First in Psychology and was a research student there until 1940. With the onset of World War II he began his work in the Brain Injuries Unit in Edinburgh. Here he was concerned with some of the problems of rehabilitation faced by soldiers suffering from gunshot wounds to the head. The human side of Oliver Zangwill was never allowed to become submerged by his dedicated scientific approach to neuropsychology. At the same time he championed the highest standards of scientific rigour where these were appropriate.

In 1952, when Sir Frederic Bartlett retired from the Cambridge Chair, he was succeeded by Oliver Zangwill. Whilst maintaining the strong tradition of experimental psychology at Cambridge Oliver Zangwill developed new directions, not least with the introduction of work on animals. He gathered round him a small group of talented young people who today are some of the leaders in neuropsychology in this country and elsewhere. The introduction of animals into the Cambridge laboratory was not immediately a popular move, but Zangwill persisted and maintained the development with increasing success as the years went by. His book

Oliver Zangwill was a kindly person, particularly keen to encourage young researchers and ready to devote time to them and to their career development. He was elected a Fellow of the Royal Society of London in 1977 and was President of the British Psychological Society in 1974-75. He leaves a widow, Shirley, and one son.

Malcolm Jeeves

LETTERS AND OBITUARY

Psychology and South Africa

It is unlikely that Antaki et al's letter (Bulletin Nov. 1987) was submitted before publication of the advice of the Hon. Gen. Secretary in his postscript to Baron-Cohen et al's letter (Bulletin Oct. 1987).

I shall not attempt to support or rebut any of Antaki et al's points (or those of the other protagonists since Jan. 1987 for that matter), but to reinforce the Hon. Gen. Secretary's advice that the Society operates under the privilege of a Royal Charter, and, as such, its permissible responses are severely constrained when under pressure from certain quarters for a "political gesture" which, it could be argued, has little to do with the operational requirements of the discipline "Psychology".

I would urge members who feel as I do to read the Law Reports in the case of Wheeler and others versus Leicester City Council (The Times, 15 March 1985 and The Times 26 July 1985) where the issue was whether Leicester City Council had the power to impose sanctions on Leicester Rugby Football Club for allowing three of its players to tour South Africa in defiance of the Gleneagles Agreement.

The players, on behalf of the Club, applied to the High Court for Judicial Review of the Council's decision to ban the Club from using a recreation ground owned by the Council; they lost. The players appealed to the Court of Appeal - and lost once again by a 2-1 majority decision. The players then appealed to the House of Lords, and the five Law Lords agreed unanimously that the two lower courts were wrong - and hence Leicester City has acted ultra vires.

In view of these precedents, the Society should seek advice as to whether the actions urged by Antaki et al would be ultra vires, and advise the members of the result of such consultations. Personally, I feel that any attempt by Members to impose their political priorities on the whole membership would be insufferable, and, if the President of the Society is not prepared to take the initiative suggested above, I would like to hear from other members who would be prepared to seek Judicial Review of any resolution of the Council to conduct a ballot. Such a ballot, in my view, would be ultra vires the Charter.

I don't care what other institutions operating under the privilege of a Royal Charter purport to have done. Some members of this Society may have strong views on apartheid, but the Society must resist its supervisory function over the discipline and profession of psychology being usurped to satisfy their desires.

Geoffrey Hayes

6 Vale Royal Courtyard,
Whitegate, Nantwich,
Cheshire CW6 2BA

Editors' note - this letter has been edited.
As in our first issue, Heads of Department and other leading psychologists were asked to make their contribution. This is their selection:

**John Morton,**
MRC Cognitive Development Unit


"I can't really believe it's that easy." I had been watching Judith Laszlo putting her theory into practice. A number of 10 and 11-year-old children had been put through a number of exercises. These children had been sent over from another school about a mile away in the pouring rain. They had been selected by their teachers the previous week as being so clumsy that treatment was necessary. It was the eighth day of treatment, and I - with not too experienced an eye, I agree - could not see what the problem was or, at least, had been. The reason was that 10-20 minutes a day for eight days had been enough. It was Judith who continued in the mild state of disbelief. Success gets you that way, so it seems.

What I particularly like about this work is that the treatment arises from a deep theory about the nature of skill. This is clear from reading the chapter I have chosen. Laszlo and her collaborator Philip Bairstow have been building up their theory for some years. Skill is process more than practice, they believe, and the development of kinaesthetic ability is central to the acquisition of any sensory-motor skill. In theory, then, if you don't have the kinaesthetic ability then no amount of practice at a specific task is going to help. On the other hand, if kinaesthetic ability can be taught, the effects ought to be quite general.

The experiment followed from the theory. It involved comparing the effects of kinaesthetic training with those of a deficit oriented approach. This included temporal or spatial programme training. The control children practised fine motor tasks. Pre-test and final tests were on a wide range of tasks. Only the kinaesthetic training worked, and it worked across all tasks. Back at school, everything from handwriting to sports were affected with some children.

Having seen some of the children I can share Judith's incredulity. A few minutes a day for a couple of weeks? It seems too good to be true. Can psychology, particularly psychology rooted so firmly in theory, be so effective? Well, yes.

**Kevin Connolly,**
University of Sheffield


Despite the fact that my reading has been sharply curtailed in the wake of the Government's efficiency drive on universities, I am not short of papers to praise and recommend. Choosing "the best" piece is no easy task, indeed it is not even clear what is meant by best. It might be a new method for collecting or analysing data, a solution to an old problem, the discovery of a new problem, or an elegant experiment, which attracts the accolade. The ambiguity attached to "best" is probably what makes the exercise interesting.

My choice of the best bit of research published in the past academic year is a monograph by Jaan Valsiner. The book is an amalgam of wide-ranging scholarship, original data and the author's own theoretical perspective on the development of children's action and thinking. Valsiner believes that epistemological progress is the key to evaluating scientific progress, that is to deciding whether or not we have a clearer comprehension of nature. After examining several theories of development and presenting his own cultural-historical view, he goes on to describe investigations of behaviour change in the natural, socially rich and varied contexts of children's everyday lives. The way in which culture shapes the behaviour of infants in settings such as a mealt ime is explored and described. The joint action of adult and child in the setting is drawn out vividly in three longitudinal cases which are analysed.

Three features are worth special note. First, a very wide range of sources (they include genetics, neurobiology, anthropology, artificial intelligence and history among others) is drawn upon. Second, having worked as a psychologist in Europe, the United States and the Soviet Union, Valsiner is unusually well-fitted to integrate work from these different traditions. Finally, the framework in which he chooses to investigate development brings with it a breath of fresh air which is most welcome. I selected this as my "best" piece of 1986/87 because for me it was best on several dimensions.

**Glyn Humphreys,**

It is extremely difficult to say what constitutes the best research in any current academic year. My criteria for best would certainly include factors such as "that which stands the test of time", and "that which influences the direction of future research". It is much easier to say what is best with hindsight. So, I will select my favourite piece published since 1986. Picking a favourite is easier, since, for me, the decision revolves primarily around what is currently most stimulating. If you have to think hard about this, then probably you've nothing to write.

My decision is easy though, and I elect the work of Edmund Rolls at Oxford. Rolls's work involves detailed studies of the response activity and patterns of interconnectivity between cells in various...
cortical and mid-brain structures of the monkey. A particular interest has been the relations between cortical and hippocampal interactions in visual pattern learning and discrimination.

Single cell studies have enjoyed a high profile in the field of vision since the seminal studies of Hubel and Wiesel in the 1950s. Work was really innovative in Rolls's work, and is the marriage of the single cell studies to computational theories and modelling techniques - most especially connectionist and parallel distributed processing (PDP) models which allow complex processes to be performed via the interactions of massive numbers of simple processing units. Such models are currently in vogue, and attract interest because, amongst other things, they appear to be more physiologically plausible than computational models hitherto. But, all too often, this plausibility is more apparent than real.

The beauty of Rolls's work is that it takes the physiology seriously. It can thus constrain modelling and (a real advance here) even enable novel empirical predictions to be made. Above all, this marriage of areas is exciting. It suggests that PDP may have more than superficial attractions; it may be necessary to explain many basic behaviours.

Richard Latto,
University of Liverpool


The work coming out of Mort Mishkin's Neuropsychology Laboratory at the National Institute of Mental Health is so clearly the best neuropsychological research being done both this year, and for most recent years as well, that I simply reached for Mishkin's most recent review paper as my nomination for the best psychological research paper of 1986-87. This turned out to be a Scientific American article written with the Associate Editor of that journal, Tim Appenzeiler. There are therefore the added bonuses of a clear non-technical account, though perhaps one without the full logical clarity which is the hallmark of Mishkin's more tightly focused review papers, and some excellent graphics which have already proved invaluable teaching aids.

The paper summarizes over 20 years research at NIMH by Mishkin and 26 named colleagues from diverse countries and, more important, from diverse disciplines. By directing the enthusiasm and skills of psychologists, anatomists, and pharmacologists towards the common goal of the search for the engram, he has advanced on a front that is broader than any other behavioural science laboratory, and is now able to present a picture of the operation of primates' visual memory that is unique in its completeness and conviction.

He traces the flow of visual information from primary visual cortex through parietal and intertemporal cortex and into sub-cortical loops involving limbic and thalamic structures. At each stage he offers specific hypotheses about the cognitive functions being performed, based on behavioural experiments which ingeniously bridge the gap which has persisted for so long between the technologies of human and animal investigations of memory.

Many of the details will be modified by future work, but the strength of logic and the breadth of view in Mishkin's present account of the neuropsychology of memory are an impressive and exciting achievement.

Martin, P.M. Richards, Child Care and Development Group, University of Cambridge.


The field of developing parent-infant relationships has been rather stagnant in recent years. The great flurry of activity provoked by Klaus and Kennel's bonding hypothesis seems to have subsided. In the attachment field the most visible activity is a debate about the relationship between attachment and temperament which seems entirely engrossing for the protagonists, but a little obscure for the spectators. In such a bear market my choice of the most interesting paper of the year goes to a very simple intervention study.

A randomised trial was carried out with a group of low income New York mothers (N=49). After the birth, each of the mothers was given either a soft baby carrier (a "Snugli") or a plastic infant seat. Thirteen months later, attachment was blindly assessed using the Ainsworth strange situation: 83% of the Snugli group were rated as securely attached compared with 38% of the plastic seat group (P<0.01). Analysis showed that feeding method (breast or bottle) was not related to the attachment rating.

It is partly the simplicity of the intervention that appeals to me, and its cheapness. Most programmes which set out to influence parent-child relationships involved repeated home visits or some other kind of expensive professional intervention. Of course, many questions remain. We do not know how the mothers in either group used the devices they were given or what they felt about the intervention. The study needs to be repeated in other cultural groups whose views on child care might differ, and it would be desirable to have a wider range of assessments of the mother-child relationship. With much larger numbers in a trial, one might assess aspects of maternal and infant health. Could it be, for instance, that the stimulation of a baby that may result from carrying might have some effects on the incidence of cot death?

In industrialised societies, we tend to keep our distance from our babies. More often than not, they sleep in separate rooms and spend a lot of the day in a cot or pram. In traditional societies, babies are much more likely to be carried around by the mother or a relative. Well-designed carrying devices like the Snugli can allow a parent to carry a baby around for much of the time while doing the kinds of things that we fill our days with in our kind of society.
Halla Beloff,  
University of Edinburgh

European Journal of Social Psychology, 15, 79-105

British Journal of Social Psychology, 25, 23-32

American Psychologist, 51, 463-469

One of my "stars" is from 1985 - but a new understanding of prejudice via the Attic psychologists is a provocative event. Mick Billig with fine enthusiasm continues his resurrection of Aristotle et al. and he conjures more deftly with the Rhetorica than the rest of us.

The flight from the old biological bases of xenophobia and from the idea that bigots are different from you and me in personality and cognitive style is complete. Rather we should recognize, with Isocrates in his Antidosis, that cognition involves a social debate. Thinking is argumentative, not just information processing or pigeon-holing. Equipped with comfortable albeit contradictory commonplaces, we all valiantly defuse awkward cases with creative particularizing and rescue our pet theories. We play with a wide set of rhetorical or linguistic repertoires. While extreme groups will influence all common-sense justifications, and the very fluidities of our internal arguments mean that the temptations of the familiar biases will always be there, that constant equivocation allows a more optimistic view of social change.

His account of Max Weber's perfect bureaucrat, developed as a model for the strict categorization in thought, is actually fun to read. The scholarship is marshalled with aplomb and sharp point. It would be good now to have an application of these ideas to the Northern Ireland people's views of each other. Neil Waddell and Ed Cairns have tested out the breadth and salience of Protestants' and Catholics' national identities in the widest set of social situations yet. In an area where the questions that researchers ask actually matter, they go about their work with good diplomacy. Understandably their informants are students: even in this group, watching Ireland play Rugby seemed to be the one unifying situation. It is hardly a cheering finding. Although it might suggest that the Ancient Olympics still have some mileage for social cohesion ... The Broverman et al Revisited paper has to be noted because so many of us have referred to that finding that women are less likely to have positive mental health attributes made to them. It seemed to true. Now this is another conclusion that was affected by a slip-up in the psychometric technics, namely in the balance of possible positive scores that could be given to the male and female target persons. There are also more complicated issues about the range of all possible adjectives that one would ordinarily apply to women and to men. It seems the logic of "the small print" is too often worth checking. We'll have to start again.

AUSTRALIA 88  
(URGENT)

The 24th International Congress of Psychology runs from 28th August to 2nd September 1988 in Sydney. The Society has made flexible group travel arrangements at good rates with Status Travel Limited which include variable stopovers on the way out or back, a variety of trips and tours and some free and discounted air travel.

There are too many options to detail here but they include the cheapest (there, student accommodation and back) at £995 to £1,500 if you have a hotel, add a "swan around" The Great Barrier Reef and visiting Expo 88 in Brisbane plus visit Singapore for a few days.

Outline programme, registration forms and package booking forms are available from the office which will also act as a clearing house for registrations so you can pay in sterling - this service has also been extended to members of other European societies.

The urgency is twofold

A lot is happening in Australia this bicentennial year and hotels etc. are filling up

Bookings are required in June and cheaper registration ends 31st March.

Conference hotline (0533) 557123, Status Travel Ltd. (0730) 66561

INSTITUTE OF PSYCHIATRY  
(University of London)

BETHLEM ROYAL AND THE MAUDSLEY HOSPITAL 
De Crespigny Park, Denmark Hill, London, SE5 8AF

FRIDAY, 4TH MARCH, 1988

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* Social cognition and social impairment
* Future direction for research

Mrs Nadine Morgan, Institute of Psychiatry, De Crespigny Park, London, SE5 8AF.  
Tel. 01-703 5411
Developing the Role of Clinical Psychology in the Context of AIDS

David Miller and Barrie Brown

Introduction

A clear role for psychologists in the management of the epidemic of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) has been slow to develop in the United Kingdom. This may, in part, be due to the relatively late emergence of the epidemic in this country (Lifton & Curran, 1987). Additionally, there has been an absence of psychological literature on AIDS worldwide until quite recently. Even in this recent literature the role of psychologists in the context of HIV and AIDS has been limited to providing suggestions for research on psychosocial issues, such as transmission behaviours, lifestyle risks and psychoimmunologic considerations (e.g., Coates, Temoshok & Mandel, 1984; McKusick, Horstman, Abrams & Coates, 1985), and psychosocial phenomena and interventions with individual patients (e.g., Dilley et al., 1985; Wolcott, Fawzy & Pasnau, 1985; Miller & Green, 1985). Since medical services for people with HIV infection and disease have developed in a concentrated way in the London area, clinical experience has necessarily been greatest there. From this scenario it is understandable that the role of psychological services has first begun to develop there in a comprehensive way (Miller, 1987a; Miller, Green & McCreaner, 1988).

Early notice was given to the rest of the psychological establishment in the U.K. about some of the issues arising from this emerging experience (Green & Miller, 1983a). However, it has only been with the dissemination of a national publicity campaign in the early months of 1987, alerting the general public to the risk of infection associated with HIV, that the true scope for the involvement of psychologists in HIV-related management has become more widely discussed. Two recent papers by U.K. psychologists have focussed on a relatively narrow range of issues relevant to the profession (Cooper & Bender, 1987; Fletcher, 1987). This paper focuses on a number of aspects of HIV/AIDS and public health to which psychologists can add considerable expertise, including those that go beyond simply responding to demands for psycho-social services to individuals infected. In particular, it is clear that the psychologist can offer valuable input on three levels: (1) clinical expertise; (2) research expertise, and (3) social policy development. Each of these roles will be addressed as appropriate in the division of specific issues below.

Working with Patients

The range of psychosocial problems faced by individuals arising from the threat of HIV-related disease has been widely documented in the developed world, as have the associated financial, occupational and accommodation issues (Deuchar, 1984; Altman, 1986; Miller, 1987b; Jacoby-Klein & Fletcher, 1986a,b). Psychologists have made a major contribution to documenting the assessment and management of HIV-related psychosocial morbidity in differing populations including homosexual men (e.g., Nichols, 1987; Tross et al., 1986; Temoshok et al., 1986; Miller 1986a), injecting drug-users (e.g., DesJarlais & Friedman, 1987; Mulvey, 1987), and women (e.g., Darrow, et al., 1987). Major psychosocial phenomena seen in this context are listed in the Table.

Despite this thorough groundwork there remains little clear evidence of how effective psychological interventions can be for client groups with such problems (Miller, 1987c). Most reports have described morbidity but little attention has been paid to the impact of ameliorative strategies in the short or long term (Johnson & Miller, 1987). Those few reports that have concentrated on evaluation have highlighted the efficacy of cognitive behavioural approaches for the management of AIDS-related morbidity and, in particular, the management of sexual and lifestyle adjustment in specific populations at risk for HIV disease (e.g., Miller, Green & McCreaner, 1986; Watters, 1987; DesJarlais et al., 1987).

Clearly, the scope for prospective studies of intervention efficacy is considerable, both with specific groups in which HIV is most commonly manifest and in those individuals and groups who presently perceive themselves to be at lower risk of infection, and whom appear resistant to adopting future low-risk sexual and behavioural recommendations (Nicholas et al., 1987). Such research must recognise the geographical specificity of revealed findings since cultural imperatives on, e.g., sexual expression, often have local relevance only (Johnson & Miller, 1987).

Psychosocial morbidity is no less prevalent in the loved-ones and carers of people with HIV infection and disease (Miller, 1987b; Jacoby-Klein & Fletcher, 1986b). Early reports have highlighted the dynamics associated with problem relationships patterns and marital stress for those with HIV and their partners (Christ & Wiener, 1985; Nichols, 1987; Miller, 1987b), and anecdotal reports have made reference to high levels of psychosocial distress suffered by these groups.

Education and Prevention

At the start of the AIDS epidemic, one of the earliest realisations of both clinicians and researchers was the paucity of relevant knowledge. This was highlighted in the first round of reports which were produced to highlight the nature of the epidemic (Miller, 1987a; Miller, 1987b; Jacoby-Klein & Fletcher, 1986b). Early reports have highlighted the dynamics associated with problematic relationships patterns and marital stress for those with HIV and their partners (Christ & Wiener, 1985; Nichols, 1987; Miller, 1987b), and anecdotal reports have made reference to high levels of psychosocial distress suffered by these groups.

Some Psychological Phenomena associated with HIV Infection and disease

Shock:
Over diagnosis and possible death
Over loss of hope for good news

Fear and Anxiety:
Of uncertain prognosis and course of illness
Of disfigurement and disability
Of effects of medication and treatment
Of isolation and abandonment and social/sexual rejection
Of infecting others and being infected by them
Of loved-ones' inability to cope with their possible illness
Of loss of cognitive, physical, social and work abilities

Depression:
Over "invisibility" of health decline
Over absence of a cure
Over the virus controlling future life
Over limits imposed by ill-health and possible social, occupational, emotional and sexual rejection
From self-blame and recrimination for being vulnerable to infection in the first place

Anger and Frustration:
Over inability to overcome the virus
Over new and involuntary health/lifestyle restrictions
At being "caught out" and the uncertainty of the future

Guilt:
Over past "misdemeanours" resulting in "punishment"
Over possibly having spread infection to others
Over being homosexual or a drug user

Hypochondriasis and obsessive disorders:
Relentless searching for physical diagnostic evidence
Faddism over health and diets
Preoccupations with death and decline, and avoidance of new infections
liable information available on the sexual lifestyles of populations most at risk (Green & Miller, 1983b; Miller, 1986a). There is a growing need for patterns of high-risk sexual behaviour to be researched in all social groups so that we can know what we are up against in designing health education (Nicholas et al., 1987). Clinical psychologists are well placed to influence the design of appropriately-targeted strategies for high-risk groups who are most at risk, including girls, children, all sexually active adults, drug-users, etc. This is especially so if the right balance is to be struck in health education between motivating appropriate behaviour change and general, immediate fear-arousal (Ingham, 1987). The importance of achieving such a balance is clear considering that sustained change in sexual behaviour change (together with prevention of needle-sharing in injecting drug users) is the only means we have at present of stopping the epidemics of HIV and AIDS (Finch, Weiss & Miller, 1987).

No less important is the role of psychologists in the appropriate education of health service staff themselves. The literature contains numerous references to infection control and management procedures in hospitals and community facilities, based on different degrees of understanding of HIV transmissibility and of patients with HIV infection (e.g., CDC, 1985; Dinsdale, 1985; COHSE, 1985). Further, reports have appeared indicating that patient care can be compromised where staff ignorance or fear about HIV has not been effectively addressed (Gordin et al., 1987). Educational strategies based on sound clinical and psychological research should be beneficial, given the likely scale of the HIV epidemic and the continual need to motivate and maintain safer sex behaviour in future. Lessons from analogous past and current health crises, regarding optimal strategies for care of patients and long-term staff safety, are clearly by far the design of staff HIV education packages (cf. Home Office Prison Service, 1987). The daunting task of enabling the health "establishment" to intervene effectively with traditional marginalised groups (such as injecting drug users) is in itself a challenge which clinical psychologists cannot just look on. Staff Management

Over the last three years a number of reports have highlighted the devastating impact on health care staff that HIV patient management can create (McKusick et al., 1986; Christ & Wiener, 1985; Miller 1987d; see also Nichols, page 50 this issue). Clearly there is a role for psychologists in designing and developing appropriate staff support packages so as to reduce psychosocial morbidity within this experience and therefore for groups who frequently provide chronic and terminal care to patients and bereavement services to loved-ones. Where such packages have not been appropriately designed or offered, high levels of staff distress reflected in high staff turnover have resulted.

Developing Effective Disease Management

As medical understanding of AIDS and HIV has grown more sophisticated and precise, a broader range of clinical services has necessarily developed as a consequence. This is particularly so in relation to acute and chronic CNS disease consequent upon HIV infection (Navia, 1987; Navia & Price, 1986). Neuropsychologists have a vital role in assessing degrees of change associated with chronic HIV infection, together with the effectiveness of anti-viral agents that cross the blood-brain barrier, such as Zyovudine (Forster, in press). Much work is also required addressing the need for monitoring and remedial strategies for memory, visual, attentional and other common HIV-related CNS and PNS disorders (Acton, 1987).

Neuropsychological research from the United States suggests that some techniques of neuropsychological assessment can help to improve cognitive function and consequently help to form a valuable tool in prospective intervention assessment (Sidtis et al., 1987; Janssen et al., 1987; Tross et al., 1987). Further research is required, however, to monitor lymphotropic, virucidal and neurologic efficacy of "new generation" antiviral drugs that are likely to become available, and the international psychological jury is still undecided on optimal tools for brain-behaviour monitoring in HIV infection/disease. Such definition is urgently required if we are effectively (and prospectively) to establish (early indications of) the neuropsychological characteristics of HIV dementias.

It is now also becoming clear that aggressive, preventative information in communities at risk (e.g., injecting drug users and prostitutes) are vital in containing the spread of HIV infection in inner city areas (Des Jarlais & Friedman, 1987; Johnson & Miller, 1987; Walters, 1987). Psychologists therefore have a role in collaboration with multi-disciplinary health teams in design and control of counselling and educational interventions designed to reach such populations. Health outreach in the community must expand sooner rather than later in this respect. Further, the evaluation of such resources is crucial in determining their effectiveness or lack of it - another role for psychological expertise.

The need to provide specialised psychological assessment and therapy for people with HIV infection and disease has already been stressed in an earlier section of this paper. However, many non-infected persons, for example the "worried well", present conspicuous and chronic management difficulties which may well be amenable to behavioural psychotherapy (Miller, 1987e). Many of these patients present with intractable obsessive and hypochondriacal disorders (Miller 1986b; 1997e), and cognitive-behavioural interventions for relief of these present in the context of drug use and compulsive sexuality are also widely relevant (e.g. Mullaney, 1987; Marlett & Gordon, 1985). The true significance of the role of specialised psychotherapy in the context of HIV is yet to be assessed. Tantalising early research from the field of psychosocial research suggests that appropriate behavioral psychological interventions may actually assist in diminishing the spread with which HIV disease strikes the infected host (e.g. Temoshok et al., 1987).

Understanding is clearly at an early stage, but as with other issues raised by HIV, the need and potential for further work is great (and may have life-prolonging consequences).

Social Policy Management

In spite of these considerations, the focus on medically-related challenges perhaps distracts from the fact that AIDS is as much social as a medical phenomenon. The strength of this assertion is evident in the often extraordinary responses that the presence of HIV infection generates within the wider community (House of Commons Social Services Committee, 1987). Psychologists must assert their voice and expertise in policy-making on management and education, for example, as has been done in the establishment of HIV antibody screening protocols (Miller, Jefferyes, Green & Harris, 1986). Furthermore, the long term demands on existing statutory and non-statutory resources in hospitals and in the wider community requires a more thorough understanding of the stresses such resources are likely to suffer in years to come. The resulting knock-on pressures for the local communities they serve must also be appreciated and planned against while we still have time. This point is particularly pertinent given, for example, recent evidence of the extent of HIV dementias appearing in the absence of other systemic disease (Navia et al., 1987).

Overall, the potential role for psychologists is considerable in determining the best possible assessment and management strategies for those with and without HIV infection and disease. These roles include the provision of psychosocial services (prophylactic, acute and longer-term) for patients and their carers, the provision of neuropsychological services, the development of community and CNS-related rehabilitation services, and of staff stress management techniques. The psychologist also has an important role on "hands-on" health programmes with traditionally marginalised groups at risk. Research roles reflect the absence of, or primitive, understanding of lifestyle and psychophysiological functioning in the context of HIV, the need to assess the efficacy of tried and untested assessment and therapeutic regimes (for staff education and support as much as for patient systems), and the need to evaluate service delivery within and without the formal care setting. On the broader level of social policy development, psychologists have a legitimate right to demonstrate their expertise alongside their fellow-professionals, whose understanding of the true significance of psychosocial issues in social diseases may well be sub-optimal.

Of course, investment in such roles carries the obligation to recognize and support a multi-disciplinary team approach in
References


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Requests for reprints should be addressed to:
David Miller, Academic Department of Genito Urinary Medicine, James Pringle House, The Middlesex Hospital Medical School, London W1 N BAA.
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February 1988
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The Psychologist

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The Role of Ideology in the Individualization of Distress

Richard Marshall

It is my impression that during the past decade there has been a reorientation towards an emphasis on the search for genetic and biological causation of what we term mental illness, as distinct from a range of other disorders of conduct ranging from criminality to alcoholism. That impression, shared by others such as the American psychologist, George Albee (1982, 1986), is not only based upon the increasing volume of biologically oriented research in the field, but on the concomitant assertion that the genetic underpinnings of such research are well proven. The particularly important point is that without this certainty in the major role of heredity there would be little justification for the continuing hunt for biochemical and anatomical correlates of disorders of conduct. A statement by Gottesman and Shields, authorities in the field, sums up the central relevance of the evidence derived from studies of heredity:

Our case for the role of genetic factors in the etiology of schizophrenia ... implies a biochemical and/or biophysical cause for the malfunctioning of the brain that leads to the development of schizophrenia (1982, pp. 235-236).

Yet in spite of seemingly uncontroversial evidence for such clear-cut announcements I am not alone in doubting what is rapidly becoming accepted wisdom concerning the significance of genetic factors in a variety of disorders. The debate has traditionally focused on the disorder termed schizophrenia, and it is here that I will concentrate my discussion. Although I aim to consider the evidence, for a hereditarian stance this is not to imply that this assumes that schizophrenia is, in itself, a meaningful concept, or that the illness model implied is suited to an understanding of personal distress. There have been assertions that the genetic underpinning should not be construed as illness, but as a potentially understandable response to an individual's developmental history within a particular family and culture. Long ago the late Don Bannister argued that schizophrenia, as a concept, was a semantic Titanic, doomed before it sailed: a concept so diffuse as to be unusable in a scientific context (1968).

For those not familiar with the issues it may seem that such discrepancies in approach are somewhat irrelevant, and that the important business is in getting down to doing something about alleviating distress. However, the conceptualization determines the therapeutic mode. Acceptance of the organic-biological view of schizophrenia tends to imply physical or chemical treatment. Other approaches suggest that therapy will be of a psycho-social nature. But there are also ramifications concerning the nature of psychological disorder generally. Disorder, or distress as I would prefer to term it, may be seen as either emanating from within the individual, or from a more complex set of inter- and intra-personal factors, together with their interaction with a range of social-economic variables. I would also suggest that the way in which schizophrenia's origins are construed will influence the ways in which we conceptualize other disorders.

As in all nature-nurture debates, it is difficult to avoid the political dimension. Pastore (1949) considered ways in which American scientists' stance on the issue related to their wider political beliefs. He found that liberals and radicals were more likely to support an environmental position, in contrast to conservatives who favoured an understanding which emphasized genetic and organic factors.

I raise this point not, as it will perhaps be seen by some, to "drag politics into science", but to confront the possibility that science may not be immune from the cultural climate of the wider society. I will be returning to consider this point in detail, and I hope to show that orientation does indeed have a considerable effect upon the derivation of data, their interpretation, reinterpretation and dissemination. Additionally I aim to relate the business of "knowledge building" to the less obvious ideologies underlying the moulding of knowledge bases.

The Genetic Case

The genetic case for schizophrenia rests almost entirely upon twin and adoption studies. Elsewhere I have examined in detail the most important and oft-quoted of the twin studies, that of Kallmann (Marshall, 1984, 1986, 1986). Kallmann's findings (1946, 1953), widely quoted in papers and textbooks over the years, had a dramatic impact; he reported concordance rates of 86 and 15 per cent for monozygotic and dizygotic twins, respectively. Yet it emerged, after Kallmann's death, that a variety of arbitrary statistical and diagnostic correction factors had masked the original rates of 50 and 6 per cent.

I also showed that Kallmann was deeply committed both to a biological psychiatry and to eugenics, and that he was a firm believer in a genetic model long before carrying out his twin research. The ways in which he dealt with the two crucial variables in which he was interested, diagnosis and zygosity, both far from objective assessments, tend even Kallmann's 50 and 6 per cent concordance rates most doubtful, especially as he did not take even the elementary precaution of obtaining the services of a disinterested assessor.

The point of my evaluation was not to attack or discredit the hereditarian stance but to indicate a possible link between ideology and research results, and also, perhaps more importantly, to show how such findings have had a marked influence on the conceptualization of schizophrenia. Kallmann's work led to an increased confidence in the eventual discovery of an underlying biological aetiology.

The common rebuttal of one who would point to historical evidence of error is that our own modern-day approaches are based upon firmer, more scientific, more objective evidence. Such a belief does not, I believe, stand up to scrutiny, as I hope to show in the evaluation of more recent data which purport to support a genetic stance of schizophrenia. Even at the level of statistical analysis it is difficult to avoid the conclusion that arbitrary methods are now used, the effect of which is to enhance hereditability ratios. For instance, Pettitt and I (1965) examined the ways in which statistical analyses advocate that others should calculate concordance rates - the crucial figures in twin studies. More recent studies (cf. Kendler, 1983) have, indeed, referred to their advice, and changed their methods accordingly. Gottesman and Shields have recalculated the data supplied in previous studies by others, and these revised figures are the ones which tend to be reproduced in reviews and textbooks. We concluded that the new method is unscientific, and serves to weaken the apparent role of environmental factors, at the same time bolstering even further apparent genetic aetiology.

In the past decade it has been the Danish adoption studies which have been widely cited as definitive evidence of a major genetic component in schizophrenia. Yet several careful critiques seriously caution acceptance of such enthusiasm. For a full account of the numerous criticisms the most recent evaluation by Rose et al. (1984), is worthy of detailed study. They conclude that the weaknesses are so obvious that it is difficult to understand how distinguished scientists could have regarded them as eliminating all the artifacts with a single family and twin study of another. A meticulous examination by Lidz and Blatt (1983) arrives at a similar conclusion, and Sarbin and Mancuso (1980)
describe these Danish adoption studies as being of small value. However, it is an unusual study by a team of French researchers (Cassou et al., 1980), which leads me to the point to which I promised to return. They not only point to major flaws in the design, inferences and conclusions of the Danish studies. Their detailed analysis of genetic studies generally goes much further.

After a meticulous and exhaustive re-evaluation, we therefore conclude that there is no evidence for a genetic effect in the schizophrenic process.

Cassou and his colleagues go on to consider the 10 most important recent reviews of the etiology of schizophrenia by authors who are considered authoritative in their respective disciplines. These 10 reviews were found to be unanimous in stating, or giving to understand, that the importance of genetic factors had been convincingly demonstrated.

So, in spite of Cassou et al.'s own analysis of the papers cited in the reviews, there existed a consensus that the genetic case is proven. They assert that this process through which a consensus is reached within academic circles, on multidisciplinary issues of great social importance, is itself a serious issue.

The very existence of such contradictions shows the potential danger of relying on expert opinion on matters of social importance.

Sociology of Scientific Knowledge

It is not my intention to suggest that the explanation for the existence of such contradictions is to be found in conscious distortion. Any understanding should start, I believe, with some consideration of the sociology of scientific knowledge and social history. In this context it is necessary to consider the ways in which the very nature of psychology and psychiatry (the "psyche" disciplines) tend to localize disorder or distress within the individual. It could be argued that such an approach, which views disorder at a biological or psychological level, serves to obviate the necessity to look at wider, more complex, societal issues.

It seems that attempts to place psychological theories in a social context are unpopular within psychology. One of the few psychologists to turn his attention to this, Buss (1979) emphasizes that psychology, as practiced by professional academicians, occurs in a social context (psychology is tied to the infrastructure of a society or socially defined groups). "Facts" says Buss, "are embedded in a particular framework which in turn rests upon certain epistemics and metaphysical presuppositions. In short there is an intimate relationship between statements of value and statements of fact. So the particular researcher and his or her theories are tied to particular values, beliefs and ideologies." Whilst psychologists might find this analysis discomforting, it is worth considering that an eminent scientist, from a discipline generally considered to be "harder" than psychology, found little in the concept of contextual relativity of science to unsettle him:

Often enough the ideas which statesmen and divines think they have taken from the latest phase of scientific thought are just the ideas of their class and time reflected in the minds of scientists subjected to the same social influences (Bernal, 1965).

Perhaps the most outstanding illustration in psychology of Bernal's point is to be found in Stephen Gould's fascinating and excellent analysis of the history of the assessment of mental abilities in The Mismeasure of Man (1981). Gould delineates the attempts, over two centuries, to measure scientific human intellectual capacities and their origins and correlates. By meticulous consideration of source material, an activity so rarely encountered in psychology, Gould reveals how data were subtly distorted to fit preconceived attitudes and prejudices of the dominant groups in American society. His evidence constructs existence is a socially embedded activity which must be understood as a social phenomenon, at times serving as a mirror of social movements. Gould is not claiming that a factual reality does not exist, but that the roads to it are lined with preconceived attitudes which shape and influence.

It is worth noting that Gould is not a professional psycholog-
example of Bernal's understanding of the interaction between science and society. The most prominent myths of Victorian society in Western Europe were the inheritance of delicate or weak nerves, and the myth of the degenerate.

With increasing specialization it becomes not only rarer to cross so-called disciplinary boundaries, but we become less likely to perceive any relevance in a socio-historical analysis. Yet it seems to me that without such an approach we can offer little more to the understanding of discrepancies and inconsistencies described by Cassou and his colleagues than some psychological framework centred on the distorting effects of serial reproduction, and an unwillingness on the part of many writers to examine source material in any detail. By considering such detailed accounts as that provided by Dowbiggin we are better able to make sense of Cassou's finding in the context of both social and ideological history and the developments of the "psycho" disciplines.

Albee's comments (1982) are particularly relevant at this point. After a lengthy involvement with psychology he arrived at the conclusion that social scientists have always selected theories that are consistent with their personal values, attitudes and prejudices. They then seek to find facts that validate their beliefs about the world and human nature, neglecting or denying observations which contradict their personal prejudices. Albee is particularly concerned with the ideological and political origins of explanations of deviance or the causes of so-called mental disorders. Whether it be the "taint" model of psychology or the "illness" model of psychiatry the advantages are the same: social forces are not held responsible for individual pathology, and no reason, for social change as a form of primary prevention of psycho-pathology because social forces are not involved in creating mental illness.

Albee suggests (1986) that what are conceptualized as diseases or illnesses are often learned patterns of socially deviant behaviour or idiosyncratic thought that results from stress and disorganization. Consequently, prevention efforts aimed at reducing distress occur for reasons which make it attractive, illustrated booklet for those contemplating a degree course or similar qualification in psychology. Opportunities in educational, clinical, occupational and prison psychology, as well as teaching and research, are described and illustrated. Profiles of a range of careers where a background in psychology has proved useful are also included. Names and addresses of useful organizations and guides to further reading are provided.

Requests for reprints should be addressed to: Richard Marshall, Nottingham Psychology Service, St Ann's Hospital, Porcherry Road, Nottingham NG3 6LF.

**References**


Requests for reprints should be addressed to: Richard Marshall, Nottingham Psychology Service, St Ann's Hospital, Porcherry Road, Nottingham NG3 6LF.
Books

Human Relationship Skills: Training and Self Help.
Richard Nelson-Jones
£5.95 (paperback)

Richard Velleman

In sending me this book, the Book Reviews Editor clearly felt I needed a self-help manual on how to improve my relationship skills; but I have to report that this volume only provides a part of what I need. In summary, this is a book which has substantial positives and substantial negatives. Essentially readers will have to decide for themselves which aspect wins out; but my feeling is that the limitations of the book overshadow its assets.

To take the good parts first. The book has 11 chapters and each one is clearly delineated and well structured, both internally and in relation to the other chapters. The 11 are titled: You can relate more effectively; How you learned to relate; Personal responsibility and feelings; Talking about yourself; Starting and developing relationships; Defining and asserting yourself; Becoming a good listener; Helpful responding; Managing anger and stress; Managing conflict; and Maintaining and developing your relationship skills.

The wording of the titles gives some idea of the overall style of the book. Each chapter is well thought out, with a good integration of clear logical ideas and exercises focussed on the issues being discussed, and ending with a concluding statement phrased in inner speech (i.e. "I have a choice about how I talk about myself" or "I need to assume responsibility for the quality of my listening."). There are lots of sensible comments and a large number of lists e.g. why relationships are important, ways of building children's self esteem, why talking about oneself is important, ways of coping with negative criticism, ways of further developing your relationship skills, and so on.

There is also a clear philosophical basis to the book: "Relationship skills are a series of choices which can be well or poorly made. You are personally responsible for making (these) choices. You can be trained to learn different and better ways of relating" (pp vii, 10) and a clear theoretical basis - learning theory and Maslow's self-actualizing human potential theory. The 85 exercises inter-leaved with the text are simple, and can all be done alone, in pairs or in groups. And the emphasis is on "democratic relationships in which there is a mutual commitment to openness, genuineness and sharing".

On the other hand, there are numerous negative points as well. Nelson-Jones is aiming at too wide an audience. He states that this book can be useful for everyone - as a course book for training courses in Human Relationship Skills which might be held in "schools, colleges, health and social services, the public service, religious settings, industry and commerce, and voluntary agencies (e.g. marriage guidance)" (p. vi); as a basis for training "counsellors, psychologists, social workers and others in the helping professions" (p. vii); and as a self-help manual which could be read on your own with you working through the exercises, or which partners could work through together, or which you could use for revision if you've been on one of the Human Relationship courses mentioned above, or which could be given to clients to augment their counselling or psychotherapy.

If Nelson-Jones could write a book which was simultaneously a self-help manual, an academic textbook, a professional training course handbook and a classroom training manual, these ambitious aims would be laudable; as it is I feel he essentially fails somewhere in the middle of all these - not a good academic book, but not a good self-help one either. On the one hand he has a lightweight style with bad jokes "one wog has quipped 'make love, not war. I'm married, I do both'" (p. 1), "Despite scientific advances it generally takes two to make babies" (p. 2), lots of assertions with no evidence "You have a need to know and be known at least by one other (person) at a deep level", "human beings are biologically programmed to need contact with other human beings", and so on; yet on the other hand he introduces jargon terms which are out of place in a self-help manual: "Social Skills Training or SST"; "Psychologists call learning from observation learning from modelling."

He also oversells his book, writing about it that "It is comprehensive in its coverage of relationship skills and "It is written in simple and clear language."

Surely these are judgements which readers need to make for themselves; and indeed I am not convinced by these claims - the use of jargon, and his rather wordy writing style make the book less simple and clear than it otherwise could be, and the rather slight exercises and very simplistic set of skills belie the claim of comprehensiveness. By this latter criticism I mean that of course skills are important in successfully making and maintaining relationships, but they are not the only important thing - and the book seems not to come to grips with a deeper understanding of people's insecurity and feelings of incompetencies which disempower people from using their skills. For me the book misses the deep feelings and the complexities of making and maintaining personal relationships.

Overall then I feel this is a Curate's Egg of a book - good in parts, but with failings for me in terms of style, over-simplistic theoretical base, wordiness, and a fundamental philosophical disagreement both in terms of its dismissal of social and political factors in people's distress and in terms of a book about relationship skills being solely focused on individual skills rather than joint ones. On a personal note, I feel that I still have a lot to learn about relationships and relationship skills, but this book did not help me very much - the exercises did not stimulate me, the ideas did not excite me - I was left feeling that I already knew what was written here; I'm ready for the advanced course now!

Editor's Note: This review was written some months ago, but lost in the post. Apologies to both author and reviewer for delays beyond our control. Better late than never.

Publishing in the Organisational Sciences
Edited by L.L. Cummings & P.J. Frost
Homewood, Illinois: Irwin, 1985, $11 hardback

James Hartley

Every so often I come across a text which makes for compulsive reading. This is one such text. Publishing in the Organisational Sciences contains 28 chapters, 794 pages, and costs, hardback, only $11. (Mind you, if you send for a copy direct from the publishers, I would ask them to send it surface-mail as the air-mail cost is $16.)

This text contains something for everyone involved in academic publish-
ing. There are sections for beginners (and old-hands) on how to write publishable articles; for reviewers on how to referee articles; and for editors on how to edit journals (old and new). Some chapters present personal statements, some present data. The text contains theories, prescriptions and research findings. Above all it provides a feel for the diversity and complexity of academic publishing: one ends up with simple admiration for the efforts (usually unpaid) that go into editing important and complex successful journals.

In the sections for authors there are chapters by novices and experts. New writers comment on their ignorance of what to do, their fears of doing it incorrectly, and their reluctance to ask for advice. Experts proffer (conflicting) guidance on how to go about the task. More theoretical chapters discuss the role-conflicts experienced by young researchers - and how to collaborate with one's supervisor, with other respected academics, and with one's own research colleagues.

In the sections for reviewers there are discussions of the aims of refereeing and of the reliability of the reviewing process. One referee is quoted as saying that he has never recommended an article be published first time around for initial reasons. Experts differ: some referees hunt for fatal flaws; some try to help the authors to develop their theoretical ideas and to improve their writing style. It appears that referees concentrate in the main on the quality of the ideas expressed and the appropriateness of the methodologies used.

In the sections for editors there are discussions about the advantages and disadvantages of different editorial processes: editors speak for (and against) blind reviewing; letting the authors see all the comments of the referees; exchanging referees' reports amongst the referees themselves; and what to do when referees differ. A good deal of attention is given to how referees are chosen in the first place, and how their performance can be monitored.

Generally speaking there is more discussion than data. However, there are data-driven chapters. One compares the writing strategies of less and more experienced writers. Another examines the editorial processes of 18 experienced editors. A third examines case histories one editor's decisions concerning 34 articles submitted to the Academy of Management Journal over a three-year period.

Most chapters contain a wealth of information and detail. Artefacts, such as copies of letters sent by editors to authors and vice versa, are presented. Authors, referees and editors say some sharp things about each other. The book concludes with two case histories of the publication process which take up between them 270 pages. In the first case history an article is recommended for clear acceptance by two referees, and for complete rejection by a third. The original article, the referees' comments and the whole subsequent cycle of events (including three revisions) is presented. The final version of the article was eventually accepted three years later. Both the author and the editor write a retrospective on their perceptions of it all.

In the second case history, an article is recommended for acceptance as outstanding by one referee, and for complete rejection by two others. Again this article, the ensuing correspondence and the revisions are presented for inspection. (This article was finally rejected - but it appears in a revised form as an earlier chapter in the book.) Again the authors' and the editors' reactions are presented.

To summarize: Publishing in the Organisational Sciences provides multiple perspectives on the publishing process. Writing, refereeing and editing are discussed in theoretical and practical ways. Experts and novices contribute. Prescription, emotion and drama go hand in hand with theoretical and data-based chapters. Much previous research is discussed and elaborated. All involved in publishing will find many parts of this book fascinating.

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Analysing Conversation:
Rules and Units in the Structure of Talk.
Taylor, T.J. & Cameron, D.
Pergamon Press, Oxford, 1987, £23.95

Simon Baron-Cohen
Once upon a time linguistics was only about studying language, or idealized competence. Over the last few decades there has been a growing interest in conversation itself, performed by real speakers in real situations. Such research is often referred to as discourse analysis. This book appraises five models of discourse analysis (a social-psychological theory, a speech-act theory, an exchange-structure theory, Gricean theory, and an ethnomethodological conversation analysis), devoting one chapter to each model. The authors demonstrate how the notion of generative rules and identifiable units from Chomskyan linguistics has crept into all five models in different ways, in the search for a rule-based model of conversational structure.

This slim book provides a clear discussion of the philosophical and psychological problems inherent in all of these models, and is a very useful (if selective) review of the literature. Refreshingly, it is one of the first books in the short history of this field to stand back and criticize it. It is, however, somewhat overpriced.

PSYCHOLOGY SURVEY 6
Edited by John Nicholson and Hallie Beloff

Like previous volumes in this authoritative series, Psychology Survey 6 presents a wide-ranging selection of topics that are currently generating significant interest and research activity.

Contents: Experiments and experience, Keith Oatley • Face Recognition, Andrew W. Young • Emotion, Brian Parkinson • Reasoning, Jonathan St B. T. Evans • Identity, Glynis M. Breakwell • Language, social identity and health, Caroline Dryden & Howard Giles • Eating and eating disorders, P. Wright • Human organic memory disorders, Andrew Magee • Concepts of sociobiology, John Lazzara • Animal experimentation, Jeffrey A. Gray • Hypnosis, Graham F. Wagstaff • Computer design, David F. Oberle • Television, Barrie Gunter • Index.

January 1987; 320pp
BPS members:
PB £6.50
HB £15

THE BRITISH PSYCHOLOGICAL SOCIETY
St Andrews House, 48 Princess Road
East, Leicester, LE1 7DR, UK.
Computer Column
Edited by Tony Gillie

PC-WRITE:
Word Processing Package: Sagesoft plc, NE1 House, Regent Centre, Gosforth, Newcastle upon Tyne NE3 3DS. Supplied on 5.25" floppy disk for IBM-PC and compatibles (minimum 320K RAM) running MS-DOS. £99.00 + VAT.

For any word processing package to compete in the software market it must provide a wide range of facilities. PC-Write, by Sagesoft, is described in the user manual as a "full-feature word processor for the IBM Personal Computer and IBM Compatibles". It was with this statement in mind that I used the software.

PC-Write comes on two 360K floppy disks, which was refreshing after dealing with some IBM-PC software that consists of 10 (or even 20) floppy disks. One consequence is that installation is very simple. Documentation is a single manual, dealing with all aspects of PC-Write, from "Getting Started" to "Customising" the package. Unfortunately, the print face is very small and this becomes annoying after a few minutes’ use. This complaint aside, the manual is very good. The first section, dealing with computers and DOS (Disk Operating System) can be recommended as a potted general description that would apply to any IBM-PC software, and the "Tutorial" covers the preliminary aspects very well. It has separate sections on the major functional aspects of PC-Write such as managing files, formatting and printing text. The index is comprehensive and the appendices cover important information, such as key-board codes and printer font types.

On-line help is becoming a major feature of all professional software; some is more useful than others. PC-Write’s on-line help takes only a few minutes to learn how to use and, unlike some, can be used effectively whilst word processing. Pop-up menus are produced by a single key-press and help on a particular topic, such as footnotes or file conversion, can then be selected. Two aspects commend it. First, it is very convenient and quick to switch from entering text to the on-line help facility and back again. Second, help on a particular topic only fills a single screen and is not over-verbose. After only a few minutes use, I consulted the on-line help on almost all aspects of PC-Write rather than turning to the manual. The single most useful aspect of the on-line help is that once a specific help screen is selected future requests for on-line help will produce the same screen. This means that you can quickly switch from editing to help and back again as many times as you wish until you have carried out the desired operation correctly.

The word processing features are comprehensive. The usual commands for editing text are available, including editing blocks of text, finding and replacing text etc. These facilities are easy to use and the on-line help "reminds" the user how to access them. Horizontal margins, tabs and justification are controlled by a "ruler line" that may be displayed at the bottom of the screen. The ruler line may be edited in the same way as normal text and different rulers may be used in a single document. Any changes to the ruler line appear on the screen immediately. Other formatting commands include defining the page layout, defining headers and footers and inserting footnotes. These are included in the body of the text by inserting a special character followed by the required format command. They are executed when the file is printed. A nice feature of PC-Write is the ability to automatically number text, including footnotes. Indeed, PC-Write deals with headers, footers and footnotes especially well.

Printing either the whole of a document or part of a document is very easy and an impressive range of printer types are supported. A number of documents may also be included on one print run and the document(s) may be printed to a file rather than to a printer. PC-Write also supports mathematical symbols and the IBM extended character set - (these will only print, of course, if your printer supports them).

The spell checker is easy to use and users can compile their own dictionary of words. All words may be checked as they are typed, a single word checked or the document checked sequentially word by word. The spell checker will also "guess" the correct spelling of a misspelt word, a feature I found invaluable in correcting juxtaposed letters in a word. You may also use Borland’s Turbo Lightning thesaurus and spellchecker with PC-Write. Incidentally, "Turbo" is included in the standard dictionary.

There are several aspects that are particularly useful. These include the ability to create a table of contents and an index, edit two files at once and "merge text" (their term not mine) to produce personalized letters and forms from a standard document. Such facilities soon become essential when using a word processor for any lengthy time and all of them are easy to carry out using PC-Write.

PC-Write has a number of features which may be best described under the heading of miscellaneous. These include the ability to import files from Wordstar (although I did not test this), count the number of words in a document or part of a document, and search for non-ASCII characters such as PC-Write formatting characters. It’s unfortunate that documents from other word processing packages, such as Word or Wordperfect, cannot be imported but, clearly, this only matters for those users who wish to convert files to or from other word processing systems. As an alternative, PC-Write will read and write ASCII files so it’s not impossible to use PC-Write in conjunction with other software, providing the other software requires, or can deal with ASCII files. PC-Write may also be tailored (customized) to an individual’s own requirements. Such customization includes the control of printing characteristics, the programming of keyboard keys and the modification or addition of PC-Write help screens for yourself or other users. Taken together these provide a reasonable degree of flexibility.

One serious limitation is that you must split large documents in order to edit them, although Safesoft informs me that there will be no such limitation on document size in PC-Write version 3. A further disadvantage is that you cannot be absolutely certain what will be printed until you actually print the document, although this is still true of most word processing software developed for the general market.

My overall impression is that PC-Write compares favourably with other IBM-PC word processing packages, some of which cost three, or even four times as much, and I consider the claim that it is a "full-feature word processor" is justified (at least as the term is defined today!).

Developers or suppliers of software likely to be of interest to psychologists are encouraged to send review copies direct to:
Tony Gillie,
Department of Experimental Psychology,
University of Oxford,
South Parks Road,
Oxford OX1 3UD.
Tel: 0865 271403.
E-mail(JANET)gillie@uk.ac.ox.vax.

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February 1988
The Psychologist
PC-WRITE (ver. 2.4)  Shareware/User-Supported. Obtainable from PC user Groups and various Bulletin Boards. IBM PC or Compatible; requires 128K, Mono Monitor, single drive.

The shareware version of PC-Write is the predecessor of PC-Write version 2.7 being distributed by Sagesoft UK. As such it is certainly a lesser program - lacking the spelling checker, on-screen help and mail merge features of version 2.7. The later version also manages to integrate editing and printing more closely, and allows the use of a MS (or compatible) mouse. Nevertheless, the earlier package incorporates most of the functions and facilities of the Sagesoft version. With the former costing between £3.45 and £10.00 depending upon supplier, and the latter retailing at £39.99 + VAT, a prospective buyer of the Sagesoft version would be well advised to obtain a copy of the shareware version first for evaluation.

GARY TANNER

EPISTAT  (ver. 3.0)  Shareware/User-Supported. Obtainable from PC user Groups. IBM PC or Compatible; requires 64K, Mono Monitor, single drive, BASICA (or G-W Basic).

(Ed. This program is available free of charge from Lancaster University. See the article on "Free Software" January).

Although ANOVA will probably be the most used function, the implementation is unfortunately rather limited. The program provides for only repeated measures one- and two-way analysis of variance, no post-hoc analyses, and the proviso that all samples in the two-way ANOVA must have the same number of elements. ANOVA prints sample means, (n=1) variances, and sums of squares. It will also evaluate a known F value.

EPistat also contains a handy utility program which calculates the approximate sample sizes required to achieve statistical significance given certain specified levels of certainty. A second utility allows data transfer from Fortran data files to Epistat data files, although I think that this will be of use to a minority of users.

With no obvious comparators, it is difficult to evaluate Epistat. The program is clearly aimed at the casual user, and although it is free of the complexities associated with other statistical programs such as SPSS and MINITAB. However, the package is limited in certain respects, particularly with regard to the implementation of ANOVA and the limitations of single precision variables in calculation. Nevertheless, it is easy to use and results are quickly and clearly displayed. Overall, Epistat would seem to fill the gap between the use of calculator and paper/pencil for statistical analyses, and the use of a sophisticated data analysis package such as SPSS.

GARY TANNER

FREE SOFTWARE - CORRECTION

Since writing the article on "free" software which appeared in the January edition of The Psychologist, the PSS address for Lancaster has changed. The correct address is now 23422351919169. When prompted for authorization in the form (user, password) address, reply .000010404000 (note the leading full stop). Similarly, if lancs.vax1 generates an error message when using the PAD from JANET, try 234223519191.JANET.000010404000, or contact the technical support staff at your site.

Ed.

David Woxx

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SYSTEMIC INTEGRATIVE PSYCHOTHERAPY COURSE

This is an advanced course of metanoia’s training programme for psychotherapists and supervisors. It provides a frame for the review of the assessment, theories and treatment planning options of major categories of ‘mental illness’ or emotional distress. The material is approached from an integrative psychotherapeutic perspective incorporating the work of psycho-analysts such as Masterson and Kohut as well as Advanced Transactional Analysis, Gestalt Psychotherapy and Developmental Theories.

Participants make an active contribution in terms of case material, preparing supervised teaching and doing supervised supervision. We work from an essentially humanistic/existential value base, but also account for the importance of fruitful communication between the psychiatric establishment and psychotherapists in private practice with clinical caseloads.

An integral part of the course will consist of comparative psychotherapy teaching and supervision where participants can share and experiment with different conceptual and practical approaches to the process of psychotherapy. This course is for psychotherapists who have had extensive training in one or more approaches to psychotherapy, with several years of supervised practice and personal therapy, who wish to make a commitment to Comparative Psychotherapy supervision to enhance clinical excellence. People in the helping professions with respectively Psychoanalytic, Behavioural, Gestalt and TA qualifications participate in this course.

The course will be held over 10 weekends of the academic year in London. Applications to the above address are now invited for the year starting September 1988.

The Course Director, Petruska Clarkson, MA, PhD (Clin. Psych), has had almost 20 years of practice experience in the training and supervision of a wide range of professionals: as a Senior Clinical Psychologist supervising Clinical Psychologists in Community Mental Health and as a trainer of psychotherapists and counsellors as well as their trainers and supervisors. She is currently on the visiting/supervisory staff of several colleges and universities. She has had many years of psychoanalytic training and is a Teaching Member of the Gestalt Psychotherapy Training Institute (UK). Petruska is a Clinical Teaching Member of the I.T.A.A. and is co-ordinator of the British network of the Society for the Exploration of Psychotherapy Integration.
Society Announcements

Appointments

DR FRANCES CLEGG, following a temporary appointment with the Herald Assistance Unit in Dover, has now been appointed Senior Clinical Psychologist at the National Hospital for Nervous Diseases, Maid Vale, London W9 1TL.

DR ALAN HEDGE, formerly Lecturer in Psychology at Aston University, has been appointed Associate Professor in Human Factors, Department of Design and Environmental Analysis, Cornell University, Ithaca, NY 14853-4401, USA.

PROFESSOR ROBERT HINDE of the MRC Unit on the Development and Integration of Behaviour, Cambridge, has been awarded a CBE in the New Year's Honours List.

DR L.F. LOWENSTEIN has been invited to speak at the 1988 Conference of the International Organisation for the Study of Group Tensions at Princeton University, 24-26 June 1988.

DAVID ROWLEY, formerly Senior Educational Psychologist at the Child Development Centre Newcastle upon Tyne, has taken up the post of Principal Clinical Psychologist (Child and Adolescent Services) with the South Tyneside Health Authority, based at the South Shields General Hospital, Tel: 091 456 1161.

DR GERDA SIANN of the Department of Psychology at Glasgow College: A Scottish Polytechnic has been awarded the title of Reader.

LOUISE M. WALLACE of South Birmingham District Psychology Service has been awarded a grant from the West Midlands Health Authority for research on the psychological management of child burns patients and their parents. She is now part-time Assistant Programme Director for physical disability in South Birmingham, and will direct a joint funded project on the service needs of people with chronic physical disabilities.

Deaths

DR MARGOT CUTNER, 27 Wessex Gardens, London NW11.


DR VIOLET MARYGEE HEBER, 198 Bassett Green Road, Southampton. 1 November 1987.

DR M.K. MACNEIL, Flat 6, 31 Victoria Street, Windsor SL4 1HE.

MR GRAHAM POLLARD, 52 Exley Road, Keighley, West Yorkshire BD21 1LT. October 1987.

MRS SHEILA TURVEY, 19 Avenue de Bude, 1202 Geneva, Switzerland.

Books by Members


Health Psychology Section

Members are advised that a European Health Psychology Society (EHPS) is being established to exchange information on research practice and education in Health Psychology.

It hopes to attract Psychologists actively engaged in research in the field who have published relevant papers in national or international journals. The membership fee will be 40 guilders (about £12 for the first year).

Would members of the Health Psychology Section who wish to join EHPS please let Marie Johnston know via the BPS office.

Special Interest Group for Clinical Psychologists Working with Children and Young People

Child Clinical Psychologists and the Courts. Friday, March 18th, 1988, 10.00am at Guy's Hospital, London.

Speakers: Mary Ryan, Solicitor, Liverpool and Carol Goodwin Jones, Research Fellow, Dept of Criminology and Jurisprudence, Edinburgh University.

A one day event focussing on Child care law and the contribution of Child Clinical Psychologists.

Cost: £22 members; £27 non-members, including lunch.

Information from: Steve Jones on 0522 26227; Joan Sambrook on 051 709 9061; Nick Kirby-Turner on 0444 451881.

Cognitive Psychology Section

Fifth Annual Conference: Call for Papers

The Fifth Annual Conference of the Section will be held at New Hall, Cambridge, on 9-12 September 1988. For this event, the Section will be hosting the Third conference of the European Society for Cognitive Psychology. This joint activity promises to be a major event in European cognitive psychology and is expected to attract up to 200 participants from Europe, Britain, and around the world.

Proposals are invited for papers, symposia, workshops, and posters from any area of cognitive psychology (including cognitive neuropsychology and cognitive development), prepared according to the following guidelines:

Individual papers, workshops, and posters. Each proposal should consist of a brief abstract (of between 130 and 150 words), together with the name, affiliation, and complete postal address of the author(s). Individual papers will be allocated 25 minutes in the Conference programme, while workshops will be allocated 90 minutes.

Symposia. Each proposal should contain an overall summary of 150-150 words as well as an abstract of 130-150 words of each participant's contribution, together with the names, affiliations, and complete postal addresses of the convenors, participants, and discussants. Symposia may be allocated between 90 and 180 minutes in the conference programme, as requested by their convenors.

Four copies of each proposal should be submitted by 2 May 1988 to the Conference Organiser: Dr John Richardson, Department of Human Sciences, Brunel University, Uxbridge, Middlesex UB8 3PH.

Social Psychology Section

Conference 1988 Call for Papers and Symposia

Friday 23 - Sunday 25 September 1988 at the University of Kent at Canterbury.

The Social Psychology Section Committee is particularly keen to encourage submissions with a thematic focus which embrace a cross-disciplinary perspective. Posters, Papers and Symposia which bear on one of the following themes would be particularly welcome:


Proposals outside these themes would be welcomed in any of the following categories:

Poster Papers: Poster presentations are often the most effective medium for conference communication and the Social Section Committee can offer guidelines and advice on the production and display of posters.

Symposia: Symposia which bear on
one of the conference themes would be welcomed and these should consist of a number of related papers organised around a central theme.

Research Reports: Reports of single pieces of research, using qualitative or quantitative data as appropriate.

Review Papers: Papers reviewing issues and approaches which bear on the principal themes of the conference would be favourably received.

Workshops: Here we are asking for people who are willing to lead small-scale discussion groups to propose outlines which might engender interest and food for thought. The idea is to provide a forum for discussion without formal presentation of papers.

Postgraduate Papers: The Section is especially keen to encourage postgraduate students to submit papers. All proposals should include: (a) a title; (b) a 500 word summary; and (c) a 100 word abstract for each paper given in the symposium plus a 500 word summary by the convenor stating the objectives and structure of the symposium. In every case, THREE copies of the proposal should be sent. All submissions will be reviewed.

Please send proposals no later than 4 March 1988 to Dr Noel Sheehy, Department of Psychology, University of Leeds, Leeds, West Yorkshire LS2 9JT.

West Midlands Division of Clinical Psychology

One day conference on psychological management after disasters,

17 March 1988

Venue: Central Birmingham

All speakers are actively involved in coping with the effects of recent disasters and are therefore in a unique position to pass on the most up to date relevant psychological knowledge to those planning for the potential needs of their own area.

Morning session -

Meeting Psychological Needs
1 The Kings Cross Fire
Dr James Thompson, Middlesex Hospital Medical School
2 The First Year
Peter Hodgkinson, Herald Assistance Unit, Dover
3 Long-term Reactions to Combat Trauma
Roderick Orner, North Lincoln Health Authority

Afternoon Session
4 Managing Psychological Fatigue of Professional Helpers
Douglas Duckworth University of Leeds

Panel discussion
The Problems of Service Provision
Director of Social Services, Bradford and Frances Clegg, Herald Assistance Unit, Dover Conference Fee: £25 (DCP members £20)

Further details from:
Tony Hobbs and Val Fortune, Dudley Psychology Services, Health Centre, Cross Street, Dudley, West Midlands DY1 1RN.
Tel: 0384 230411

Mind and Body

14 April 1988

A Symposium on Consciousness

The History and Philosophy Section of the Society is currently forming a Mind/Body group to foster and focus interest in the exploration of human consciousness and the relation of mind to body. In recent years various attempts have been made to relate consciousness to human information processing (e.g. to primary memory, selective attention, and to the programming of novel, flexible response) and to associate consciousness with the operation of specific structures in the brain (e.g. the operation of the RAS in arousal and the corpus callosum in the integration of experience).

The central problems remain. The precise relation of consciousness to human information processing is poorly understood - as are the necessary and sufficient conditions for consciousness within the human brain. More fundamentally, there is little agreement about what consciousness actually is and here the cognitive and brain sciences face problems which have long perplexed philosophy of mind.

There are many intriguing apparent interactions of consciousness, brain and body of which we have very little understanding. Why, should increasing awareness of past trauma or inner conflict be therapeutic, and how is it possible that imagining a feared object or situation may assist desensitisation? How does hypnotism work, and why does the provision of conscious input via biofeedback enable voluntary control of some automatic system functions? What part does consciousness play in psychosomatic disorders, and what, by contrast, are the effects of prolonged meditation?

At present, such questions remain at the edges of psychology precisely because our theoretical models are inadequate - and it may be that Eastern psychologies have something to tell us on these matters.

The first Symposium and inaugural meeting of the group will be on April 14th 1988 at the second annual conference of the History and Philosophy Section at the University of Leeds (the day before the annual Society Conference).

Anyone interested in joining the group or being informed of its activities should contact:
Dr Max Velman, Department of Psychology, Goldsmiths College, New Cross, London SE14 6NW.
Psychoanalytic and Psychoanalytic Psychotherapy

The Psychoanalytic Unit of University College (in collaboration with the British Journal of Psychotherapy) announces a Conference on "Psychoanalytic and Psychoanalytic Psychotherapy: Similarities and Differences", to be held on the afternoon of Friday 22 April, and all day on Saturday 23 April 1988. The Conference will be held at University College, and requests for details and registration forms should be sent to Prof J Sander, Psychoanalytic Unit, University College, 26 Bedford Way, London WC1H 0AP. The fee for the Conference will be £49.00 for registration before 1 March. The papers presented at the Conference will be available in English at the time of the Conference.

"Theories and Therapy of Depression" April 16-17

A training workshop run by Lilly Stuart, Clinical Psychologist. The workshop will give an overview over the main theories of depression, currently considered useful in clinical practice, and the suggested therapeutic moves related to those theories. The fee will be set aside for practising the application of the material.

Fee: £60.00 Details from: South London Psychotherapy Training Centre 106 Heathwood Gardens London SE7 8ER Tel: 01-854 3606

International Society for Psychophysics

The 4th Annual Conference will be held at the University of Stirling, Scotland, from July 2nd-4th 1988. Enquiries to Dr H Ross, Department of Psychology, University of Stirling STIRLING FK9 4LA

The Centre for Personal Construct Psychology Courses and Workshops 1988

All prices include VAT.

1A. 2 Week Intensive Basic Course, 11-22 April. 1B. Persons completing a basic course may apply for Advanced Training.

2. Research in a Personal Construct Theory Context. Led by Fay Fransella 14/15 March £103.50 (B+P £207)

3. Learning to Design and Use Repertory Grids 2 - Module 2. Led by John Porter and Chris Thomann. Module One 28/29 March. 9.15 am to 5.15 pm. Details: Repertory Grid Software, 1 day 27 April Led by John Porter. £46.50

4. Life as Journey, Individuals as Journeys. Led by Chris Thomann, 2 days 16/17 May, £92.00

For further information please write to, or phone, Chris Thomann, Centre for Personal Construct Psychology, 152 Warwick Way, London SW1V 4JD. Tel: 01/834/8875

Multidisciplinary Teams: Organisation and Management: Brunei Workshops Two day workshops on problems in multidisciplinary teamwork are to be held on 25/26 February and 16/17 May, 1988. The workshops will explore a variety of problems raised by participants, and will draw on field research which has examined such issues as: defining and evaluating the work of the team, setting priorities and managing workload, referral arrangements to and within the team, case responsibility, relations with professional superiors and non-NHS agencies. etc. For more details and background papers, contact: John Ovretveit, Convenor, Health Services Centre, BIOS, Brunel University, Uxbridge, Middx, UB8 3PH. Tel: 0689 55641.
Society for Psychotherapy Research (SPR) UK

The fifth Annual Meeting of SPR (UK) will be held at the Raven Hall Hotel, Wakefield, Yorkshire, between 8-10 March 1988, and on the 11th March 1988.

Specialist Courses in AIDS Psychology

The AIDs Specialist Team from St Mary's Hospital has been educating, treating and researching in the area since the first cases in this country. We now have the responsibility for the district with the largest number of AIDS cases in the UK. As the incidence of AIDS and HIV spreads three specialist skills will be needed by workers in Medical and Health Psychology. General Practice, Mental and Sex Therapy, Neuropsychiological assessment, the problem of Antenatal Addiction centres, Prison Services and Hospices. Skills and Update courses are offered. Topics covered will include: PrEP and Post Test Counselling, Informing partners, Psychiatric presentations, The Wounded Well, Neuropsychological Testing and AIDS Dementia Complex, Prostitution, Pregnancy in HIV, Safe Sex, Epidemiology, Changing behaviour, Media influence and HIV in the Workplace. Half-day courses will be held fortnightly for two and four month blocks. Fee: £100 per block. Course organiser: Dr. R.D. Smith, 15th March 1988.

Courses and Workshops

One-day and Two-day Counselling Skills Workshops will be held on Tuesdays/Thursdays, as well as Saturdays and Sundays, (Feb 9 and 10). Fees: £25 and £50 respectively. Venue: Finchley. N3

Five-week counselling skills course - February 23 March 23 April 30 May June 6. 300pm to 5.30pm. Also offered in April, June, and August. Fee: £125. Venue: Finchley N3


Group Supervision for those who have at least done the one-day workshop. Meets for two-hour sessions on Mondays from 7.45pm-9.45pm from April 11 - June 21. First hour focuses on SKILLS PRACTICE while the second hour deals with case material as presented by participants. Fee: £100. Venue: Finchley, N3

12 week course in abnormal psychology - April 5 to June 21 1988. Meets Tuesdays, 9.15pm. Fee: £100. Venue: Finchley, N3

Contact Dr S Delroy, 3 Northumberland Road, Finchley, N3 1LB (Tel: 01 346 4010) for additional details.

Organisation and Management of Specialist Health Professions:

Brunel Workshops

Applications are invited for two programme-centred workshops for heads of services. The workshops aim to help participants to develop solutions to their organisational problems and to explore the implications of changes in the NHS for psychology. Agenda will be decided by participants, and will cover psychological expertise, interdisciplinary working, management, planning, budgeting and evaluating services. Recent field research into general management will be reported where relevant.

Dates are 22/23 March and 6/7 June 1988. For further details and application forms please contact: John Overthrive, Convener, Health Services Centre, BIOSS, Brunel University, Uxbridge, Middlesex, UB8 3PH (telephone 0689 56461). On-site workshops can be arranged, and evaluations and references are available.

Womens Psychology at Work Conference

London, July 15 - 17 1988

International speakers and delegates. Full weekend programme on campus including accommodation (2 nights) & all meals £90.00. Book this before you book your ticket to Sydney, with all fees paid and details to qualify for 10% discount. Further details and registration forms:
The Administrator, Brunel Polytechnic, 16 Burnett House, Lewisham Hill, London SE1 3PD. Enclos SAE

Hypnosis: Current Controversies

One-day symposium, Friday, 11th March 1988, at Park Hotel, Oxford Road, Manchester, will include the nature of hypnosis, Ericksonian therapy, NLP, and forensic uses of hypnosis. Further details and registration forms from Dr. P A McCue, Department of Clinical Psychology, Wilton House, Sale & Brooklands Hospital, Charlton Drive, Sale, Cheshire M33 2BL (061 962 0797).

Training in self-hypnosis at St George's Hospital London

13 and 14 February 1988. Fee: £90.00

Training in Ericksonian Self-hypnosis

Self-hypnosis is an effective treatment for many anxiety based problems such as overcoming fears, controlling overeating, smoking, insomnia, asthma, migraine and high blood pressure. You will find self-hypnosis invaluable in your work with your patients or clients and also for yourself.

1. Self-hypnosis Induction Techniques

(a) Learn the Five Senses Trance Induction.
(b) Learn relaxation techniques for inducing self-hypnosis
(c) Learn to recognise and use natural trance phenomena.
(d) Learn to integrate self-hypnosis with NLP techniques.

2. Learn Self-hypnosis deepening techniques

(a) Learn visualisation techniques to deepen trance.
(b) Learn counting and breathing skills to deepen trance.
(c) Learn to use NLP Pacing and Leading Skills to deepen trance.
(d) Learn to use sub-modalities to enrich self-hypnosis.

3. Learn to give yourself hypnotic suggestions.

(a) Learn to give yourself hypnotic suggestions.
(b) Learn associating and dissociating techniques.
(c) Learn how to communicate with the unconscious for problem solving.

Therapeutic self-hypnosis has gained widespread respectability in the healing professions. Many doctors, dentists, psychologists and psychotherapists want to learn self-hypnosis to be able to teach it to their patients and clients.

Psychiatrists in America have been teaching self-hypnosis to cancer patients and others with chronic pain and report that 20% achieved nearly total relief and 60% achieved partial relief.

Also using self-hypnosis for yourself is a very powerful way to resolve your problems on your own.

Self-hypnosis is very different from just telling yourself in the normal waking state “don’t feel hungry” or “relax more and more”, such self given commands rarely succeed.

Self-hypnosis puts far more powerful mental forces - those of the unconscious mind - to work. By entering a certain form of suggestion into your unconscious mind it will remain active there, influencing your behaviour for generations. The training is divided into four different stages. Inducing the self-hypnotic trance; deepening the trance, giving the self-hypnosis suggestions, and developing the unconscious mind. All participants in the training will receive a certificate of attendance.

Who Should Attend?

If you are a psychologist, doctor, psychotherapist, social worker, nurse - and if you want to help your patients or clients in a new ef
Announcement
A NATO Advanced Study Institute
Concerning detection of deception and credibility assessment will be held in Maratea, Italy, June 14-21, 1988.
The Institute will examine theory and research associated with the use of verbal and nonverbal behaviors, statement analysis and physiological measures in lie detection and credibility assessment. For information write to:
John C. Ylvisaker, Scientific Director, NATO Advanced Study Institute, Department of Psychology, University of British Columbia, 2136 West Mall, Vancouver, Canada, V6T 1Y7.

Updating day for Teachers of Psychology: GCE/GCSE
A series of lectures and workshops on recent developments in psychology organized by Oxford University's Departments of Experimental Psychology and for External Studies: Lectures: Biological aspects of psychology: Individual differences; Cognition. Workshops on these and as well as on Social Psychology, Developmental Psychology and Computers in Psychology Teaching. Friday, 18 March 1988, in the Department of Experimental Psychology, South Parks Road, Oxford. Fee £24 (including coffee, lunch and tea). Places will be limited so please apply soon.
Enquiries to Mrs A. Standham, Oxford University, Department for External Studies, 1 Wellington Square, Oxford OX1 2JZ. Phone: (0985) 270388.

British Journal of Developmental Psychology
Selected contents of volume 6 (1988)
Visual perception and drawing ability in clumsy and normal children—Richard Lord & Charles Hallme
Children's use of analogy in learning to spell—U. Crosani
Who's going where: Children's route descriptions for peers and younger children—G. Waller & P. L. M. Harris
Concepts of intelligence of primary school, high school and college students—M. J. Oken, J. Holman, N. Francis-Jones & L. Burnstein
Inspection time, information processing and the development of intelligence—M. Anderson
Young children's spontaneous use of spatial frames of reference in a learning task—G. L. Allen & K. C. Kirsig
Moral and cognitive reasoning features in congenitally blind children: Comparisons with the sighted—D. Mardis
Parental mediators of the genetic relationship between home environment and infant mental development—C. S. Bergeman & R. Plomin
Reading processes in specific reading retarded and reading backward 13-year-olds—G. Fredman & J. Stevenson
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