

LETTERS

Letters should be marked clearly 'Letter for publication in *The Psychologist*' and addressed to the editor at the Society office in Leicester. Please send by e-mail if possible: psychologist@bps.org.uk (include a postal address). Letters over 500 words are less likely to be published. The editor reserves the right to edit, shorten or publish extracts from letters. If major editing is necessary, this will be indicated. Space does not permit the publication of every letter received. Letters to the editor are not normally acknowledged.

Terrorism – Asking the right questions

ANDREW Silke ('Terrorism, 9/11 and psychology', September 2004) writes about terrorism and the impact of the September 11 attacks of 2001 without considering what terrorism is. Terrorism is defined in the USA by the Department of Homeland Security as 'the unlawful use of force and violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives' (see www.fema.gov/hazards/terrorism). Those with longer memories might apply this definition to the other September 11 attacks in 1973, when an American-backed military coup overthrew the elected government of Chile in a revolution that claimed over 3000 lives and installed a regime of terror for the next two decades.

Terrorism is not a major threat to the general population and the level of fear stoked up in the West is out of proportion to the statistical threat. There are more people killed each year in UK traffic accidents than were killed in the World Trade Center, but the fear of terrorists is far greater than the fear of cars. In the USA 29,000 die each

Chile 1973

year as the result of incidents with firearms and 42,000 are killed in car accidents (see www.cdc.gov/ncipc/default.htm). Who should Americans be fearful of, other Americans, or terrorists? And who should the rest of the world be more frightened of, terrorists or the American military? How many Iraqi civilians have been killed by Western troops during the recent war? You

can find an answer to this question at www.iraqbodycount.net. At the time of writing it is estimated as being between 11,793 and 13,802.

Silke asks: 'What will the lasting impact of the terrorist attacks of September 11 be on psychology?' If we use the definition of terrorism above then September 11 is not so significant an event in world history. It is prominent because of its televisual value and because the focus of psychology is on Western peoples to the virtual exclusion of all others. If there is to be an impact on psychology, then hopefully it will encourage us to describe and understand why groups of people decide to wreak havoc on civilian populations for political ends, and to help develop forums for dissent that are peaceful and constructive. I hope the impact is not, as menacingly suggested by Silke, to focus research on 'attitudes to extremism among ethnic communities', and so risk increasing xenophobia and demonising generally peaceful groups.

Phil Banyard

*Division of Psychology
Nottingham Trent University*

Handing out laterality

DOROTHY Bishop's account of laterality ('Why I study... laterality', September 2004) raises the critical question whether, 'similarities between parents and offspring were entirely explicable in terms of cultural influence' or whether genetic variation is involved.

Comparisons between monozygotic and dizygotic twins do not throw light on this distinction, because most people, and therefore most twins, carry a gene for left hemisphere specialisation, the RS+ gene postulated by the right shift (RS) theory. Genetic variation is present but not detectable against random background variation

except in enormous twin samples.

Culture moderates the expression of handedness over the population but does not explain left-handedness itself, because the majority of left-handers are the only sinistral in their family. The RS theory makes specific predictions about the handedness of sons and daughters in different types of family (father x mother: R x R, R x L, L x R and L x L). There is excellent agreement with most findings and discrepancies can be explained by a slight underestimate of left-handedness in mothers. I have recently challenged (Annett, 2004) those claiming a superior theory to match the

fits of the RS theory for the 14 family studies available (see Appendix VII of Annett, 2002, or go to tinyurl.com/6quak).

Marian Annett

*School of Psychology
University of Leicester*

References

- Annett, M. (2002). *Handedness and brain asymmetry: The right shift theory*. Hove: Psychology Press.
Annett, M. (2004). Perceptions of the right shift theory: The author's reply. *Cortex*, 40, 143–150.

READERS of Dorothy Bishop's article on laterality might like to know that there is a free *Laterality Newsletter* (currently twice-yearly). If you would like to receive it, please send a postal

address to steve.williams7@ntlworld.com. It began nearly 20 years ago as a quarterly. Please don't feel that the readership is some sort of club you may be outside. As well as prominent and active researchers, they include some keeping tabs on a marginal interest awakened by an effect of side in data gathered long ago, as well as others with no more than a personal interest in some group, such as those mentioned by Professor Bishop, that has been claimed to show an overrepresentation of left-handers.

Steve Williams
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Lexden
Colchester*

Psychotherapy – Is evidence the answer?

MY article on the myth of evidence-based psychotherapy (July 2004) provoked a critical and sometimes hostile response from some eminent psychotherapy researchers (Letters, September 2004). At the same time I received over 20 e-mails from practitioners, the vast majority thanking me for articulating what many

have felt for years and never dared to say. An interesting division. But I agree with Tony Roth when he counselled against ‘tribalism’ in this debate. He quite rightly pointed out that the issue of research and practice was well aired in the Roth and Fonagy book.

I do not want to imply that psychotherapy researchers are

unaware of the difficulty of translating research into practice. But my article was not so much about the difficulty of this task, but about the very principles on which it is based. None of the respondents addressed this point adequately. For example, Barkham *et al.* merely acknowledged that ‘the medical model *may* not best advance our understanding of

psychological interventions’ (my italics). Tony Roth accepted that it is ‘logical to temper an enthusiasm for seeing techniques as analogous to medication’. Nothing more was said about the inadequacies of the diagnostic system or what it implies for evidence-based psychotherapy.

If the foundation is built on sand, then, however clever the construction of the edifice, it will not withstand the first major blasts. The dilemma for psychotherapy researchers is that DSM-IV and ICD-10 are the only accepted categorisations of psychological problems in existence and, unless they speak the language, they will not be invited to the party. So the Roth and Fonagy book summarised psychotherapy research under the conventional headings of depression, anxiety disorders, personality disorders, etc. For this is what powerful players demand. But this is a travesty of the truth. It is not just contrary to what practitioners see every day, but contrary to what researchers know. The tail wags the dog. Barkham *et al.* showed this all too clearly when they wrote: ‘...would Marzillier prefer that psychological treatments be excluded from NICE guidance and Department of Health policy recommendations?’ The threat is clear. Play the game by our rules or else you won’t get to play at all.

I am interested in the truth. As a psychotherapist I am confronted every day by the knowledge that evidence-based psychotherapy is a myth. Yet all around me others are extolling its virtues. Do I remain silent because the truth is unpalatable? Or because it might lead to the underfunding of psychotherapy on the NHS or some other unwanted consequence? In his wise and

INFORMATION

■ I HAVE recently completed my MSc in forensic psychology and am keen to seek as much relevant **voluntary work experience** as possible within a **forensic setting** in the London area. I am especially keen on work within a secure setting, prison, probation or police work, and working with the mentally ill. I have previously carried out work experience with Scotland Yard Murder Review Group and the Child Protection Team, as well as voluntary work with children with autism and behavioural problems.

Carly Evans

E-mail c-evans@lycos.co.uk; tel: 0774 762 0611

■ OCD Action is the national charity for those with obsessive compulsive disorders. OCDA is now looking for a **volunteer to edit the charity’s newsletter**, which is produced three times a year. The editor’s role is to liaise with contributors, read and edit contributions, manage the production process for the newsletter, and also to attend the six-weekly committee meetings of the charity, held in central London on a Tuesday evening (OCDA will reimburse for travel if required). This is a rewarding role which requires organisation, creativity and an ability to liaise with others.

If you are interested in the role or have any questions, please ring (Tues/Weds/Thurs) or e-mail. Previous experience is not required and support will be given with the first issue – with

ongoing support from the office thereafter.

Megan Karnes

OCD Action

Tel: 020 7226 4545; e-mail: info@ocdaction.org.uk

■ I AM a 21-year-old psychology graduate (2:1) from Liverpool John Moores University with full CRB clearance, looking to gain **voluntary work experience in a clinical setting** in order to pursue a career in clinical psychology. I would be grateful for any such work in the Merseyside area.

Julie Trafford

Name and address supplied. Edited 25 October 2011.

■ I AM a psychology graduate (2:1), planning to apply for a postgraduate course in **clinical psychology** in September 2005. Meanwhile I am keen to get as much relevant **voluntary work experience** as possible, within the Maidstone, Tonbridge or London areas.

Claire White

Tel: 0783 210 3406; e-mail: chalkie_air@hotmail.com

■ I AM starting my third year of a psychology degree at the University of Westminster. I am looking for **voluntary experience in a clinical setting**. However, I am also interested in forensic psychology. I need to gain useful experience before I graduate and apply for assistant psychologist positions.

I am particularly interested in researching suicide, schizophrenia and criminal behaviour. Central and southwest London preferred.

Scarlett B. Hwang

London W14

E-mail: niceclab@hotmail.com; tel: 020 7602 2327, 0791 936 6251

■ I AM an A-level psychology teacher with an MSc in organisational psychology. I am seeking the opportunity to gain **voluntary experience** within a **business/charity/educational setting** in or around the Midlands.

Andrew Chitty

3 Clays Lane

Little Horwood

Buckinghamshire

Tel. 01296 714206; e-mail: chittyturks@onetel.com

■ I AM a BSc (Hons) psychology and MSc health psychology graduate currently working in cancer care research in the NHS. I wish to pursue a career in **clinical psychology** and am therefore interested in **voluntary clinical work** in East or West Sussex. I have previously volunteered for a Mind Day Centre, a sexual health promotion project, and as an assistant psychologist for a CBT group for anxiety, depression and low self-esteem. I can take up to a day away from my current job.

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useful book on psychotherapy Irving Yalom pointed out that 'if we take the DSM diagnostic system too seriously, if we really believe we are carving at the joints of nature, then we may threaten the human, the spontaneous, the creative and uncertain nature of the

therapeutic venture'. Psychotherapy is a creative and uncertain business. It should not be reduced to a collection of treatments for mythical illnesses.

John Marzillier
24 Norham Road
Oxford

AS a person currently nearing the end of a successful course of cognitive psychotherapy for depression, I felt that John Marzillier's article in the July edition of *The Psychologist* was very relevant to my experience.

I am not qualified to comment professionally on the validity of research into the effectiveness of different psychotherapies. However, incidents in my professional

field (public finance) have warned me that it is too easy to use research evidence as predictive of particular outcomes, rather than informing decisions on the appropriate course of action.

I believe that John Marzillier is correct when he asserts that the personal relationship between the therapist and the client is central to the success of the application of an appropriate

therapy. As a client, one takes the therapist's knowledge base as a given. The therapist's skill is to work with the client to select the correct therapeutic approaches and to respond flexibly to the client's needs. For example, I found the use of pictures very helpful in expressing my thoughts, moods, beliefs and emotions; and my therapist responded positively by encouraging me to express myself in this way. A different response might have altered the course of my therapy significantly.

Inevitably, the therapist faces some difficult judgements as she builds a relationship with the client, and creates an environment in which the client believes he is safe to explore and develop his mind. Often, the preservation of a fruitful

relationship and safe environment must challenge the psychotherapist, yet I feel it is the essence of maintaining an open dialogue and achieving successful outcomes for the client.

Put crudely, I suppose both client and therapist might feel more comfortable if a diagnosis of X meant that therapy Z would be successful in 90 per cent of cases. However, even if one subscribes to an entirely mechanistic view of humanity, will the complexities of diagnosis and categorisation of mental states ever be robust enough to enable the first part of the equation to be achieved?

Bill Dodds
18 Brittons Close
Sharnbrook
Bedfordshire

IAN M.L. HUNTER (1927-2004)

IAN Melville Logan Hunter was born in Dunfermline on 14 October 1927 and died in Edinburgh on 30 August 2004. He graduated in psychology from the University of Edinburgh (and received a gold medal for his achievements) before going on to do postgraduate work at Oxford. In 1952 he returned to Edinburgh to take up a lectureship, and was appointed professor of psychology at Keele University in 1962. He was head of the department at Keele for 20 years, retiring in 1982, aged 55.

The 1960s were lively times in the history of psychology in the UK. New departments were being created, and new professors were being appointed to head them. The future of psychology teaching was being set. I well remember the excitement when I heard as a postgraduate at Sheffield that Ian, at the age of 34, was to head a new department of psychology at Keele, itself a strangely different sort of university.

At that time Ian was already well known as a British psychologist. In 1957 he had published one of the first Penguin paperback books on psychology: *Memory: Facts and Fallacies*. It is hard to appreciate now the value of those early books in drawing the discipline of psychology to the attention of a wider public. Everyone I knew bought copies. A revised edition was published in 1964 from Keele, and this elegantly written text became the standard work on the topic, reprinted many times, and selling a third of a million copies. Other papers published by Ian in the *British Journal of Psychology* explored through systematic experiment and case history the world of problem solving and, in particular, the exceptional calculating ability of one Professor A.C. Aitken at Edinburgh University. Incisive and penetrating, these papers became citation classics of their time and Ian regarded them as his most enduring contribution.

Thus the Keele department began with an international scholar at its helm. Initially there were 25 students, all doing joint-honours degrees. The small initial staffing group, of which I was one, were mostly in their twenties. Ian took up his post at Keele at a time when the headship of a department was a permanent appointment. His dedication to this role, which included a deep personal concern for individual student welfare and development, and a fundamental belief in the value of education, undoubtedly took its toll on his research activity, although he remained an active external and PhD examiner and a participant on the conference scene well into retirement.

Those who knew Ian well will recognise that he was among the last of a dying breed, the 'gentleman scholar', with an encyclopaedic knowledge of the entire discipline, and a profound conviction that teaching and the promotion of the public understanding of science was at the core of academic identity. This conviction went along with a distaste for the cut and thrust of academic competitiveness (for resources and recognition) that increasingly characterised university life as Ian knew it; this together with the 'cuts' led to his early retirement.

When Ian did retire in 1982 the Keele department had grown to contain 16 academic staff and was graduating about 60 students per year. Now, over 40 years since its inauguration in 1962, the department has awarded degrees to over 3000 undergraduates, 100 master's and 50 PhD students, and the current first-year class has 300 students. Many people – perhaps without knowing it – are thus indebted in different ways to Ian Hunter.

James Hartley
Department of Psychology
Keele University

A matter of discipline

I WOULD like to draw attention to a couple of implications of Ken Brown's apparently reasonable assertion that the Society must be seen to be protecting the public (Letters, September 2004).

As I enquired into what happened as the Society investigated an earlier disciplinary complaint, it became clear that it is extremely difficult to find out how the standards of which Ken Brown speaks are formulated and still more difficult to influence them or the way they are interpreted. I got the impression that those standards are designed more to protect psychologists from accusations of the kind that were levelled at the subjects of previous disciplinary action – Gandhi, Lowenstein, and Thomson (by requiring them to, for example, discuss any actions they proposed to

engage in with a professional colleague) – rather than to help ensure that psychologists do their best to assist the public (by, for example, doing such things as eliciting timely and relevant information relating to clients and getting it into the judicial process). Exercising discretionary professional judgement about what to do in such circumstances *necessarily* leaves one open to attack. Put crudely, the standards seem to be more designed to require psychologists to cover their (collective) asses than to require them to act in ways which are likely to promote the long-term public interest.

Now for the criticisms of Lowenstein's use of a non-standardised test (Letters, September 2004). Apparently reasonable though the recommendation (embodied, for example, in the US Standards for the Evaluation of Educational Programs and Policies) that only reliable and valid tests should be used is, the effect is to induce psychologists into some of the most unethical behaviour imaginable. Here is one example: numerous researchers, often at the behest of governments, have set out to compare the outcomes of 'progressive' or 'open' education with those of more conventional forms. Now, most serious advocates of progressive or open education have not done so on the grounds that these processes improve scores on conventional tests of reading, writing and counting, but rather in the expectation that they will nurture qualities like initiative, creativity, and the ability work with others. Unfortunately, there are no 'reliable and valid' measures of any of these high-level competencies, or ways of recording the idiosyncratic talents of each pupil. So what

If you read an article in *The Psychologist* that you fundamentally disagree with, then the letters page is your first port of call: summarise your argument in under 500 words. But if you feel you have a substantial amount of conflicting evidence to cite and numerous points to make that simply cannot be contained within a letter, you can write a 'Counterpoint' article of up to 1500 words, within a month of the publication of the original article. However, it is best to contact the editor about your plans, on jonsut@bps.org.uk. We hope this format will build on the role of *The Psychologist* as a forum for discussion and debate.

Fuming about EU double standards

THE title of the two-page interview with Professor Hein de Vries, 'Smoking out funds' (September 2004), was brilliantly apt.

Apparently this rags-to-riches hero was a founder of the European Network of Young People Against Tobacco, and is now leading light of the equally Orwellian 'European Smoking Prevention Framework Approach (ESFA)', a 'monumental research project with a budget of 4 million euros'.

We learn from the Professor that 'the most

problematic issue was receipt of financial resources from the European Union', but this problem was, as it turns out, that 'funds come in later than expected'. No mention that the European Union subsidises tobacco growing (mainly in Greece, Italy, Spain and France) to the tune of 1 billion euros per annum. It is the most subsidised crop per hectare in the EU, and probably the most carcinogenic tobacco grown commercially in the world.

David Scott
7a Lower Park Road
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typically happens is that researchers, following the well-intentioned standards mentioned above, have employed only conventional measures of the 3Rs in their evaluations. It then emerges that programmes of open or progressive education do not in fact increase scores on these tests. And then this finding has then been used to support the closure of such programmes. The effect is not only to deprive society of most of the competencies it most urgently needs if it is to survive, but also to deprive most children of

opportunities to develop and gain recognition for their talents.

My point is that the process of formulating standards, judging professional conduct, evaluating discretionary professional judgement, and promoting of the public interest is a much more complex and thorny enterprise than the present arrangements for advancing these things within the Society seem to assume.

John Raven
30 Great King Street
Edinburgh

Intersex, the structural unconscious and clinicians

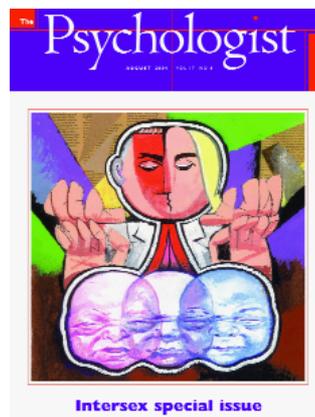
SOPHIA Chatzidimitriou (Letters, October 2004) responds to my article 'Thinking with the phallus' (August 2004) by stating that in intersex cases 'a significant proportion of neonatal surgical interventions are dictated by medical reasons to do with survival'. This is not true. Critics and proponents of the traditional, surgical paradigm of intersex management are agreed that the paradigm conceptualises intersex as a

social, non-medical emergency. As the other articles in the intersex special issue showed, this point is not in dispute.

Consequently, no reformers have sought to halt the minority of procedures on intersex infants that *are* medically necessary – for instance in cases of adrenal salt-wasting. The question, rather, is whether a social emergency can be resolved by a surgical fix. In its focus on the relation between genitalia and gender, Freudian psychoanalysis helps us to understand how it has come to seem obvious that one's gender, which is social, might depend on one's genitals, and specifically on one's genital appearance.

Alan Rowan (Letters, October 2004), however, argues that the central claim of my article is invalid because it is not grounded in interviews with clinicians 'to see if they are indeed influenced by

psychoanalytic thinking or have even read Freud'. This is a desperately narrow view of what would constitute a viable



methodology – a view that discounts any intellectual enquiry pursued without direct access to its subjects.

Rowan's reasoning suggests that psychoanalytic structures of thought can arise only in individuals who are directly acquainted with psychoanalytic

texts. By this logic, there would be no psychoanalysis in the first place, because Freud would not have been able to extrapolate his theories from his patients without briefing them in advance on psychoanalytic theories, equipping them with copies of his papers, and canvassing their views on his opinions.

Precisely because psychoanalysis (or indeed psychology) does not proceed in that fashion, I did not allege that psychoanalysis has *caused* what Chatzidimitriou calls the 'maltreatment' of intersexed individuals. Instead, I would say that the persistence of psychoanalysis in those clinical disciplines by which it is so vigorously disowned is specifically *unconscious*.

In flatly disallowing a reading of how medicine carries psychoanalysis in its structural unconscious, Rowan is implying either that the

Acute inpatients

I AM currently working as a research assistant on a national Department of Health funded project, collecting data from adult acute psychiatric wards. As a psychology graduate with a particular interest in clinical psychology, I have been struck by the apparent lack of input from clinical psychologists in the care of acute inpatients. Indeed, many clients have themselves pointed out the unavailability of 'talking treatments', and are confused as to why they, as inpatients, are not offered this type of intervention.

Whilst I am aware that the extensive use of medication in the treatment of acutely ill inpatients, may go some way to explaining the reluctance of psychologists to work in this area, I am unwilling to believe that this is the whole story. I would appreciate any insight from more experienced psychologists in this matter, especially as to whether this 'problem' is a reflection of the wider system, or of clinical psychology as a profession.

Catherine Painter
Faculty of Health & Sciences
Staffordshire University

INFORMATION

■ I WANT to develop an **induction programme for assistant psychologists** in our busy child clinical psychology service. I would greatly appreciate hearing from clinical psychologists or assistant psychologists who have designed or participated in such an induction programme.

Lynne Goodbrand
Ashurst Child & Family Health Centre
Southampton SO40 7AR
Tel: 023 8074 3001; e-mail:
Lynne.Goodbrand@scpct.nhs.uk

■ I WOULD like to buy a secondhand copy of the **Wechsler Adult Intelligence Scale (WAIS-III-UK, 1999)**.
Ruth Freedman
Tel: 020 8399 3687; e-mail:
ruth@freedmanfamily.plus.com

■ JUST before flinging out a shelf of **old BPS journals**, does anyone have any interest in: *B.J.*

Social and Clinical Psychology (June 1971 – November 1977); *B.J. Medical Psychology* (June 1980 – March 1996); *B.J. Clinical Psychology* (Feb 1981 – Feb 1991); *B.J. Social Psychology* (June 1981 – Sept 1992); *BPS. Bulletins* (April 1981 – July 1987)? If so, they are welcome to come to Acton, London W3 and pick them up.
Jonathan Smith
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jonpms2003@yahoo.co.uk

■ WE are a group of like-minded therapists who have formed the **United Kingdom Institute for Rational Emotive Behaviour Therapy (REBT)**. We are affiliated to the Albert Ellis Institute in New York and the University of Birmingham and are seeking to promote REBT as a therapy and advance its evidence base.

If you are interested in REBT or are already an REBT therapist

and would like to be involved in the development of the UK institute we would welcome any help you can provide. We already have a website (www.rebt-uk.org) and are offering some training opportunities in the near future.

Richard Barker
United Kingdom Institute for Rational Emotive Behaviour Therapy
E-mail: contact@rebt-uk.org

■ I AM an MSc counselling psychology student, researching **therapist distress as a result of exposure to client's distress**. I would like to interview qualified or trainee counselling or clinical psychologists about their experiences of 'compassion fatigue'. I would also like to hear from anyone who uses coping mechanisms to protect from this distress.

Catherine Thomas
E-mail: catherine.thomas@swlstg-tr.nhs.uk; tel: 020 8682 5809, 0776 469 0497

unconscious does not exist, or that its analysis is not possible – in either case, he is implicitly arguing for the impossibility of psychoanalysis.

On the other hand, and contrary to Chatzidimitriou's representation of my agenda to 'damn psychoanalysis', I want to keep psychoanalysis thinkable as a possibility. Psychoanalysis, for all its phallogocentric flaws, is useful

exactly because it can help to account for the ways in which our gendered practices, including genital surgeries, so often are illogical, absurd, and structured by childlike experiences and explanations that we like to think we have expelled from our psyches.

Iain Morland
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Intersex – A sad postscript

THANK you, Lih-Mei Liao and Mary Boyle, for succinct and accessible accounts of psychological aspects of intersex in your August special issue. As readers will have seen, a pivotal story in the understanding of sexual determination and gender development was the life of David Reimer, the person more widely known as the psychologist John Money's 'Case of John/Joan'. Two contributors referred to David Reimer and his present gender role. However, before their articles were published Mr Reimer had committed suicide, in May 2004.

John Colapitano, the author of *As Nature Made Him: The Boy Who Was Raised as a Girl* (2000), has posted a moving summary of Mr Reimer's life

and death on www.slate.msn.com/id/2101678. He points out that Mr Reimer's death must be seen in the context of the whole of his life and not just his financial difficulties cited in much of the US press.

A number of people involved in intersex work in the UK, myself included, feel sad that we have lost someone so influential in our thinking over many years. It is unlikely that Mr Reimer ever appreciated the enormous influence of his story on the medical, surgical and psychological care of aspects of sexual differentiation and determination. We had hoped that his would be a happy ending.

Julie Alderson
Clinical and Health Psychology
St James's University Hospital
Leeds

Solution to Prize Crossword No. 17

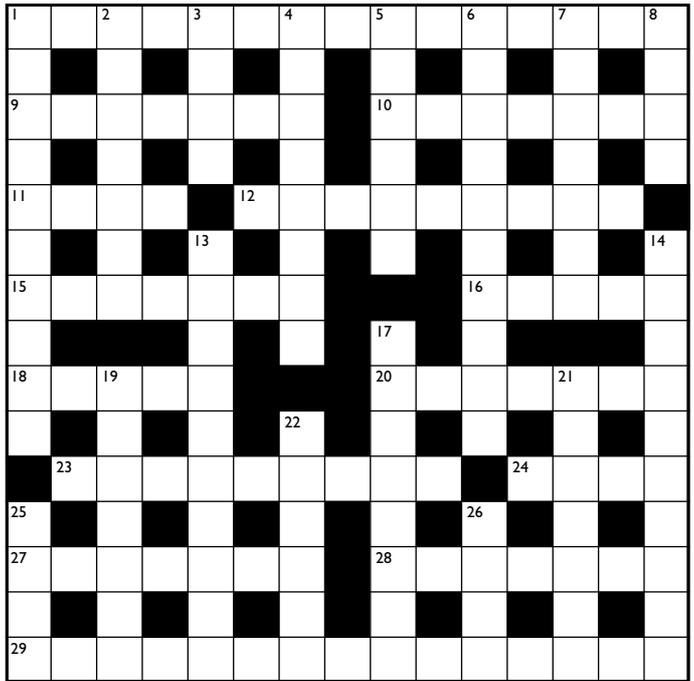
Across: 1 Medical model, 9 Reinhardt, 10 Ouija, 11 Hungry, 12 Ego ideal, 13 Newish, 15 Andersen, 17 Occident, 19 Warden, 21 Dyslexia, 22 Dryads, 25 Rheum, 26 Immediate, 27 Prince Regent.

Down: 1 Marching orders, 2 Deign, 3 Cohorts, 4 Lore, 5 Ontogeny, 6 Erosive, 7 Diseased, 8 Fall on one's feet, 14 Wechsler, 16 Incision, 18 Dreamer, 20 Abridge, 23 Agape, 24 Smee.

Winner: G. Dickens, Northampton

Send entries (photocopies accepted) to: **Prize Crossword, The Psychologist, St Andrews House, 48 Princess Road East, Leicester LE1 7DR. Deadline for entries is 30 July 2004. A £25 book token goes to the winner, drawn at random from all correct entries.**

PRIZE CROSSWORD No. 18



Across

- 1 Subsequently halt in disarray using pen as means of problem-solving? (7,8)
- 9 She studied personality traits of college students employed to look bewildered (7)
- 10 Vitally important four in vessel with aluminium tail (7)
- 11 Dig deep for underlying cause (4)
- 12 Sprinkling of holy water conceals resistance to developmental disorder (9)
- 15 Giant has excellent return for fairy queen (7)
- 16 Stop-gap worker opening office for a time (5)
- 18 Regret taking exercises indoors for money (5)
- 20 Sleepy types in hall of residence getting chill (7)
- 23 Latent talent – an electric difference! (9)
- 24 Hairstyle pulled back when in motor factory (4)
- 27 Most of film recording taken in hospital department is clear (7)
- 28 Come into attack without hesitation, batting first (7)
- 29 No great time-span to recall (5-4,6)

Down

- 1 Left for a spell in America at a conservative place of research (10)
- 2 Confused, I met with unpopular technique in behaviour therapy (4,3)
- 3 Got up in pink (4)
- 4 Many sets of lines given for sailor's guide light (8)
- 5 Insect, perhaps, seen in receptacle for grain (6)
- 6 Variants go out...they give directions (10)
- 7 In the meantime I'm supporting Bury (7)
- 8 Sore cheek (4)
- 13 Ten enacted accident which takes place before the relevant event (10)
- 14 Memo to prominent person is remarkable (10)
- 17 Belief in the unattainable isle amid confusion (8)
- 19 Condition for five is zero (7)
- 21 Derive as conclusion that nitrogen and oxygen indicate great heat (7)
- 22 Bill takes 2 for this figure (6)
- 25 Talked of inspiration for converted stables (4)
- 26 Article on English pronoun, once (4)

Name.....

Address.....

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