

# Politics, psychology, the Society and The Psychologist

A tweet we posted from @psychmag has prompted an interesting discussion on what psychology and *The Psychologist* is or should be. You can view the exchanges, which took place during the week beginning 25 January, via our profile, but we thought we'd share some of it here.

Our tweet thread read:

Today's feedback: 'you have become so left wing in your content that I just cant bear to look at another copy of the psychologist. How different from 25 years ago' vs 'The Psychologist magazine is brilliant, creates a feeling of belonging, in an amazing community.'

Definitely seems we've polarised opinion amongst our readers in recent years. If you're in the disaffected group, please engage – help shape our content. Meanwhile I cling to the Simon Munnery adage: "If the crowd is behind you, you're facing the wrong way."

...I do wonder what 'right wing' content we might seek out. But I totally get the @JonHaidt sentiment [from our November 2016 interview] that 'we need to bust up the orthodoxy'...

Here's a snapshot of how the discussion then developed.

@MrBen\_\_\_

It has become political, with contributors' assumptions about issues, that clearly show their left wing or Remain bias'. It would be good to search several year's worth of mags. for the word 'Brexit', for example and see which category it fits more: negative, neutral or positive.

@psychmag

But that begs the question of where the psychologists writing about Brexit from a positive perspective are hiding?

Nicola Beaumont @PsychBeaology

Too afraid to talk about it, that would be my first guess, ie fear of being labelled racist, xenophobic, bigoted. My second guess is that there are plenty, but their contributions aren't welcome.... I very much doubt you would publish anything that supported Brexit or supported Conservative views, because they would be outrage from leftists. It's time for people to practice what they preach and become more tolerant of other opinions.

@psychmag

Try me!

@TomCalvard

if people think psychology is not political, they can keep dreaming... if they think it is political and they feel disaffected and disenfranchised they should engage more, as suggested.

@DrHoevet

While I can imagine some possible exceptions, I dont think psychology has any business in politics. And it's easy to say people should engage more but the truth

is in today's climate its not safe for some people to engage if they want to keep their job, livelihood, etc.

@psychmag

But what can that possibly mean? No business in understanding the process of politics? Or in using research evidence to inform policy making or understand its impacts? Or in understanding how personal politics may affect the scientific process?

@DrHoevet

You make good points. The scientific study of the political process makes sense. Informing policies? I see the concept but the pragmatics are bad I'm thinking more of taking political positions which both psychological orgs and academia do often and without proper justification.

@TomCalvard

Deciding what 'proper justification' is is political. It's the politics of any profession really.

@DrHoevet

Which is precisely why we should stay out of it.

@TomCalvard

What does 'staying out of it' even look like here? Not realistic in my opinion. Keep dreaming about this objective impartial apolitical state of affairs... if people think psychology is not political, they can keep dreaming if they think it is political and they feel disaffected and disenfranchised they should engage more, as suggested.

Richard Hassall @RHHassall

How do you define neutrality and why would neutrality be somehow more scientific? Psychology is necessarily concerned about the wellbeing of people - in today's world that's an issue which inevitably overlaps with politics. The Psychologist only reflects the concerns of readers.

#### Several people praised our attempts at engagement...

@Laurakilby2

Loving watching this thread play out but a bit sad I'm not running my critical psychology module this semester. There's a fantastic seminar to be had unpacking the explicit and implicit arguments about what psychology is/isn't & should/shouldnt be. Thx for this @psychmag

@MariaKordowicz

I really appreciate this open engagement with members ... I am firmly in the leftie camp I imagine so perhaps why I've enjoyed reading our mag more and more in my 13 or so years as member.

@psychmag

Thanks...definitely keen to engage. I'm unapologetic about an increasing focus on social justice, climate

change, diversity etc. But surely that's a separate issue from the risks of becoming a liberal echo chamber, where I agree we should provide space to challenge the orthodoxy.

@MariaKordowicz

But is the orthodoxy needing challenge not of the right wing at present? The value alignment of a caring profession will likely rest with left of centre policies/ views - wealth redistribution, public sector funding, challenging elitism & so forth, or perhaps that's my own bias.

@CJFerguson1111

I think both the right and left have orthodoxies which are unhealthy and need to be challenged. Echo-chambers tend to amplify good ideas into becoming bad ones, and often succeed mostly in fueling more bad ideas on the 'other side' and limiting compromise.

@dereklaflan

Psychology, meet sociology... we're psychologists and now discussing what sociologists have been discussing for a lot longer than we have. We seem to think psychological ideology will also address sociological and political affairs. To work, it has to be multidisciplinary.

@psychmag

Agree with that. And the novelists / poets have been considering it all for even longer!

@dereklaflan

Absolutely true. Psychology is a study of human behaviour. Not *the* study of human behaviour.

#### Another thread in January [[tinyurl.com/wd5vuvx](https://tinyurl.com/wd5vuvx)] considered what some readers perceive as an over-emphasis in our pages on diversity and climate change.

While we have had an equal or greater number of readers bemoaning our *lack* of focus on such issues, this discussion again went to the heart of what psychology, *The Psychologist* and the Society is and should be.

We are proudly the voice of the membership, and from where we're sitting there has been a huge increase in member activity which applies psychological theory and research to pressing societal issues. The Society is playing a key role in organising and amplifying those voices on diversity, climate change, and topics broadly under a 'social justice' umbrella. So it's only natural we seek to reflect that, even if such subjects can be controversial, challenging and uncomfortable to think about.

But there's room for all sorts of other content. We have pages to fill every month, and a website which has become a daily concern. Our message is always this: **You shape our content. Tell us what you'd like to see in our pages, engage on Twitter, or get in touch to contribute.**

# More debate on prescribing rights

**I wanted to add my thoughts to the letter from Rebecca Courtney-Walker in the February issue. I am well aware of the prescribing rights work as the project is established under the aegis of the Practice Board.**

The Task and Finish Group for Prescribing Rights, the Practice Board and the Society recognise that this is an issue not to be taken lightly.

I believe the nature and quality of the comments on the discussion paper that were addressed to me as Chair of the Practice Board raise questions not only about what we do in practice but also about who we are, both as practitioners and as human beings. While, thanks to the Prescribing Rights Task and Finish Group, we have already embarked on the debate about what we do, it also suggests

the need for a wider debate about the future shape of our profession and what our trajectory towards that future may look like.

I am concerned that our valued members who are most opposed to prescribing are not actively involved in this stage of the debate and as Chair of the Practice Board, I am asking them to step into what may be an uncomfortable conversation for

## Twin challenges in cancer care

**The international psycho-oncology community began the last decade with a striking claim. Distress should become the sixth 'vital sign' of cancer care. Progress has been mixed. Looking ahead, we need to complete this unfinished business. But we cannot afford to neglect the twin challenges of inequality and prevention in psychological care in cancer.**

In both research and practice psycho-oncology has steadily developed a presence and voice for the psychological care of people with cancer and their families. Effective psychological therapies have been developed and tested. The complex psychological burden borne by all affected by cancer has been laid bare, and the poorer survival outcomes of distressed cancer patients demonstrated. Services in the UK and internationally have expanded and found more effective ways of delivering psychological care within the vast industry of cancer care.

In the UK at least, there is much left to do. Access to quality psychological care is highly unequal. Too often it is determined by the hospital you happened to be treated in, and the type of cancer you have, not what your psychological need is. This has to change. No other 'vital sign' in cancer would be allowed to go untreated in this way.

However, we should be developing psychological care for people affected by cancer beyond a reactive model. Our traditional model of waiting for people to become significantly distressed, and for this to be picked up by the cancer care team and referred to us, risks entrenching health inequality, and missing the bigger goal of preventing distress in the first place.

The priority for researchers and clinicians must be to identify the groups of people affected by cancer most at risk of becoming significantly distressed, and developing programmes that reduce the incidence of distress. Psycho-oncology focussed upon prevention will reduce unnecessary suffering and more quickly address inequality of access to psychological help, and inequality of psychological outcomes.

Cancer may be unpredictable, but the stressors of treatment and living with cancer are predictable.



This certain knowledge allows a window of opportunity to prevent distress in a vulnerable group that few psychological specialties have. As a community of researchers and practitioners it's our job to take this opportunity.

**Dr Mike Rennoldson**

Principal Lecturer in Psychology at Nottingham Trent University, and Chair of the British Psychological Society's Division of Clinical Psychology Faculty of Oncology and Palliative Care. Mike was writing for our website to introduce a collection of articles for World Cancer Day on 4 February – see [tinyurl.com/psychwcd2020](https://tinyurl.com/psychwcd2020).

**To mark the day, we also had 'Dr Roni Pea' sharing her reflections on dealing with a breast cancer diagnosis as a clinical psychologist.**

'A little more than a year ago, I learnt I had a life-threatening illness. The Director of Screening gently told me the lump was "not friendly" and would require surgery, but he also said that I would not die imminently! That was reassuring... but from that moment, and probably in the days before that, I consciously and deliberately used all the skills and knowledge I have as a clinical psychologist and systemic psychotherapist.'

Read her article at <https://thepsychologist.bps.org.uk/other-side-zipline>

them so that we all may benefit from having their views playing their part in shaping this debate. If the profession were to take up prescribing rights, it would be the Society that would set the standards against which all work in that area would be measured so it is critically important that all shades of opinion are reflected in the shape of what we may finally decide upon.

Although I personally will never be a prescriber because it is outside my realm of practice, I have attended two meetings, months apart, where the issue was debated. It was interesting for me to note that in each room the balance of opinion shifted when our members listened to the opening statements of the debaters and engaged in the debate themselves. As Chair of the Practice



Board I will want to ensure that the debate on this subject brings us to both a sufficiently well informed best practice decision about psychologists prescribing and enables us to articulate a valuable agreed definition of who we are and what we bring to the world.

The work that has been done thus far has been to help us better understand the implications that a decision taken around this question

may have for our members and the standards we set for best practice before we, as a Society, could consider ourselves ready to answer the question put by the NHSE as to whether or not the profession of psychology would like to take on the responsibility of taking up prescribing rights.

I am clear that this topic will become an important matter at Practice Board in the months and years to come. You may rest assured that as Chair I will facilitate the widest and best informed debate amongst all of our membership of all shades of opinion where the *why* and *why not* is as significant to the debate as the *how*.

I look forward to seeing the continued constructive engagement of our members and relevant stakeholders in this active debate.

**Alison Clarke**  
Chair, Practice Board



## UPCOMING COURSES IN DBT

### DBT Foundational Training™ 22 - 26 June 2020, GLASGOW

The 5 day Foundational training is designed specifically for an individual or a small group of therapists (maximum of four) who are members of an Intensively Trained DBT Team, but who have not been intensively trained themselves.

### Doing Individual DBT Sessions: A Step-by-Step™ 29-30 June 2020, LONDON

This workshop is intended to bring problem-solving strategies to the heart of the individual DBT session. We'll be helping delegates deepen their existing knowledge of the steps in carrying out chain analysis through a mix of teaching, modeling, role-plays, and advance written homework.

### Intensive Training in the Dialectical Behavior Therapy Prolonged Exposure Protocol for PTSD™ 6 - 9 July 2020, BIRMINGHAM

This 4-day workshop is designed to provide intensive training in how to integrate PTSD treatment into standard DBT.

**For more information on these training courses, please visit our website.**

[info@dbt-training.co.uk](mailto:info@dbt-training.co.uk) | 0800 056 8328 | [www.dbt-training.co.uk](http://www.dbt-training.co.uk)  
British Isles DBT Training, Croesnewydd Hall, Wrexham Technology Park, Wrexham, LL13 7YP

# The power of placebo

Our understanding of the placebo effect continues to evolve. Jeffrey Mogil, director of the pain-genetics lab at McGill University, discovered that placebos have become 18 per cent more effective in the United States over the past two decades. Found only in the United States, his hypothesis is that direct consumer advertising for drugs allowed in America increases expectations of benefits of drugs. The larger and longer the trial, the greater the placebo effect. Mogil says we need to investigate elements of more powerful placebo response in the US and incorporate those into patient care. More details about Mogil's study can be found at [tinyurl.com/oxdfz3](https://tinyurl.com/oxdfz3).

Traditionally limited to symptoms originating in the central nervous system, placebos work because hope and trust can trigger release of 'feel-good' chemicals in the brain. Drugs that block the action of psychologically induced euphoric neurotransmitters stop the placebo effect. Placebos can be as effective as medication for pain management, stress-related insomnia, and cancer treatment side effects like fatigue and nausea. Recent research on pharmacological conditioning is challenging the restriction of the placebo effect to psychological benefits. This is a type of classical conditioning in which a placebo response is paired with an active medication. Qualities of the drug and the environment of administration are neutral stimuli that are paired with the medication, the unconditioned stimulus. With repetition, the body learns to link the neutral sensory stimuli with the active drug. The medication's therapeutic effect can be triggered by physical qualities: shape, colour, packaging, smell, and the context of its use:

administration by a medical professional in a white lab coat. Drugs exert their effect through biochemical modulation, and the brain can be trained to create a biochemical response identical to the active drug. The brain learns to associate environmental factors with the medication, and these stimuli can then trigger the mechanism of the medication in the brain. Further details about pharmacological conditioning and placebo research can be found in Luana Collaca's 2019 publication, 'The Placebo Effect in Pain Therapies'.

An implication for pharmacological conditioning is reducing the amount of noxious medication required. In theory, a wide range of diseases should be susceptible, and this is a promising tool in healthcare.

However, Descartes' idea that the mind and body are distinct, separable entities is the foundation for our Western biomedical model. The current system takes a reductionist stance, focusing intently on one bodily part at a time. Patients have multiple providers, each comfortable only within their area of competency. Psychologists deal with the intangible matters of the mind, and MDs deal with the anatomical parts. Despite research demonstrating that pharmacological conditioning is possible and promising, application would require blending the field of psychology and standardized medical care. Until the theoretical framework of the medical system changes, I doubt the power of the placebo effect will be fully harnessed.

**Lydia Marvin**  
PsyD student  
George Fox University

## Hannah Steinberg 1924-2019

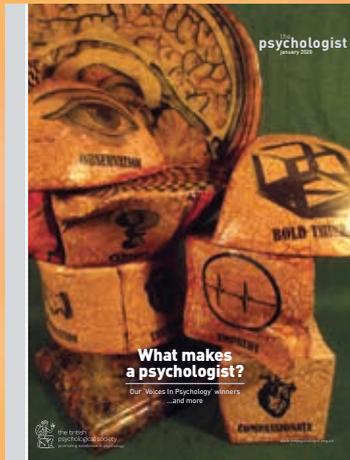


Hannah Steinberg, a pioneer of psychopharmacology and key figure in the British Psychological Society, died in December. She was editor of our predecessor, the *Bulletin of the British Psychological Society*, from 1956-1962, as well as being Founder and first Hon Sec of the Sports and Exercise Section (she was interested in mood enhancement effect of exercise). She was proud of being elected an Honorary Fellow of the Society in 2000.

In 2001 she wrote for *The Psychologist* with 'a brief history of the Society logo' – see [tinyurl.com/psychehist](https://tinyurl.com/psychehist)

Photo (right): Hannah's desk, with British Psychological Society Honorary Fellow certificate in pride of place...





'The Psychologist magazine is brilliant, creates a feeling of belonging, in an amazing community.'



'You have become so left wing in your content that I just can't bear to look at another copy of The Psychologist. How different from 25 years ago. It's full of rubbish.'

## Chair, the Psychologist and Digest Editorial Advisory Committee

Wherever you sit on this spectrum of feedback, you could play a key role in driving **The Psychologist** and **Research Digest** forward as the voice of psychology, psychologists and the British Psychological Society.

We're looking for a new Chair to serve an initial three-year term.

Duties include chairing meetings (generally three a year), reporting to the Society Trustees, and facilitating a Committee response to issues which may arise.

To apply, email [Annie.Brookman-Byrne@bps.org.uk](mailto:Annie.Brookman-Byrne@bps.org.uk) by **30 April** with up to 500 words on why you want the role and why you would be suited to it.

For an informal discussion about the role, contact the current Chair, Professor Catherine Loveday, on [C.Loveday@westminster.ac.uk](mailto:C.Loveday@westminster.ac.uk)