



TO THE EDITOR...

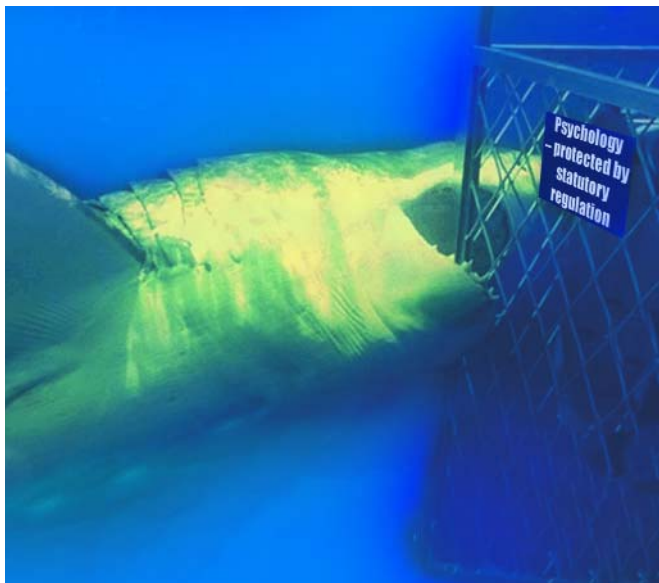
Letters should be marked clearly 'Letter for publication in *The Psychologist*' and addressed to the editor at the Society office in Leicester. Please send by e-mail if possible: psychologist@bps.org.uk (include a postal address). Letters over 500 words are less likely

to be published. The editor reserves the right to edit, shorten or publish extracts from letters. If major editing is necessary, this will be indicated. Space does not permit the publication of every letter received. Letters to the editor are not normally acknowledged.

We are not adjectives, we are psychologists

ROY Davis suggests (Letters, July 2003) that only qualified or adjectival titles should be protected when we seek statutory regulation. The argument is flawed. It assumes that everyone is knowledgeable about the nuances of psychology, and will know the difference between, say, 'health', 'counselling', 'psychotherapeutic' and 'clinical' psychologists (do we?). If we follow this suggestion, the sharks will be able to call themselves 'psychologists', but we will not. This has to be wrong.

All professions tend to assume that they are sufficiently important for the public to know all about them. Maybe there are 20 specialised sub-branches of dentistry; I don't know; all I really need to know is that the person I go to is a proper dentist. They will refer me on to a specialist, if needs be. The point of statutory regulation is to protect the public. We want the public to go to properly qualified people,



Sharks should not be able to call themselves 'psychologists'

and to prevent charlatans using a misleading title and damaging people, and through that destroying our good name and reputation, and limiting the impact we can have on the collective good. *Psychologist* must surely be the protected title.

Davis uses the example of *engineer* as a generic title in

common usage. Talk to any properly qualified engineer and they will tell you they wish the title had more esteem and value in the UK (as it has, for example on the continent). Let's keep *psychologist* as our own and keep it meaning something.

Finally, the argument that having the title *psychologist* protected may somehow

disadvantage psychology lecturers is also put forward. This is an elderly red herring, and really should be buried. When chartering was introduced, the Society pandered to academics (like me), which led to the nonsense of 'practising certificates' and abstruse arguments about who was really offering a 'service' and who could be exempt – just to save academics £20 per year, and not upset them by 'professionalising' their sort of psychology. Things have moved on, and luckily, there's now a very simple solution, which was not available then. After statutory regulation, if academic colleagues want to use the term *psychologist*, they join the Division of Teachers and Researchers in Psychology. Easy.

Let's take back our title, whilst we can, and not let it become a worthless label anyone can use with contempt. Protect the public. Promote the discipline. Choose *psychologist*.
Richard Kwiatkowski
Cranfield University

IT was interesting to read the letter from Roy Davis about the title *psychologist* in the preparation for statutory regulation. *Psychologist* is recognised in Australia as the title of a profession. To call oneself a psychologist, the person has to be registered in a particular State or States. If a person asserts that they are a psychologist without being registered then they are liable for prosecution under the 'holding out' rule of the Psychologists Act. In theory,

a university staff member may only refer to themselves as a lecturer in psychology or whatever the university appointment. Some academic staff are registered psychologists. A similar situation occurs in the US with the title *psychologist*. Much as I sympathise with Roy Davis's view, it is one of the prices that statutory regulation causes.

I am delighted to note that the UK is progressing towards regulation, as it does enable a

clear and definitive disciplining of psychologists whenever that is unfortunately necessary. It has also been my experience that it has been necessary to deal with those non-psychologists who have been carrying out suspect practices. There are unfortunately some circumstances where it becomes mildly ridiculous when a person claims to be an 'animal psychologist' and attempts to earn their profession by retraining difficult pets. Technically they have breached

the Act and need to call themselves animal behaviour therapists! The issue of psychotherapists and psychotherapy has never been adequately resolved, largely because some other professions (not psychiatrists) do not want to be prevented from using the title. There is no limitation on who can use the title *psychotherapist* in any State.
Michael M. Wood
Psychologist!
North Adelaide
South Australia

STATUTORY REGULATION – PROGRESS REPORT

We continue to receive correspondence on aspects of statutory regulation, particularly to do with protected titles. Professor Geoff Lindsay, Chair of the Working Party on Statutory Regulation, bring us up to date.

THE timetable for the implementation of statutory regulation of applied psychologists is now clear. This long-term policy of the Society achieved an important milestone on 4 June when the Health Professions Council (HPC) approved the Society's case for regulation (see News, July 2003).

Detailed discussions with the HPC are under way to develop the practical aspects of the addition of applied psychologists to their remit – we will be one of the largest groups. Discussions with officials from the Department of Health (DoH), the lead department acting on behalf of all government departments with an interest in applied psychologists, will continue, focusing primarily on the preparation of a section 60 Order. DoH solicitors were due to draft this over the summer. The period of public consultation is due to begin in September and run until December, the purposes of which are to inform the public of the consequences of the closure of the profession under statutory regulation, to seek feedback, to stimulate expressions of interest and support, and to anticipate any negative representation that might surface in the parliamentary process. Following consideration of the consultation, the Order is expected to be laid before Parliament in May with implementation from September 2004.

Protected titles

The primary purpose of the closure of a profession under statutory regulation is the protection of the public. This requires the accreditation of qualifications and a statutory disciplinary system where a person struck off the Register is not allowed by law to practise. It is necessary to define protected titles for each profession. Our aim is to regulate applied psychology, the delivery of psychological services to the public by appropriately qualified psychologists. Countries tackle this in different ways, as pointed out in one of the letters opposite. The offence under the legislation (article 39 of the Health Professions Order 2001) is the use of a protected title 'with the intent to deceive'.

There appear to be two main options. Firstly, to regulate the titles *applied psychologist* or *psychological practitioner* (or both) either alone or with specified adjectival titles (e.g. *clinical psychologist*, *educational psychologist*), which would match the Society's permitted titles. New titles might be necessary occasionally (the next will probably be *sport and exercise psychologist*). Secondly, the generic title *psychologist* might be regulated. This would require either that academics avoid using this title, referring to themselves as, for example, lecturer in psychology or professor of psychology, or that the Order be written such that use of *psychologist* in this academic context was seen as permissible because there would be no intent to deceive. We are working with DoH officials to determine the best solution that offers protection to the public but does not cause unnecessary problems to academic psychologists.

Registration

We are working with the HPC to ensure that all members on the Society's Register will be automatically eligible for registration with that body, and that a simple administrative process requiring minimal action by members be implemented to effect this. There are several thousand appropriately qualified psychologists who are either not members of the Society, or are members but not on the Society's Register of Chartered Psychologists. These members will benefit by joining the Society's Register over the next few months so that they may also be 'grandparented' on to the HPC register from the start. Once it is set up new applicants will need to submit applications to the HPC register direct.

All applied psychologists will need to register with the HPC. Many working in academic positions will be eligible and will need to register if acting as tutors to courses of professional training or if they offer a service to the public, whether to individuals or organisations. The status of researchers is less clear, but there may be benefits in making grant applications to being registered if researching in applied areas such as health and education. However, teaching and research *per se* will not require registration.

Further information

A website (www.bps.org.uk/statreg/index.cfm) has been set up to provide fuller information in a list of FAQs. This will provide updates on developments over this next year. We shall also continue to meet with other psychological associations and societies. The Board of Trustees and the Representative Council has statutory regulation as a standing item on their agendas.

Don't follow US

WHEN I teach students about the nature, diagnosis and treatment of mental disorders, I refer them to a far wider array of British sources (including BPS publications) than North American ones. This is because thinking about diagnosis is so much more influenced here in the US by political considerations and health insurance concerns, and because in this country approaches to treatment are heavily influenced by these concerns and by the inordinate influence of the research funding and marketing strategies of drug companies.

British discussion of these issues seems to me to have at least some connection to reasoning based on evidence. In the US, evidence that contradicts the prevailing orthodoxy (of mental illness being 'an illness like any other') is simply ignored.

I have recently been alarmed by some of the discussion in *The Psychologist* (April and June) of psychologists' having 'prescription authority'. Presumably you are not as desperate to retain access to healthcare dollars controlled by managed care companies and research dollars controlled by drug companies as my colleagues in this country are, and can thus avoid climbing on this particular bandwagon.

It would be enormously discouraging to see British psychology following US psychology's lead on the issue of psychologists' prescribing drugs. What can I tell my students to read if you do?

Justin Joffe

University of Vermont

DEADLINE

Deadline for letters for possible publication in the November issue is **3 October**

Reflections on the Rorschach – Opposing views

IN his reply to my article criticising the Rorschach test ('Counterpoint: Defending the indefensible', July 2003), John Donnelly is dismissive of my claim that

the law might be used to resolve problems caused by the Rorschach.

On 19 May this year the *Los Angeles Times* reported two such cases. In one, a psychologist who had had his licence suspended because of a drink problem was, after treatment, declared fit for duty by a psychiatrist, but failed to measure up when administered the Rorschach by a psychologist, although his MMPI was normal. He was reinstated only after a year of legal wrangling. In the other case, a police officer was dismissed after whistle-blowing about irregular practices. He appeared normal on a battery of other tests, and to a licensed therapist, but was paranoid and out of touch with reality according to the Rorschach.

Reinstatement was refused and he took legal action. In March of this year he was reinstated with full back pay and benefits after the judge criticised the case against him, specifically including the Rorschach assessment.

Sadegh Nashat's letter (July 2003) in support of Donnelly also fails to address any of the substantive issues. Instead, it refers to 'clinical experience' and 'feedback from clients', as if all of the research on demand characteristics (and the rest of social and health psychology) had never happened. Clinicians do not have control groups and will never know they are overpathologising. Research, and not clinical experience, is

the only way to answer these concerns.

Imagine a civil engineer who said, in effect: 'Yes, the basis on which we built this bridge is questionable, but lots of people tell us it's OK, and

a few new calculations have been done. We haven't actually tested these, but it should be safe to cross. Anyway, who sues?' ...After you.

Robert A. Forde
45 Glenville Road
Walkford
Christchurch

STRAIGHT TO THE POINT...

■ *Allan Skelly (Maidenhead, Berkshire) on our cover article on intergroup contact and its role in reducing prejudice: The picture on the front of The Psychologist depicts the 12th July parade at Drumcree with only one group (Protestant) clearly visible. The danger here is that belonging to this order is associated automatically with prejudice, not civil rights (to assemble, to march peacefully within the UK, to practise the religion of one's choice). I am not claiming that this narrative is more truthful than any other; Ulster is rife with myth and countermyth; but surely psychologists should be aware of classical conditioning. Northern Ireland is not synonymous with prejudice; neither is the Orange Order. Don't demonise this group.*

■ *Ludwig Lowenstein (Eastleigh, Hampshire) on John Raven's article in the July issue on continuing professional development: I think John Raven hit the nail on the head when he stated that individuals can develop competence not by following a formal educational process or CPD courses, but only by dealing with cases that they are themselves involved with and doing research into specific areas and learning thereby. In this way they will also be contributing to the knowledge of psychology, and other psychologists can benefit therefrom. As Raven stated, competence cannot be 'rectified by external compulsion'.*

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

IAM the president of a small group of clinicians who have banded together to form a British Rorschach Society. I have training in a psychoanalytically orientated Rorschach school (Klopfer) and am currently completing the Level 2 training in the Comprehensive System (CS). I have used the Rorschach clinically, in a variety of

proponents of the Rorschach represented for example by Weiner, Viglione, Meyer and others, and a smaller but equally voluble and respected opposing lobby represented largely by Wood, Lilienfeld and Nezworsky (who frequently publish together). Had these researchers devoted their time to researching and publishing on more neutral soil (i.e. a

measure with obviously high face validity), I suspect that their joint efforts would have produced a tool with astonishingly high statistical and scientific credibility. But since the Rorschach has no face validity it opens the way for the sort of mutually exclusive 'Yes it is scientific/valid' – 'No it isn't' debate reflected in your pages.

For those inclined to acknowledge that psychology needs to embrace the non-behaviourally manifest to address complex issues of human experience at the level of personality structure and organisation in a humanly scientifically valid frame, the Rorschach will continue to add enormously to their clinical and scientific fulfilment. To others who are of the persuasion – and in the UK, I dare say, the dominant persuasion – that psychology addresses itself only to the behaviourally manifest and cognitively derivative, the Rorschach will be anathema. As Richard Feynman said, 'if you don't like it, that's going to get in the way of your understanding it'.

David Ruthenberg
President
British Rorschach Society

settings and have taught it at university level for over 20 years. More recently I have been using it clinically to assist in the differentiation between psychosis and Asperger's syndrome in a clinical population where differentiation is difficult.

The debate represented in your pages (May and July 2003) is an exact reflection of the war regarding this instrument's validity, reliability, scientific standing, and so on, which has raged virtually since its inception. With Exner's CS system hitting the arena from about 1975, the intensity of point-counterpoint, claim-counterclaim has hotted up considerably.

There are extremely strong, vocal and highly respected

KATE GREY

Lonely psychologists

IT'S the time again to welcome new and returning students.

A major attraction of working for a degree in psychology is to gain the qualification for training to work in psychology. Yet what does the graduate basis for registration do for the many who don't go on to become a Chartered Psychologist?

Psychology graduates often face a lonely fate, as the President acknowledged in his 'au revoir' to those who got their degrees ('President's column', July 2003). So he urged them to look for support from the Society. Indeed, the

Royal Charter makes it the main task of the BPS to promote the advance and application of psychology. Yet after several decades the Society still has no system to help current and prospective graduate members in applying psychological knowledge outside psychology. Only the minority staying in psychology have PsyPAG if they are research students and affiliate membership of a Division for other trainees.

Psychologist practitioners in the BPS have worked hard to 'give away' psychology to their colleagues in other professions. The Society has promoted

Paying for gold standards

AS soon-to-be newly qualified clinical psychologists working within neuropsychology in the NHS, we are excited about the introduction of the postdoctoral qualification in this field ('Developments in clinical neuropsychology', July 2003). We agree that 'as the demand for services has increased, so has the demand from employers and members for specialist training to supplement the core skills acquired in professional training, and a formal route that provides a "gold standard" in terms of services offered in clinical neuropsychology in the UK'. We consider that such training is essential to maintain high standards and that there should be greater post-qualification specialisation. However, we would like to raise two points.

First, NHS trusts do not always provide funding for this qualification. Are we expected to fund our own essential professional development? We do not think it is acceptable that we should partly or wholly fund essential courses. If employers 'demand' this in-post specialist training, should they not also be

prepared to fund it? We think there is a worrying trend in NHS trusts in London *not* to provide full funding for essential post-qualification training (e.g. neuropsychology courses leading to BPS Practitioner Full Member status, cognitive therapy training courses leading to BABCP accreditation, etc.).

Second, it takes a minimum of seven years to qualify as a clinical psychologist. Many of us now also complete university-level postgraduate qualifications (master's degrees and PhDs) to increase our chances of gaining places on the doctoral course in clinical psychology. We now face an additional two years of training. Personally, we feel that our pay and conditions simply do not reflect this level of qualification. We know that the Royal Charter prevents the BPS from acting as a trade union, but is it not time for the Society to take a more active role in helping those of us who will eventually provide this 'gold standard' to discover ways in which we can *effectively* campaign on employment issues?

Ben Papps
Catherine Derbyshire
Institute of Psychiatry

Personality of suicide bombers

JOE Roberts wrote (Letters, July 2003) that MMPI-2 would 'surely' reveal distinctive traits of suicide bombers. However, the few psychologists and psychiatrists who have directly assessed such bombers disagree. They conclude that contrary to widespread expectations, there simply is no suicide bomber personality type. Bombers very rarely suffer from psychopathology or disordered

thinking. They come from a wide range of cultural, educational and family backgrounds, and their personalities and motivations can be disconcertingly varied. Interested readers can find a recent review of what psychology does know about suicide bombers in my book *Terrorists, Victims and Society* (2003, Wiley).

Andrew Silke
University of Leicester

textbooks for psychology courses in the degrees on which those professions are based. Yet even for established professions there is no systematic provision after graduation to support the use of current psychological research. Psychology graduates who take their education into new areas are left to work in isolation, from aromatherapy to zoo visitor behaviour.

A lonely hearts e-club won't solve the real problems. Something far more robust and transparent is needed. A psychology graduate working in an area outside psychology needs access to training with a viable psychological basis and in good standing with others involved in that area. The Society could provide a framework through which trainers demonstrate that they deliver to these criteria.

'Leave *psychologist* alone' was a cogent plea in July also on behalf of academics who may not need to register as regulated psychological practitioners. So why do the academics leave so many psychologists all alone after graduation?

One good reason is that other departments do the education and training in psychology for other professions. Sometimes Chartered Psychologists are involved, but trainers established in the other professions could benefit from

BPS-accredited training, on the basis of an education in relevant psychology that could attain graduate membership.

For newer areas, though, a psychology department may have one or two individuals with the relevant scholarly competence and outside links. They might be in contact with a graduate who can help as a research and training associate. Yet departments have to compete for their main sources of income, so such initiatives are difficult. The BPS could bring together individuals in different institutions to deliver accredited training and continuing professional development in the use of current psychological knowledge in other jobs, particularly by in-post distance learning. If the Society spun off the service in support, each institution could be reimbursed for its staff's contributions.

Supervision of a general framework of accreditation for uses of psychological knowledge within other areas needs a body within the Society of the same status as the boards for Chartered Psychologists' education, training, practice, research, publications and communications. For the sake of the incoming future graduate members, the Representative Council should consider this as a matter of urgency.

David Booth
University of Birmingham

Not enough evidence for a verdict

FURTHER to the recent furore in *The Psychologist* regarding graphology and *The Times* – it may surprise readers to know that ‘the jury is still out’ with regard to the validity of graphology as there is a paucity of decent graphological research. Psychologists need to return to primary sources to assess the value of the existing research before damning graphology.

Most graphological studies suffer from significant methodological weaknesses; yet despite not meeting scientific requirements, these poor studies are cited time and

time again. Even the report compiled by the BPS Professional Affairs Board – *The Validity of Graphology in Personnel Assessment* (1993) – relied almost entirely on secondary sources, which led to the statement containing errors of fact, and a number of incorrect inferences due to quotes being taken out of context, or paraphrased beyond recognition.

A significant number of studies have had no input from any graphologist, in the erroneous belief that the outputs of ‘researchers’ and ‘graphologists’ are

interchangeable. It makes no sense to equate a researcher’s efforts, based on measuring a number of individual signs, with a well-trained graphologist’s assessment.

Experienced graphologists take a holistic rather than atomistic approach, believing that single handwriting features have no meaning out of their graphic milieu.

Unfortunately, graphology is, at present, an unregulated profession (similar to psychology). However, reputable graphological schools require a minimum of three years’ study before students qualify, with some schools insisting on a five-year training programme.

Graphologists trained at these schools have far greater understanding of psychodynamic personality theories and individual differences than a graduate of a typical three-year psychology degree course.

It is time graphologists and psychologists worked together to establish the most suitable methodology for graphological research so that studies can be designed that meet scientific requirements while allowing for graphological integrity. Only then will we be in a position to judge whether graphology is or is not valid.

Olivia Graham
37 Cromwell Road
London SW7

INFORMATION

■ I AM a clinical psychologist working in women’s services. I wish to contact other clinical or health psychologists working in this specialty, specifically in **fertility control (termination of pregnancy) and more generally in obstetrics and gynaecology**. I am interested in the extent and organisation of the provision.

Joyce Cramond

Department of Clinical & Health Psychology
St James’s Hospital
Leeds LS9 7TF
Tel: 0113 206 5897; e-mail:
Joyce.Cramond@leedsth.nhs.uk

■ I AM currently studying Postgraduate Conversion in Psychology, due to finish shortly. I am seeking voluntary work two days per week in either clinical or forensic setting in the Kent or London area. Any offers or information gratefully received.

Wendy Frappell-Cooke

E-mail: wendyfrappell@aol.com

■ I AM finishing a part-time MSc in psychology with the Open University and I have two years’ clinical experience as a keyworker working with neurological patients and patients with learning disabilities. I am currently seeking to widen this experience to prepare for application to the clinical doctorate, and I am in a position to commit myself to

a **voluntary placement involving assessment techniques** for up to three days a week over six months in the London/Hertfordshire area.

Teresa Mazon

41 High Street
Rickmansworth
Hertfordshire WD3 1ET
Tel: 01923 777229; e-mail:
teremazon@aol.com

■ I WORK part-time in primary care offering **brief interventions to homeless people within a GP practice**. I would be very interested to hear from any other clinical psychologists working with this client group using short-term interventions.

Lucinda Dixon

Luther Street Medical Centre
PO Box 7
St Aldates
Oxford OX1 1TD
Tel: 01865 726008

■ I AM a third-year psychology undergraduate at the University of Glamorgan. I am seeking **voluntary work experience in clinical psychology in the Cardiff area** for the academic year 2003/2004.

Laura O’Connor

11 Snows
Sandford, Crediton
Devon EX17 4NJ
Tel: 0798 060 0880 (mobile) or
01622 664597; e-mail:
locyj@postmaster.co.uk

Own channel would be turn on

I WAS thrilled to read about Research TV in the July issue of *The Psychologist*. It will not only provide students,

academics and the general public alike the opportunity to keep up to date with many of the latest research

developments through an extremely accessible media form, but it also will provide, in my opinion, rather refreshing viewing. 'TV psychology' in the past has so often been misleading, presenting psychology as being of greater similarity to sociology than to any reputable science. Even those odd programmes giving a glimpse of biological or cognitive psychology tended to do so in a (dare I say it?)

rather basic manner. There already exist history and geography channels, numerous programmes on animal and plant biology as well as animal behaviours, and even the odd series on English literature, so it's about time psychology got a look in. Who knows, maybe in a few years psychology will even have claimed its own channel!

Louise Roberts
5 Cumberland Road
Brighton

Solution to Prize Crossword No. 10

Across: 1 Good Samaritan, 8 Coinage, 9 Lanyard, 11 Ratifying, 12 Redia, 13 Bossier, 14 Oceania, 16 Amentia, 19 Codeine, 21 Icons, 23 Trimmings, 24 Nairobi, 25 Puritan, 26 Jekyll and Hyde.

Down: 2 Opiates, 3 Dead faint, 4 Atelier, 5 Allegro, 6 Inner, 7 Abandon, 8 Cerebration, 10 Draw-a-person, 15 Endomorph, 17 Emotive, 18 Anthill, 19 Chip pan, 20 Ignited, 22 Showy.

Winner: Andrew Colman, Leicester

Send entries (photocopies accepted) to: **Prize Crossword, The Psychologist, St Andrews House, 48 Princess Road East, Leicester LE1 7DR. Deadline for entries is 3 October 2003. A £25 book token goes to the winner, drawn at random from all correct entries.**

PRIZE CROSSWORD No. 11

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Across

- 1 Recall a glowing fragment after sleep phase (8)
- 5 Become ill again – no right to pass away (6)
- 10 Minder conceals note for provider of food (7)
- 11 Regular issue for soldier (7)
- 12 It is said to be a mix-up initially (10)
- 13 Presently denoting unknown authorship (4)
- 14 Frank carried out after beer, say (6)
- 17 Former government department cut (6)
- 19 Children's author spoke of payment (6)
- 20 Most recent news of the French international (6)
- 23 Musical tones produced in part by singer (4)
- 24 An application for the skin for consecration (10)
- 28 Honorary title holders' excellence that's recalled outside (7)
- 29 Defect in recognition again so requires treatment (7)
- 30 Unsteady gait of rag and bone man (6)
- 31 Tangible material for construction (8)

Down

- 1 Suspension of activity in depression (6)
- 2 Inconclusive remote contrivance seen underground (5)
- 3 Steeping liquids of the French under moorings (9)
- 4 Mistake made by some terrorists (5)
- 6 Story-teller's inner turmoil revealed in den (4)
- 7 Poor signs, alas, of recovery prospects (9)
- 8 Fur seen in winter by eagle circling road (6)
- 9 Teachers the woman will succinctly place in here (8)
- 15 Separated and intended to speak of dwelling (9)
- 16 Detain me when suffering from mental deterioration (8)
- 18 Schizophrenia type found in jazz fan with a note (9)
- 21 I leave person receiving treatment with legal document (6)
- 22 Athene disturbed by gas (6)
- 25 Mature six-footer coming up the motorway in the past (5)
- 26 Follow measure to take action (5)
- 27 Satisfactory punishment (4)

Name.....

Address.....

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