

# Where is our non-stick frying pan?

If you were asked to list the top five achievements in psychology, what would you say? Be honest, you'd probably splutter for a bit and then try to divert the question. I've sprung this on colleagues and they have come up with suggestions like attachment theory, the multi-stage memory model or even CBT. I don't consider this an impressive list. In fact, to me it suggests a horrible truth – for all the bluster about science, all the fancy equipment and million pound research grants, we haven't discovered any great new understandings or technologies about our core subject – ourselves.

Yes, we have produced studies and papers that cite and excite our colleagues. When spun in the right way, psychology can light up the sofa of *The One Show* or the *Today* studio. But does any of it amount to any more than a hill of beans? A standard definition of psychology is 'the scientific study of people, the mind and behaviour'. So what are the headline discoveries about people, mind and behaviour? And do these findings match up to the discoveries of the other sciences?

Look at physics. It has split the atom, it has gravity, it has quantum theory, the Large Hadron Collider and the Higgs boson. It has the Big Bang theory, which offers an explanation of how the universe was formed. Chemistry has the periodic table of elements, a classification of all substances in the universe. Biology has evolution, a robust theory of how we came to be here. I could go on.

'Psychology is a young science', we say by way of excuse for the lack of great findings. But 150 years is not that young. There are younger sciences that have more to show: electronics has the microchip, genetics has mapped out the human genome.

The central issue concerns how we develop knowledge in psychology. To start with, other sciences have testable theories; psychology has testable hypotheses. What's the difference? Einstein's theory of general relativity was first presented in 1915 and then spectacularly tested in 1919 when light was shown to bend round the sun during a solar eclipse to the amount

predicted by the theory. The existence of the Higgs boson was predicted by theory in the 1960s, as a crucial test of the Standard Model of particle physics. It was finally confirmed to exist in 2013.

What psychological theory produces predictions that can be tested in this way? Or to be even more challenging, what collection of ideas in psychology have we got that we can call a testable theory? What is psychology's Big Bang?

When it comes to knowledge in psychology we are not so much uncovering it as inventing it. We appear to use the basic methods of science by observing and categorising behaviour in much the same way as biologists or medics. But there's a difference, and nowhere is this difference more obvious than in diagnosis. To diagnose chickenpox we look for three symptoms: fever, itchy spots

and loss of appetite. That's it. But if we want to diagnose PTSD we look for any of 19 symptoms arranged in four categories. To make the diagnosis of PTSD you have to judge the patient to have at least eight of these symptoms across the four categories. In other words two people might have not a single symptom in common but still be said to have the same condition. There are, in fact, 636,120 ways to get a diagnosis of PTSD (Galatzer-Levy & Bryant, 2013). We are not discovering disorders, we are inventing them, and this process gives us the various conduct disorders, phase of life problem, sibling relational problem and many others as we slowly but surely pathologise all human behaviour.

So, it's not looking good for theory. Maybe we have transformational products: things that we have invented that have changed lives? If you search the internet for the greatest scientific inventions you get suggestions such as penicillin,



TIM SANDERS

## THE PSYCHOLOGIST NEEDS YOU!

### Letters

These pages are central to The Psychologist's role as a forum for communication, discussion and controversy among all members of the Society, and we welcome your contributions. Send e-mails marked 'Letter for publication' to [psychologist@bps.org.uk](mailto:psychologist@bps.org.uk); or write to the Leicester office.



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Robert Sternberg, Oklahoma State University

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telephones, batteries, frozen peas, lasers, pianos, radar, the internet itself and my favourite, the non-stick frying pan. In none of the lists did I find one invention that you could claim as psychological. I'm not asking for an invention with the impact of antibiotics, contraceptives, the aeroplane, the combustion engine... but surely we have something to match the non-stick frying pan?

This isn't to say that psychologists have nothing to show for their efforts. But it is surely a concern that for every CBT we have a recovered memory therapy, for every attribution theory we have a mass IQ testing supporting eugenicist theories and actions.

This is not a treatise of despair, however, because I think that psychology does contribute to our everyday life – just not in the manner of the other sciences. In his challenging talk to the APA in 1969 George Miller seemed to come to the same conclusion. He argued that we are looking in the wrong place if we are waiting for the great discoveries and applications to appear. He suggested that the revolution will come in how we think of ourselves:

'I believe that the real impact of psychology will be felt, not through the technological products it places in the hands of powerful men, but through its effects on the public at large, through a new and different public conception of what is humanly possible and humanly desirable' (Miller, 1969, p.1066).

The brilliance of psychology is that it provides a secular explanation for our existence, our feelings, thoughts and behaviour. It is an extension of the Enlightenment, rolling back the fog of superstition, mysticism and religion to provide understandings about ourselves that do not rely on supernatural beings and events. And as the country becomes more and more psychologically literate these understandings have become part of the way we explain the world.

So it's great that when there is an atrocity or a hate crime it is psychologists who are commonly asked to comment, rather than bishops. We might have very little to say or do, but at least we are looking to ourselves for answers. But I still call on you all: please, just show me our non-stick frying pan.

**Phil Banyard**

Nottingham Trent University

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## MINDFUL READING

Psychologists are increasingly appreciating the value of mindfulness-based approaches in psychotherapy. However, its philosophy, principles and practices are controversial. For those who are interested to participate in the ongoing discussion on mindfulness a monthly Mindfulness Reading Group (MRG) meetings will be held at BPS London office at 12:00–13:30 on 12 October 2015. If you wish to join the Mindfulness Interest Group email-list and/or simply keep in touch, please contact me. The meeting is open to both BPS members and non-members.

**Dr Ho Law**

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## A need in NEETs

Young people who are 'Not in Education, Employment or Training' (NEET) are at high risk of developing longer-term mental health and/or behavioural problems, and this is a hot political issue in Europe (see 2012 European Foundation report at [tinyurl.com/phll4fa](http://tinyurl.com/phll4fa)). Most people know that unemployment is linked to anxiety and depression, but it is often assumed that this is a fairly transient condition (Weich & Lewis, 1998). A longer lasting impact has been shown to occur in the children of unemployed parents (Office for National Statistics 2004), but so far this has not been connected with becoming NEET.

Schoon et al. (2012) reviewed the literature on the intergenerational transmission of unemployment and concluded that although the academic prospects of the child are largely dependent upon a family's socio-economic circumstances, these factors cannot on their own explain why adolescents become NEET. Anger (2012) has suggested that the intergenerational transmission of personality could also impact on the child's economic prospects, and recent data I have looked at seem to confirm this is the case for NEETs.

A post-hoc analysis of Rentfrow et al.'s (2015) self-selected online sample ( $N = 386,375$ ) showed that on average all the big five personality traits of 18- to 24-year-old NEETs ( $N = 2426$ ) in England were significantly different from the norms for their age. Furthermore, there were significant differences in their personality traits across seven self-reported income brackets. In the lowest income bracket ( $< £10k$ ) Neuroticism was higher and Extraversion and Conscientiousness were lower than in all the other income levels. This is of interest because Neuroticism predicts later mental illness, substance misuse, and poor job performance (Ozer & Benet-Martinez, 2006), whereas Extraversion and Conscientiousness are considered to be protective factors (Cambell-Sillsa et al., 2006).

Thus, there is good reason to believe that intergenerational transmission of personality and socio-economic prospects coalesce in the context of parental unemployment to create the longer-lasting mental health problems that are seen in the NEET populations (e.g. Serbin & Karp, 2004). While it is hoped that these findings will inspire local governments to take action on this most pernicious of public health problems, it is concerning to think that national governments will lose interest once the youth employment figures start to improve.

**Stephen Adshead RNMH**

University of Essex

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# Psychological support – bridging the gap

I am writing in response to Fiona Sweeney's article, on her role in a street triage team (Careers, August 2015).

The innovative efforts of the street triage scheme are addressing a need that was previously overlooked: a lack of trained psychological support for those most vulnerable and distressed. I believe, that over the next few years, this scheme will become a substantial area of care for individuals suffering from poor mental health.

My concern, and the reasoning behind this letter, is that there appears to be a lack of psychological support in areas much more relevant to the care of service users. This

conclusion stems from my experiences during several occupational placements. I have previously worked in a number of different healthcare settings, with multidisciplinary teams in both in- and out-patient services, where I have found trained clinical psychologists are few and far between. This absence suggests that psychological support is not a priority in terms of managing the care of each service user.

However, whilst working recently in an outpatient service, I was surprised by the amount of time that was spent, during clinics, discussing service user anxiety. Other healthcare

professionals are having to address these concerns, and, as with police officers, these individuals have only basic psychological training. This is not to say that they cannot deal successfully with emotional and psychological difficulties; I was impressed by how many adopted a person-centred approach during appointments with service users.

However, one must wonder whether the attention given to any psychological issues, in turn, takes away the focus from the medical or physical difficulties the patient originally came to



clinic to address? It is of general knowledge that care staff within the NHS are under significant time constraints. Therefore, their areas of

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For more information please visit:  
[www.autism.org.uk/conferences2015BPS](http://www.autism.org.uk/conferences2015BPS)

Accept difference.  
Not indifference.

ge – what, why and how?

ual role



expertise should take priority, but this is not always the case. Service users will take the time during clinic to address their primary concerns, and in some cases these are psychological, therefore the professional must meet this need. It is asking too much of professionals to address their own concerns with service users, and cover the psychological and emotional difficulties they may be experiencing, within a half-hour clinic appointment.

Therefore, I argue that each team, in each department of the NHS, needs a dedicated psychologist. It is not the case that every service user seen will require ongoing psychological support, however, what should be in place is the option to meet with a professional who is trained and equipped to deal with any concerns, should the service user and family need it.

This then brings us back to a question that has been asked numerous times: why, when there are so many individuals eager to become clinical psychologists, are there not enough job positions to

offer? There is a torrent of prospective psychology students that universities are churning out each year who are excellent candidates for clinical training, but there seems to be some discrepancy between this supply of individuals and the demand for psychological support. The current state of affairs seems to be that graduates, like Fiona, are having to become much more creative with their career choices if they want to succeed in the field of clinical psychology.

I myself am a recent psychology graduate and I commend Fiona for her move into street triage. Fiona has managed to overcome the obstacles associated with a career in the NHS, by working in a profession that diverts the attention back to patient care.

For the service user looking for psychological support, it seems the responsibility will have to fall to healthcare professionals, like low-intensity support, until the NHS can bridge the gap between supply and demand.

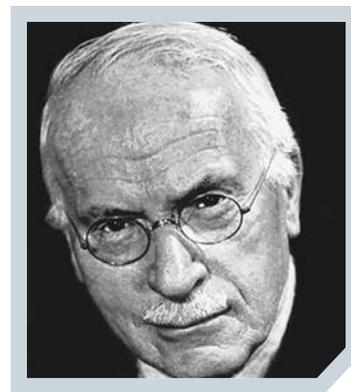
**Hope Brennan**  
Glasgow

## A new scholasticism with an old soul

In January of last year I graduated with a master's in transpersonal psychology (hereafter TP) only to have become thoroughly disillusioned with the field as a result. For the heights TP professes to investigate are merely secular theoretical constructs in place of the hitherto religious (predominantly Christian) pronouncements on matters spiritual. Friedman (2009) has noted the xenophilia within TP, or, the privileging of exotic traditions over those more closer to home. Indeed, in our crippled culture, TP naturally looks to the East for stable, embedded spiritualities, and, even worse, believes they can be easily transposed into our midst. Carl Jung, who studied comparative religion extensively, cautioned that he did not think Westerners could fully appropriate Eastern religious endeavours because of the inherent cultural differences. In fact, Friedman (2005) relays a relevant insightful personal anecdote of how he once expressed his interest in Zen meditation to a Japanese colleague who then promptly laughed in his face at the Western drive towards solitary spirituality – a concept unthinkable in the actual Japanese context. Many have subsequently written on the cult of self-possession within contemporary religious alternatives and TP's harshest criticism is that it has fallen into the trap of psychology as religion (Vitz, 1994). Combine our cultural moment of rampant individualism with Eastern practices of self-deification and we see why Friedman (2009) went on to develop a concern for the field's tendency towards proliferating narcissism.

The alternatives to our culture's national theism, particularly emphasised within TP – as found in the likes of Ferrer (2009), etc. – furthermore propagate a *philosophia perennis*, which is to say one of relativism. This is so taken for granted that I thought I would look deeper into how we got to such a place whereby the once perceived spark of divine intelligence within us was so undervalued in its ability to render real truths in the search for the sacred that one accepts a postmodern uncertainty over the history of our land. After all, this has led to rather embarrassing encouragements of fideism, of the New Age romanticised kind, whereupon one has the uneasy sense that imagination is inseparable from assent; or, as Faber (1996) explains in the *Encyclopedia of Psychology and Religion*, 'New Age thinking is a regression to primary narcissism in which the adult is returned to an infantile state of omnipotence, magical wish fulfilment and merger with the mother[/Gaia]' (p.608).

I subsequently hunted in the opposite direction and struck upon how Catholicism has a particularly rich tradition of faith combined with reason even in the area of psychology. Going right back to the days of psychology's designation as within philosophy's remit, Catholicism carved out a school of thought based on traditional philosophy under the banner of 'Neoscholasticism'. The goal of the Neoscholastics was to integrate the conviction of the soul with the scientific study of the human mind. In fact Kugelmann (2005) lays out how in the same year Wundt opened his psychological institute – 1879 – Pope Leo XIII issued a mandate for all Catholics to study Thomistic philosophy of being. It is St Thomas's equation of the soul



**Carl Jung did not think Westerners could fully appropriate Eastern religious endeavours**

with the intelligence that inspired my coining of the phrase ‘desouling’ for our breakdown in penetrative thinking in the above areas. Neoscholasticism, for many myriad reasons lost its soul (cf. Kugelmann, 2005 for full details) around about the 1960s when TP precisely took off.

While I have the privilege of seeing retrospectively that Neoscholastic philosophy simultaneously underappreciated the role of culture (because it was more overtly Christian than anyway) and the individual (or rather personality), I found its grounding in a workable philosophy of being the cornerstone of my proposal that scholastic spiritual elaborations of our intelligence cannot go far wrong. Those who search for the ghost in the machine must encourage the division of labour between ontology and science as TP adopted doing; whereas the Thomistic rational soul is at least both empirical and preservative in the face of those such as Dennett (1991), who delight in exposing possible material causes for key but suspect fixtures in transpersonal theory – like consciousness, for example. Our wisdom tradition, however, has a reasoned argument for assent to the once great province of psychology itself – the soul. Perhaps if we recover this one element we can prevent the slipping into uncertainty that categorises a lot of the confusion modern seekers after the truth encounter in our day?

**David Bench MSc**  
University of Northampton Alumnus

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**obituary**

## Sabrina Halliday (1955–2015)

The recent passing of Sabrina Halliday (married name, Levy) was shocking – she was such a vital person and her ‘to do’ list was in no sense complete.

Sabrina started life and graduated in Northern Ireland, moving to do research/

teaching at Leeds, including ‘De-institutionalisation – Moving Children with Mental Handicaps from Long Stay Hospital to Community Care’ in the mid-1980s. Children hospitalised for being learning disabled!? Services were so

## prize crossword

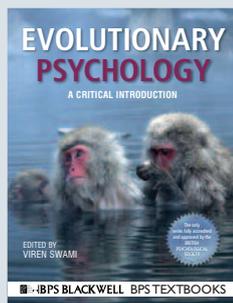
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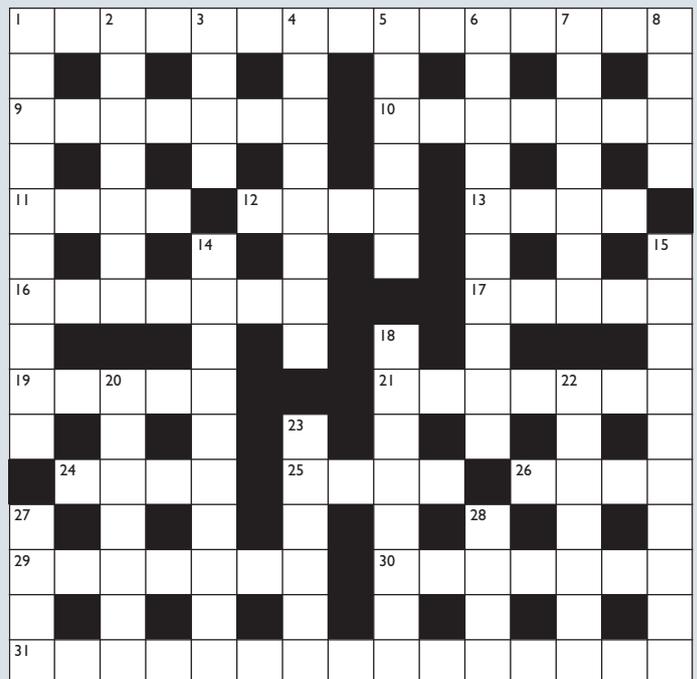
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Send your entry (photocopies accepted) marked ‘prize crossword’, to the Leicester office (see inside front cover) **deadline 12 october 2015. Winner of prize crossword no 82** Jordan Smith, Lincolnshire

**no 82 solution** Across 1 Stroop effect, 9 Malleable, 10 Shako, 11 Nectar, 12 Absinthe, 13 Incite, 15 Scornful, 18 Stressed, 20 Reason, 22 Trimaran, 23 Update, 26 Brand, 27 Maharishi, 28 Conditioning. Down 1 Semantics, 2 Relic, 3 Operant, 4 Elba, 5 Feedback, 6 Cashier, 7 Cast-offs, 8 Dose, 14 Carnival, 16 Lingering, 17 Becalmed, 19 Stand to, 21 Esparto, 22 Toby, 24 Assai, 25 Shot.



different... Sabrina's commitment, clear thinking and resourceful approach ensured this project was key to the start of 'normalisation' for the local Service.

Training as a clinical psychologist enabled more involvement in making change happen for individuals. Her instinct for equal opportunity and equal value led to respected inter-agency and multidisciplinary input and

was expressed generally in active support for anti-apartheid, feminist politics and the charity Shelter. She also trained in family therapy, a natural development for her belief in collaboration and relationships.

She pioneered a 'Life Span' family therapy clinic and she helped raise the profile of systemic approaches in work with people with learning disabilities and their support network. In 2002 she moved to Somerset LD services where she continued to work effectively in a range of roles – management, clinical, teaching and research. Much of this was innovative (dementia screening, rapid intervention team, health psychology, etc.) and courageous – for example, she set up and chaired a 'Good Practice Panel' which successfully considered the difficult ethical and legal

issues of complex, challenging presentations.

In 2010 a health scare prompted retirement and return to Northern Ireland to give more time to her family including her mother, husband Dave, brother and sisters and her beloved daughter Amy, whose upbringing reflected the essence of Sabrina's approach in life: serving, valuing, enjoying and facilitating fulfilment in others.

To the end Sabrina was modest about herself, but she positively glowed with humanity. She set herself and others high standards and occasionally her frustration with those who fell short, stirred that glow into a shower of sparks, but for the majority she was a much-loved and trusted team player with an infectious chuckle.

More recently, Sabrina had re-awakened her professional

energy and started to do some clinical work in Ireland. No doubt, even in that short time, she will have made a difference.

Sabrina would have been the first to acknowledge that any human system requires a complex and varied mix of individuals (i.e. diversity is not only politically correct, it is socially essential), but there is also little doubt that there would be more happiness and less trouble in the world (and the NHS!) if more were like her. Thank you, Sabrina, you will not be forgotten.

**Judy Fox**

*Somerset Partnership, Clinical Psychologist – Retired*

**Lorna Robbins**

*Clinical Psychologist – ALD Psychology Lead, Somerset Partnership*

**Maggie Potts**

*Manager and Clinical Psychologist, Leeds ALD Service*

obituary

## Dennis Bromley (1924–2015)

Dennis Bromley, Emeritus Professor of Psychology at the University of Liverpool, died on 27 April 2015. He spent his entire academic career at Liverpool University and became Head of Department in 1974. His prolific research produced books including *The Psychology of Human Ageing* in 1966, *Personality Description in Ordinary Language* in 1977, *Behavioural Gerontology* in 1990 and *Reputation, Image and Impression Management* in 1993. There were also journal articles and chapters in several text books on ageing.

In 1968/9 Dennis took sabbatical leave to work in the Jewish Geriatric Centre in Philadelphia. In 1979/80 he again took sabbatical leave to work in the University of Calgary and the Fanning Centre.

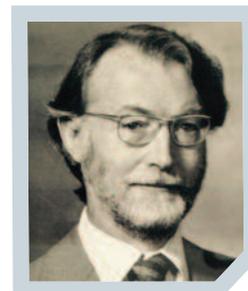
Dennis enjoyed his academic persona and was first and foremost a scholarly person with a strong belief in learning.

He always maintained his interest in flying after time in the RAF before university. He was a keen member of the University Air Squadron and gained his private pilot's licence after he retired. He maintained an extraordinary level of fitness in the University Sports Centre and by jogging in local parks and home environs. The fact that he lived to the age of 91 is testimony to this.

Dennis died after only two days in hospital after a long period of physical and mental decline. He leaves his wife Roma and their son Damian, and also his daughter Ruth from a previous marriage.

**Roma Bromley**

*Liverpool*



across

- 1 Former PM's slump leads to clinical disorder? (5,10)
- 9 Unlike cheese not down to score (5,2)
- 10 Archaic exclamation about drink that's knocked back is a giveaway (7)
- 11 Former pupil's extremely opaque source of notes (4)
- 12 Cut down moorland (4)
- 13 Partner no longer having appeal is shown the door (4)
- 16 Settled ways to perform international duties? (7)
- 17 Confection filling staff yard (5)
- 19 Sleep disorder? Shucks! (5)
- 21 Grass and ecstasy tablets provide endless rave with love (7)
- 24 Keeping hold of love is girl's aim (4)
- 25 Tailless snake recalled in Scandinavian book (4)
- 26 First of olive oil put back in stew (4)
- 29 Have a ball on unclosed luggage conveyance (7)
- 30 Clout in design of block print (7)
- 31 A blip, or cryptically, does it reveal mental illness? (7,8)

down

- 1 Little may be seen through this instrument (10)
- 2 Fervent leader replaced by Jack Green (7)
- 3 Smooth ladies' man (4)
- 4 Some cafes press out strong brew (8)
- 5 Draw unfinished hotel (6)
- 6 See poet try to adapt to simplified generalisation (10)
- 7 Accepted barrister to sum up? (2,5)
- 8 Left a long time over holiday (4)
- 14 Fuddy-duddy to whip up oil, say (6,4)
- 15 With typo, ruined grocer's flier (10)
- 18 Naked girl reported in capital (3,5)
- 20 He got ripped for part of self-serving exercise (3,4)
- 22 Put new strings in part of orchestra accepting resin (7)
- 23 Face different directions during swerve (6)
- 27 One regarded with contempt in south, caught sailor (4)
- 28 Intelligence from home and foreign office (4)