

A paucity of philosophy

I am concerned that the science of psychology (under the guidance of its leaders and representatives) has inadvertently leapfrogged over some essential stages of its development. It has shied away from important research that would be generated by doggedly pursuing certain elementary, but highly relevant, philosophical questions, such as 'What is the human psyche?' and 'What are the identifying characteristics of human mental health?'

I am not alone in my concern that the science of psychology has advanced in age, organisational complexity and numbers of practitioners whilst not continuing to draw appropriate guidance and nourishment from its philosophical roots. 'It is well known that psychology developed in the late nineteenth century as the offspring of philosophy and experimental physiology' (Hall et al., 1998, *Theories of Personality*, 4th edn, p.4), but its link to philosophy has

dangerously weakened in recent years. From William James to the present, leaders in psychology have lamented the lack of an adequate 'philosophy of man' to undergird human psychology:

Our knowledge of man is still so incomplete that we cannot yet give a satisfactory definition of man in a psychological sense. (Erich Fromm, 1955, *The Sane Society*, pp.12–13)

The goal of psychology is to reduce discord among our philosophies of man, and to establish a scale of probable truth, so that we can feel increasingly certain that one interpretation is truer than another. That goal is as yet unattained, and as our discussion suggests, it probably lies far in the future. (Gordon Allport, 1955, *Becoming: Basic Considerations for a Psychology of Personality*, p.17)

It is extremely important for

psychologists that the existentialists may supply psychology with the underlying philosophy which it now lacks. (Abraham Maslow, 1968, *Toward a Psychology of Being*, 2nd edn, p.10)

Until we develop this authentic human science, psychology will become more and more irrelevant to the search for the truth of man' (Carl Rogers, 1989, *The Carl Rogers Reader*, pp.360–361)

We still do not have a working science of man on which we can base psychotherapy. (Rollo May, 1979, *Psychology and the Human Dilemma*, pp.182–183)

The gist of the comments of these leading psychologists is clear. None of them felt there were adequate ideas or theories in place for understanding human nature from a psychological perspective. It seems they were also pointing out that the

Crunch time for IAPT?

I read with interest the recent debates on the Improving Access to Psychological Therapies (IAPT) initiative. As we now begin to make sense of the impact of the 'credit crunch' one wonders what the future hold for this venture.

The IAPT project was conceived at a specific time in the history of capitalism. This is no coincidence: it fits well within a form of capitalism where everything, including our psychological knowledge, is used to help generate wealth without worrying too much about its equitable distribution. I have argued elsewhere that psychologists

cannot provide a psychological solution (such as IAPT) for a socio-economic problem (Nel, in press). What is needed is a socio-economic solution for a socio-economic problem. However, so long as the economy was seen to be doing well it was unlikely that this view would find much traction. But the recent unprecedented economic crisis – the so-called 'credit crunch' – brings an opportunity, if not an obligation, for a re-evaluation of how we try to help people who are on state benefits.

With one million people predicted to be on the dole by

Christmas (*The Observer*, 12 October 2008), what will be needed in coming months and years is a sustained effort to create jobs for the unemployed. What will be required is an economic fix to reduce misery and prolonged unhappiness amongst people on benefits. No amount of CBT (or any other individual therapy) will be able to 'cure' the human distress caused by socio-economic circumstances and marginalisation in society.

In my view the 'credit crunch' is likely to signal the beginning of the end of the IAPT project, hopefully as part of a wider shift to create a

fairer society, but if not, then probably out of financial necessity. I believe that the dismantling of the IAPT project will be a price worth paying by psychologists in order to help create a more just society. Thus, this economic crisis brings an unexpected, once-in-a-lifetime opportunity to create new ways for psychologists to use their knowledge and skills. I hope that we can rise to the challenge, and let go of overbearing ideology and a rather careless pursuit of personal and professional self-interest.

As psychologists, we do

structural foundation of the science of psychology is incomplete, and in need of rebuilding. Their combined comments are nothing less than a call to action, a request coming from their graves for psychologists to make the science of psychology whole by addressing the deficiencies they have so poignantly identified.

I asked a handful of veteran psychologists if they feel the previous comments of Fromm and Allport are still relevant today. One of them replied: 'I don't know if the science of psychology has arrived at a better understanding of the psychological aspects of human nature since Fromm and Allport. With the medical model in ascendancy, we may have less of an understanding.'

A common thread in the greatness of these astute, philosophical psychologists whom I have cited from psychology's past is that they did not fear, or shy away from, a critical assessment of the foundational building blocks of psychology; and they explored

psychology's philosophical flaws and deficiencies with a heroic urgency and passion – which needs to be emulated to ensure the ultimate success of the science of psychology.

Conducting verifiable and empirical research is a primary goal of every

science, including the science of psychology; but I think we sometimes forget that philosophy helps us understand the complexities of a topic, design inventive approaches to researching it and interpret the results. Philosophy may be the foremost contributor to obtaining points of

departure, methods of analysis and meaningful contexts for determining the significance of one's findings.

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Erich Fromm

have knowledge and skills that are unique and can be of value to the society that we live in. In relation to those people unfortunate enough to find themselves on unemployment benefits, we can do a number of things. Firstly, we can help to normalise their feelings of anxiety and depression as natural effects of a much larger

economic problem. Secondly, we can help to reconfigure individual problems as social problems, offering explanations of their distress that do not seek to blame them as the sole architects of their misery. Thirdly, we can use our knowledge and everyday clinical experience to make our government

aware of how their political and economic policies impact on society in general, and more specifically on the psychological well-being of those who are on state benefits. Finally, we can continue to strive to improve access to multiple psychological therapies when we work with unemployed

people who seek our psychological expertise.

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Reference

Nel, P.W. (in press). 'Improving' access to psychological therapies: It's the end of the world as we know it (and I feel fine). *Clinical Psychology Forum*.

Not wishing to prolong the correspondence around Improving Access to Psychological Therapies (IAPT), the recent letter from Tony Ward ('A call to arms', November 2008) requires some support and a clarification. Although currently the British Association for Behavioural and Cognitive Psychotherapies (BABCP) has been recognised by IAPT as the most appropriate body to accredit high intensity IAPT courses, the IAPT programme is establishing an oversight committee to monitor the implementation of the accreditation process and has invited a representative from the BPS to attend.

At the same time and within the Society, several initiatives are being

considered with respect to the Society's possible role in recognising psychologists who are competent in the delivery of specific psychological therapies such as CBT. The Committee on Training in Clinical Psychology is currently reviewing the extent to which postgraduate programmes teach CBT competencies. A working party has also been meeting to see how the Society's own Register of Psychologists Specialising in Psychotherapy, might recognise members' competences in psychological therapies following graduation from either a clinical or counselling psychology programme. Hopefully, the Society will be in a position to complement the work currently being undertaken by BABCP – a position that

One on one raises two

I read Professor Loftus's 'One on one' responses with interest (October 2008). Two questions were raised for me.

Firstly, how does she know that the people that she helps are *falsely* accused? My second question relates to Professor Loftus's comments about evidence. For many years in memory research there has been a heavy bias towards focusing on false positive memory, while false negative memory (including traumatic amnesia) seems to get little attention from researchers. How can we get a balance of evidence when there is such an imbalance in the direction of the research?

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Tony Ward advocates and one that I believe many members of the DCP would also strongly support.

Finally, just for clarification, I'm writing this letter wearing two hats – as a member of the IAPT Workforce Team responsible for implementing IAPT but also as a member of the Society and the Division of Clinical Psychology. For the record, I do not hold any national officer role within the BABCP or have ever done so in the past, although I am member along with many other clinical psychologists.

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Enmeshing clinical and forensic

I have become increasingly aware of and concerned about the practice of mental health trusts and independent hospitals of advertising vacancies for psychologists to deliver treatment to people with mental health problems, which can be filled by either a forensic or a clinical psychologist. This practice appears to be common in both forensic and non-forensic departments. Further exploration has led me to realise the job descriptions and person specifications for both posts are usually identical.

This appears to indicate a trend towards psychological treatment for people with a diagnosis of mental health problems being delivered by either clinically or forensically trained psychologists. Are these branches of psychology so similar that they can practise with competence within each other's domains; and, if so, why are public funds paying for two separate training courses?

I would be grateful if members of the BPS (both clinical and forensic) would discuss this personal dilemma and

possibly provide me with answers to the following questions.

- | Under what circumstances would it be more appropriate for a patient whose behaviours have been considered to arise as a result of mental health problems to require treatment from a professional with no formal mental health training (i.e. a forensic psychologist)?
- | When a forensic psychologist offers treatment, is it made explicitly clear to patients that a professional with no formal mental health qualification is treating them? And if so, how is this monitored? Within health settings it appears to be the norm for a clinical psychologist to identify himself or herself as such. However, forensic psychologists commonly identify themselves simply as 'a psychologist'. Is this not duplicitous both to the staff and patients?
- | Is it the case that some patients may receive therapy from a clinical psychologist whilst another with the

same diagnosis will receive treatment from a forensic psychologist? How would a team reach a decision about which of these professionals would be best equipped to provide the treatment?

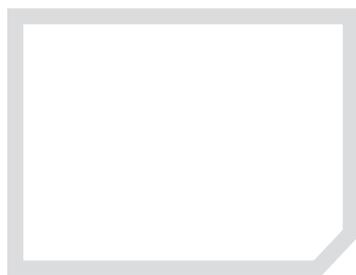
- | Are patients given the choice about whether they wish to work with a forensic psychologist or clinical psychologist? Particularly in cases when patients have committed no criminal offence.
- | Are forensic psychologists competent to work with patients on trauma issues?
- | Is the training for clinical and forensic psychologists so similar that companies can legitimately advertise for either clinical or forensic psychologists or are positions advertised as 'either/or' merely to fill positions that are hard to fill?
- | Do some forensic psychologists work in healthcare settings (particularly independent hospitals) without proper clinical supervision from clinical psychologists?
- | If forensic psychologists are employed

Human evolution – dubious and crooked thinking

In her letter 'Evolution – fact and theory' (September 2008) Sarah James opened the way to some spirited debate on the status of one of modern science's 'sacred cows' – evolution. The responses in 'Evolving arguments' (November 2008) must surely not be allowed to pass without challenge.

Morris, I believe, is right to be 'extremely dubious of the many claims of contemporary evolutionary biology and psychology'. However, he would very much misrepresent my letter (October 2006) if he believes that it sought to challenge the status only of the mechanism and not of the 'fact of evolution' itself. His statement, 'evolution is a fact', was precisely what I challenged as a scientist. If, as Morris says, it

can 'even be demonstrated in the laboratory' then it is definitively not what James originally asked for –



unequivocal evidence that the human race has primate lineage.

The response from Eastham seeks to provide this evidence. However, it contains two fatal flaws of which no scientist should ever be guilty. First, he presents two facts –

the level of shared DNA between humans and chimpanzees/gorillas and the existence of cranial fossils (the significance of which is a matter for discussion). He then makes the quantum leap of conflating these and similar facts with the view that the infinitely more complex theory he is supporting is also therefore fact and no longer theory.

Second, he resorts to what one of the great psychologists describes as 'crooked thinking' (Thouless, 1932). He takes two things that are different in the most fundamental and demonstrable way and speaks of them as if they were in the same category: '...if evolution if just a theory then so is the theory that the earth is flat'. Therefore, he says, no one who challenges the one or accepts the other can call

themselves 'scientist' or 'psychologist'. One can only hope he is being tongue in cheek. I know of no scientist (or psychologist) who believes the earth is flat. I know of many scientists (and psychologists) – however much in the minority – who do not accept human evolution (and who would gladly be signatories to this letter).

My conclusion is that if James wants unequivocal evidence of primate lineage for humans, she and many others will be no further forward.

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Reference

Thouless, R.H. (1932). *Straight and crooked thinking*. New York: Simon & Shuster.

distress and mental health problems?

I put these questions to the Chair of the BPS Professional Practice Board but he did not answer them in full. However, he did advise me that forensic psychologists have worked in prisons with clients suffering from mental health conditions, and that the treatment of mental disorder is a fundamental aspect of forensic psychology training. Essentially, I was left with the belief that he was advising me not to worry.

I have increasing concerns with regard to the treatment of patients who have very complex mental health problems. I believe the trend of enmeshing both clinical and forensic psychologists in a healthcare setting is confusing and gives mixed messages.

Within my own profession, there are clear boundaries for practising within spheres of competence. A Registered General Nurse would not be employed to

treat the mental health issues of a patient, regardless of whether they have come across them in their practice in a general hospital. I am of the opinion that forensic psychologists are trained to treat the offending behaviour of a normative population and as such would have very little value in providing treatment to people who have offended as a result of mental health problems unless provided with further mental health training and regular clinical supervision.

My reason for seeking clarity for this issue is my increased concern as a nurse consultant that hospitals are stealthily employing psychologists without formal mental health training to assess and deliver treatment to people with complex mental health problems. If this is the case, I believe it to be detrimental to the welfare of some of the most vulnerable people in our community. It is also the beginning of a slippery slope to criminalising mental illness.

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within secure settings to deliver offending programmes have these programmes been validated for delivery to a clinical population?

- 1 Is it ethical to deliver prison-based programmes in a healthcare setting without significant adaptation? Does being located within the health system imply that the offending was a result of

It's your publication...

The Psychologist continues to change, but I would like to suggest that what is needed is a radical review of its role and function in an age of easy access to information, with self-managed search, selection and review via internet networks.

The current magazine mix, I would suggest, serves no particular purpose well, being all very bitsy, little depth, half-heartedly clinging to past traditions of academic review while trying to look modern, and even postmodern?

Admittedly there are invitations to join in, make a contribution, with options for a 'wide range of more personal formats', so it seems the future of the magazine is up to us. But without a significant push to engage in the core questions about why the magazine exists, change will be slow and haphazard. I would like to provoke comment and review, so I will make my not so humble suggestions.

The magazine should be outward looking and future-oriented, so let's cut out references to works that few can or will access, let's not assume knowledge beyond what might exist for the interested professional layperson, let's set a standard for simple articles that are not meant to be psychology but are personal thoughts of a psychologist on a variety of topics,

which then allows co-writing with many other professionals.

The magazine should be able to survive as a quality publication sold to the general public and available at cost to BPS members, optional.

The intra-profession features can be available with a restricted access portal for BPS members where necessary.

Overall, psychology and *The Psychologist* should recognise that networks are developing faster than the traditional professions and their controlled publications, people will make their own decisions about what is and what is not true and meaningful.

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Reply from the Editor, Jon Sutton: Thank you for your comments. I have been in the editor's chair for more than 100 issues now, so I'm the first to accept that change has been slow! But I'd like to think it hasn't been haphazard; it has been driven by the Psychologist Policy Committee and by regular feedback from our readers, most recently in a large-scale online survey this year. This included questions on what members would change about

The Psychologist, and there did not appear to be a push in the directions you suggest.

However, I am aware of Henry Ford's famous quote: 'If I'd asked my customers what they wanted, they'd have said a faster horse'. People can't always know what they would want. As you say, networks – and indeed technology – are developing fast, and we have some ideas for *The Psychologist* to take advantage of

such developments in the next year or so. I would say, though, that there will be no move for the magazine to survive 'as a quality publication sold to the general public'. That is a massive commercial undertaking in an already crowded market, and would in any case take the

publication in a direction that the vast majority of members do not appear to want. The intra-profession features, referencing and peer-review consistently come up as important aspects in our reader research. The Society does serve public audiences though, including via

the *Top Santé* supplements, Research Digest and public engagement events. Next month sees some more changes to *The Psychologist*, and as always I will be keen to hear readers' views on them and potential future development, in print and online.

Unravelling autism facts

Jennifer Poole (Letters, September 2008) contradicts herself. How can there be 'little doubt' that most new cases of autism are environmentally caused if 'most professionals' believe otherwise? Her short letter bristles with other, bigger flaws.

Prevention is better than cure. Do not hold out cruel and impossible hopes to parents. There is no cure for autism.

The increase in numbers cannot be explained by genetic change. True, but how simplistic to take such a bipolar position: If it's not genetic, it must be toxic environment. What of a social constructionist or Wittgensteinian option – a term (like ASD) defined by its use? In 2001, Helen Heussler re-examined 1970 data on 13,135 children in which only five had been diagnosed with ASD. Using modern diagnostic criteria, Heussler's team found a 'hidden hoard' of a further 56. This number accords well with Lorna Wing's view that 'in the 1970s, fewer than 10 per cent [of ASD children] were correctly diagnosed'.

More research is needed. Does Ms Poole not know of Kreesten Madsen's 2002 research which looked at well over half

a million children in Denmark, and found no difference in autism rates in the 82 per cent who had received MMR and the remainder who had not? Or Hideo Honda and colleagues' 2005 study of 1988–96 data for Japan, where the diagnosis rate rose inexorably despite the MMR vaccination rate in that country declining significantly from 1988 to 1992, to a halt in 1993? Most parents of children with ASD report they suspected a problem before their child was one year old, long before MMR, and the atypical development in early-onset ASD can be detected at 8–10 months. I could continue, but the problem is not the vast amount of research that already exists, it's the research-deniers.

Ms Poole refers only to 'environmental' causes, whereas I am now naming the elephant in the room – MMR. Ms Poole surely knows that readers of *The Psychologist* will spot this elephant, given that (according to *The Guardian's* Ben Goldacre) it is 'the biggest science story in years...and a hoax'. Is there some synchronicity in this September issue of *The Psychologist* being entitled

'Unravelling psychology's myths'?

If you grant Ms Poole and her wares free publicity (by printing her letter and the website address of her company), perhaps you can also publicise the good work we are doing here in Essex for children with social communication difficulties and ASD. For instance, our Good Beginnings programme has been running for 10 years. Good Beginnings' principles were inspired by the landmark 1977 article by Dawson and Osterling (download the PDF from tinyurl.com/6oyu3j). This reviewed eight programmes showing successful outcomes and identified common contributory factors. Good Beginnings accords with these, including: early onset of intervention; a curriculum that includes a focus on attention, imitation, language, toy play and social interaction; and family involvement. We have baseline and follow-up data, and current research is looking at outcomes and parental views five to six years on.

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Diagnosing Asperger's syndrome

Susanne Iqbal's response (Letters, October 2008) to my article 'A childhood disorder grows up' (September) contains several important points regarding the diagnosis of Asperger's syndrome (AS) in adults. She correctly notes that an accurate differential diagnosis is critical because of the large numbers of adults who may be overlooked, misdiagnosed with another psychiatric disorder, or who present with coexisting psychiatric disorders. Similarly, an accurate diagnosis enables

access to the appropriate treatment services and community supports.

Comorbidity seems to be the rule, rather than the exception, in adults with AS. Thus, it is important that adults who are referred with social problems and depression be screened for AS and that adults diagnosed with AS be carefully evaluated for the presence of mood and/or anxiety disorders. Unfortunately, although there is a wealth of information regarding the assessment of

children with autism spectrum disorders, there is no single set of criteria or 'gold standard' for making a diagnosis in adults.

However, questionnaires such as Baron-Cohen et al.'s Autism Spectrum Quotient and Empathy Quotient have utility for screening adults. We also have the Adult Asperger Assessment, a relatively new instrument specifically developed by Baron-Cohen and colleagues for the late diagnosis of AS in adulthood. Standard assessment instruments such as

personality tests, behaviour checklists, and adaptive behaviour measures are useful as well in identifying comorbidities and the broader phenotypic features of AS.

Such tests are vital – the failure to accurately identify individuals with AS until they reach adulthood can lead to significant emotional and psychiatric problems later in life.

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Social mediation of drugs

In his article 'Drug-taking – for better or for worse' (November 2008) Professor Parrott authoritatively informs us of the adverse effects of drug-alcohol consumption particularly with respect to the interaction with psychological states. He refers to this as psychobiological. He reserves the use of psychosocial, within the article, to the use of recreational drugs that are consumed socially.

Some years back two researchers conducted an experiment that would never obtain ethical approval today (Schachter & Singer, 1962). They surreptitiously introduced epinephrine into the bodies of three groups of undergraduates. Telling them they would have to wait for a (phony) vision drug to take effect before they participated in vision tests the three groups were kept in three different rooms. Within each group was an experimental confederate who either joked about making such easy money, grumbled about being kept waiting so long or did nothing. Predictably the undergraduates when asked to rate their feelings in the waiting room interpreted their visceral response to the epinephrine via the social cues made available (i.e. the confederate's staged response).

I would want to argue that

we are caught in the throes of a medical model that looks at drug use as essentially a linear process albeit interactive, that is we see it as drug leading to effect to which the subject may respond psychologically. So long as we remain imbued with this reasoning we are going to continue to seek solutions to what are essentially social problems through introducing foreign substances into our bodies whether we label them as medications or drugs. The moment we begin to realise the radically social nature of our response to all drugs we will be less inclined to finding a solution with either a pill or a bottle.

The wine critic Jancis Robinson counsels against buying overpriced fine wines in restaurants because, as she puts it, 50 per cent of the taste of a wine comes from the company you drink it with. I think she is saying essentially the same thing as Schachter and Singer and we would do well to heed her advice.

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Christmas robins

At this time of year, many of us will be receiving 'round robins' or Christmas letters. A large proportion will end up in the bin with little more than a cursory glance; some may provide some fleeting amusement (see, for example, Simon Hoggart's 2007 book). But as psychologists, are we missing an opportunity to consider these letters as a text genre?

Written texts fall into different types or 'genres', each one of which can be subdivided into finer groupings. The academic article, for example, has the subgenres 'Introduction', 'Method', 'Results' and 'Discussion' in a fixed sequence. Each of these items can be subdivided further, but this time into more variable subsequences (see Hartley, 2008). Christmas letters also tend to contain standard topics but the order of these, and the amount of text devoted to each one, can vary drastically.

I have analysed 22 such letters, sent to me in recent years. Essentially what these letters contain is:

- | information about births, marriages and deaths (e.g. 'The end of the year has been clouded by the death of my cousin's husband at the age of 96'; 'Our beloved cat Christopher died in April, a week before his 19th birthday');
- | accounts of children's achievements (e.g. 'Barbara made a flying leap in an ultimate Frisbee tournament, caught the Frisbee left-handed and won the game');
- | highlights of travel and holidays (e.g. 'Fred and I went to China for most of September'); and
- | information about outstanding events (e.g. 'I retired last October after working for Dr Bill X for 32 years').

Children's accomplishments featured the most, but births marriages and deaths figured less than I had imagined before I started counting. The examples

quoted may seem banal to the outside reader. But, as the recipient, I find them interesting. I too have known Christopher with affection for nearly 19 years! The letters come from family and friends across the world, and I usually know whom the writers are talking about (although not always). It is the lack of personal knowledge of the writers, I suspect, that makes the many excerpts in Hoggart's book seem so fatuous.

The Christmas letter appears increasingly common, a rise that Hoggart attributes to the dispersal of families and the availability of home computers. Most are indeed word-processed and printed on two sides of A4. However, there are exceptions. One in my collection is printed in a two-column tabular array – with family members listed vertically in one column and their matching accomplishments in the other. Others look more like websites. No doubt speech and sound will be added soon.

One or two creative people eschew the standard format. One of my colleagues devoted his whole letter to things not done, places not visited, relations not seen. Another mused on variations on a particular theme – events and experiences during the year related to the six senses. It was a highly literate achievement.

Christmas robins are here to stay. They form an interesting genre for psychological analysis – both for their style and content. They give an illuminating, if somewhat air-brushed, picture of a year in the lives of middle-class people in the early 21st century. I would encourage other psychologists to reflect and enjoy!

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