

Managing without the evidence

Amongst the many excellent contributions to the recent debate ('Occupational psychology in a changing world', November 2010) I feel that Rob Briner's point regarding the 'perhaps unusual context in which occupational psychologists operate' was particularly relevant to my experience as an independent practitioner.

As someone who 'returned' to psychology in his mid-thirties, having previously been an HR director, I have tried to apply the 'best practice' and evidence-based approaches to my specialism (assessment and development) only to find that I am often competing for business with 'consultants' from highly sales-driven organisations who seem to care little for such niceties. Occasionally, I have even encountered qualified psychologists who seem to think that the only validation worth having is client approval!

One would suppose that clients, who are usually intelligent managers, would want firm *objective* evidence of an intervention's efficacy to back-up their company's investment. Thankfully, there are indeed some who do. However, too often this is *not* the case, as Rob Briner's work suggests.

Looking into the world of managers who usually commission our work may provide a few reasons for this apparent disregard of a 'scientific' approach that evolved in more stable times.

First, the trend for short-term results

and quick fixes is probably stronger now than ever before. Astute managers know they have a short time to impress in order to move up the organisation or to a more senior position elsewhere. They appear to have less time to prove themselves than I did as a young manager 30 years ago.

Thus if something 'feels right' and, in the case of selection, confirms their own and their bosses' preferences, it will probably stick. The effects of 'confirmatory bias' in such situations are well documented.

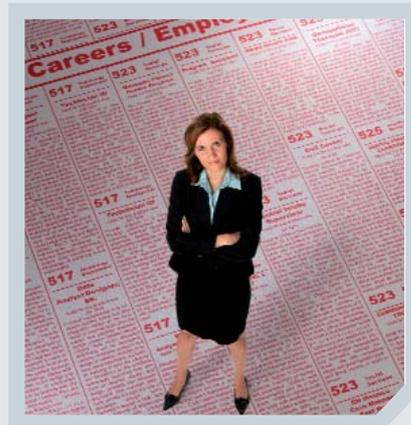
Second, even the largest organisations are much more prone to violent change than ever before. The notion of the big 'blue chip' company that could ride out the economic storms and still provide stable dividend income now seems quaintly old-fashioned. The turnover of senior and middle managers in such organisations is greater than before, leaving less opportunity for long-term collaboration in studies, etc. (In the earlier days of occupational psychology these were the organisations which

invested in some of the 'classic' studies on assessment centres etc.)

Third, occupational psychology itself has become a 'broader church'. Some of the theories posited today would have been considered of 'fringe interest' a few years ago. Of course, it could be argued that this reflects a healthy adaptation to the 21st century. Maybe, but it still leaves the potential purchaser of our services with a bewildering array of ideas and approaches. Busy managers do not have the time to examine all these in detail and so potential suppliers with the best sales techniques

and a very pragmatic approach (rather than the best peer-reviewed evidence) are likely to have an edge.

Fourth, the rapid growth in the power and influence of professional purchasing functions has probably favoured larger consultancies. Larger consultancies can afford to participate in more complex and time-consuming tendering processes. They can hire relatively inexperienced psychologists cheaply due to the large numbers who have graduated in recent years and thus spend a significant part of



Employee well-being is a moral issue

Oh! please not that hoary old academic/practitioner debate again ('Occupational psychology in a changing world', November 2010). Can we just agree that academics do both research and practice: they teach don't they? While practitioners make efforts to evaluate the effect of their interventions, if only for PR purposes. It's a difference of focus and emphasis. Theory, research and practice advance the field in an interrelated dance and we all have a part to play.

Much more interesting in this debate is the question of ethics

and the moral basis for action. Rob Briner says '[within] occupational psychology's bias towards the interests of management... employee well-being is... framed as important because of its assumed effect on performance'. I have also been troubled by this unquestioning adoption of the management agenda at work.

In my forthcoming book *Positive Psychology at Work* I try to address this noting in the introduction that 'I start from the observation that most people are obliged to earn a living by

their budgets on marketing and sales activities. We are not the only profession to discover that many tendering processes have become 'beauty parades' which favour sophisticated presentation rather than discussions of hard evidence. I am not suggesting that evidence is totally absent from these presentations, rather that it can easily play 'second fiddle' to the need to create and maintain a favourable impression. In such circumstances objective evidence that undermines a client's preferred way of proceeding may tend to receive less attention than it should. Having been present at a number of such events, I am no longer surprised at how choreographed they have become.

The above are just four reasons why the promotion of evidence-based approaches in our field is, at best, difficult and likely to remain so. Personally, I have enjoyed the 20 years I've had so far and I am deluded enough to think that I may have made a useful contribution to my clients. I will go on trying to base my interventions on 'best practice' and evidence whenever possible. Nevertheless, where useful objective evidence simply does not exist, I think it is ethically and practically reasonable to suggest solutions to a client provided one points out that one's advice is based upon experience and judgement rather than scientifically verifiable evidence. Not to do so would simply point them in the direction of those who have no qualms about making up the evidence as they go along!

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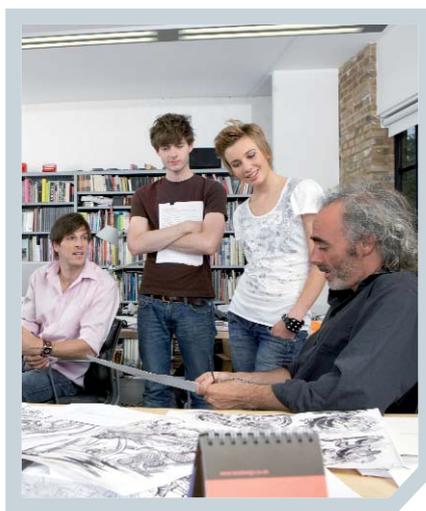
working in organizations. Given this, anything we can do, as psychologists, to help that experience be life-enhancing rather than spirit-deadening for people is a good thing. For all those hours on someone else's payroll to add to the sum of good things in someone's life, to increase their sense overall of a life well lived, to enhance their capacity to experience positive emotional states, is a good thing. So this book is not about trying to get more out of people in terms of hours or effort, although since this is often a side effect of a more growth-enhancing working life, such may be the occasional benefits; it is about pursuing employee wellbeing at work as an ethical endeavor in its own right.'

I don't believe I am alone in having a clear ethical and value base for my attempts to intervene in organisational life in a way

A fantastic time

We read with great anticipation 'Occupational psychology in a changing world' (November 2010). Clearly, these are challenging times indeed, for both our profession and the global economy. However, like a number of the commentators in the special feature, we do not share the pessimism expressed by Rob Briner in his opening and closing articles, which seems to be born of a rather myopic and incomplete conception of evidence-based practice, one that unduly emphasises the role of systematic reviews at the expense of other forms of evidence and knowing (cf. Hodgkinson, in press).

In marked contrast with Briner's negative assessment, our experience is that many policy makers, organisations and employees, in both the private and public sectors, are seeking robust evidence-based solutions to problems that require the services of well-trained scientist-practitioners. In our view, the critical success factors underpinning such impactful work are an in-depth appreciation of developments at the cutting edge of psychology, both within its basic subfields (from social cognitive neuroscience to personality and individual



that will have direct beneficial consequences for those working there. The challenge, of course, is that it is almost inevitably management that holds the power and the purse strings. One of the many complex aspects of being a practitioner is working with multiple agendas in an ethical and respectful way.

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differences) and its applied domains, together with a willingness to work creatively with academics and practitioners from other disciplines. In seeking to implement this philosophy in our own work (e.g. Hodgkinson & Healey, 2008, in press) we have found many receptive collaborators within academia and across a wide range of organisations. Our goal is a *modus operandi* that speaks to the pressing problems of the day in a way that also appeals to the aims of the UK research councils.

These are certainly very challenging times economically and financially but there are strong and consistent demands for our theories, methods, skills and ways of looking at the world. In short, this is a fantastic time to be an occupational/organisational psychologist.

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Seductive arguments?

'It is not enough to prove something,' noted Friedrich Nietzsche, 'one has also to seduce or elevate people to it.'

In his review of my book in *The Psychologist* (November 2010), Simon Baron-Cohen – whose work I do not treat gently – describes *Delusions of Gender* as 'scholarly' and 'bold'. These are welcome and gracious compliments from a distinguished researcher who has shown no lack of courage expressing his views about sex differences. However, he remains unswayed by my intellectual charms.

Before turning to Baron-Cohen's specific objections, it's worth noting that throughout his review the picture he sketches of me takes the form of an unalluring and instantly recognisable stereotype. I am the 'strident' ideologue who, in relentless pursuit of my 'barely veiled agenda' to discredit any whiff of evidence that does not 'fit [my] biology-free theory of human sex differences', falls prey to the 'mistaken blurring of science with politics'.

I think Simon Baron-Cohen is naive in claiming that 'Fusing science with politics is...unfounded'. Neuroscience findings, whether we like it or not, are being used to support not only educational and economic policies but are also being dragged into the arena of national security (see Rippon & Senior, 2010). Neuroscientists may have been well briefed about 'the seductive allure of neuroscience' (Weisberg et al., 2008) and 'the reverse inference problem' (Poldrack, 2006), but how widespread is this understanding? It is clear that several 'old' arguments are being 'refreshed' by reference to the 'new' neuroscience findings, illustrated by exciting colour-coded brain maps. This is particularly true of research that, directly or indirectly, sustains the 'biology is destiny' type arguments about sex differences.

During this year's British Science Festival I was 'virilised' on the *Today* programme by Robert Winston, vilified in the *Daily Telegraph* and vindicated

Of course the problem with viewing people through the lens of a stereotype is the distortion that takes place. The thesis of my book (no veils required) is that while social effects on sex differences are well-established, spurious results, poor methodologies and untested assumptions mean we don't yet know whether, on average, males and females are born differently predisposed to systemising versus empathising. I therefore argue that to slam the door in the face of those who aspire to sex equality is premature. That Baron-Cohen describes my position as 'extreme' and 'ludicrous' suggests that his preferred policy is to shut the door first, and attempt to fill in the scientific gaps later.

Baron-Cohen also makes three specific objections. First, he dismisses the many studies I cite showing that sex differences are reduced or erased when gender stereotypes are pushed into the psychological background. Since

by the *Daily Mail*. The origin of all of this was a press release about a talk I was due to give called: 'Sexing the Brain: How NeuroNonsense joined Psychobabble to "Keep Women in Their Place"'. The main aim was to point out to the interested and generally well-informed members of the public who attended the Festival that they could be misled by the sort of populist 'brain science' books and articles that I termed 'neurotrash', and to provide some tips on how to spot such neurotrash. The subsequent media brouhaha made it clear that this is something that the media and the public wants to know about, have very strong opinions about, and that this hunger is being fed by misleading and misinformed 'neurotrash'.

A key issue, which was not brought out well either in the *Fine* interview or in the review of her book, was the issue of 'dichotomising differences'. The impression given when there are reports on research findings about (say) gender

differences in a particular skill or characteristic, is that all men are different from all women and that in order to predict how someone might perform on a relevant task or respond to a particular situation, all

we need to know about them is that they are male or female. Researchers do little to correct this impression.

An additional issue is a wake-up call for the neuroscience community itself. An awareness of the potential for misuse of our research should make us doubly careful of how (and why) we do research into these kinds of arenas, and how we report our findings. Do we not think that adopting 'tomboyishness' as a dependent variable might just

Baron-Cohen's 'essential difference' account depends rather critically on these differences, one can't but help admire his insouciance about these 'commonsense demonstrations' that confidence and expectations affect performance. But Baron-Cohen is not unsettled by this research because he thinks these manipulations introduce a bias into the tests. In other words, he asks us to suppose that brief statements like 'no gender differences are found in this test' affect people in ways that significantly influence performance and interest, but that the gender beliefs and expectations thoroughly embedded in our culture leave no mark.



smack of stereotyping? If not all men score highly on a 'male brain' test, should it be called a 'male brain test'? In reporting male-female differences do we emphasise the between and within-group variability and overlapping distributions as much as statistical differences in the means?

Whether we like it or not, science and politics do mix. Indeed elsewhere in this issue of *The Psychologist*, we are being exhorted to ensure that this is the case (e.g. 'The blind

Baron-Cohen's next objection concerns criticisms of a study conducted in his laboratory that compared the visual interest of male and female newborns in a mobile versus a face. This study departed from the best standards of methodology for this kind of work in a number of ways. One concern was that, since attention is very fluid in the first days of life, it is usual to present the two stimuli simultaneously. Baron-Cohen dismisses this on the grounds that stimulus order was counter-balanced. However, the published report refers only to stimulus order being 'randomised'. There was a drop-out rate of about a third, and no information is provided to reassure that stimulus order was not a confounding variable.

Baron-Cohen also rejects the main criticism that has been made of this study, which is that inadequate measures were made to blind the experimenter (who was also the first author) to the

feeding the blind', 'Media', November). In an era where REF is driving us all to do research 'with impact' we need to be aware that that impact can be negative as well as positive, and be very careful about what the 'take home message' of our research might be.

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babies' sex, so as to avoid experimenter-expectancy effects. (For example, the mobile might have been unintentionally moved more for boys.) Baron-Cohen dismisses this concern on the grounds that an independent panel of judges, blind to sex, coded the babies' gaze. But clearly, if the behaviour of the experimenter-cum-stimulus has already inadvertently influenced the babies' eye gaze behaviour, the introduction of sex-blind judges is to close the stable door after the horse has bolted.

It is interesting that Baron-Cohen presents my criticisms of the newborn study as a politically motivated 'last-ditch attempt to make sex differences go away'. Some might regard his response as a last-ditch attempt to save them.

Third, Baron-Cohen thinks my position forces me to attribute sex differences in the prevalence of neurodevelopmental disorders to socialisation effects. I disagree that I am required to take such a view. But

the assumption that sex differences in atypical development must reflect sex differences in typical development creates no less awkwardness for Baron-Cohen than it does for me. Autism affects many more males than females, but in the general population sex differences in the ability to infer the mental states of others (a core impairment of autism) are so elusive as to be basically absent in the most stringent test of this ability.

I am not so optimistic that I expected to seduce Simon Baron-Cohen with my book. But I still hope that discussion of this topic might be elevated enough that criticisms of this field, rather than being summarily dismissed as political, are instead taken account of in future research. Not because to do so would be good politics, but because it would be good science.

Cordelia Fine

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I was amused to read items in the November issue relating to Cordelia Fine's book *Delusions of Gender*, since it recalls the many exchanges I had in *The Psychologist* (then the *Bulletin of the BPS*) in the late 1970s and early 1980s over the reality of sex differences. These prompted my search for biomarkers of prenatal testosterone, culminating in the 2D:4D finger ratio, which has gained remarkable currency in the last decade (Wilson, 2010). I was also gratified to note how well Simon Baron-Cohen heeded my chiding for failing to deal properly with sex differences in his first book about autism and my suggestion that autism might reflect a 'hypermale' brain (Wilson, 1996).

Evolutionary explanations of sex differences are now widely accepted, so much so that Cordelia Fine's book, although a polemic in itself, could be a necessary corrective to a pendulum that threatens to swing too far.

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Universal truths?

The discussions on the 'delusion of gender' (November 2010) between Cordelia Fine and Simon Baron-Cohen provide readers with an interesting perspective into what is a wider important debate in psychology on the generalisability of findings and models in psychological research. As per the comments of Cordelia Fine (p.901) many studies have seemingly been

'over-interpreted'; indeed, one could also question whether many investigations specifically into autism spectrum conditions have also been 'over-extrapolated'.

Theory of mind (ToM) and its more recent adaptation, mindblindness, are psychological mainstays for autism, known to every psychology student and graduate alike. On the back

of two recent studies, one suggestive of no fundamental difficulties in the recognition of basic emotions in autism (Jones et al., 2010), the other suggestive of a lack of effectiveness of ToM training on mindreading skills in autism (Begeer et al., 2010), such widely held constants have taken a knock in recent days. This follows a growing acceptance that no single

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FORUM LIGHTER SIDE

Two travellers were chatting on a train in the middle of 19th-century Germany, and one remarked that he was from Leipzig, to which, unprompted, the other said, 'That is the home of the greatest German humourist, Gustav Theodor Fechner'. The man from Leipzig chuckled inwardly, for it was Fechner himself.

For most undergraduates, Fechner, if known at all, is the dry old stick whose incomprehensible law begins the aridities of psychophysics. Fechner had, though, a double life.

While still a reluctant medical student, his alter ego, 'Dr Mises', wrote humorous, satirical articles, many still in print, that pricked at the pomposities of German doctors and many other targets.

Humour famously doesn't translate, be it across time (Dr Mises wrote almost two centuries ago), across space (from Germany to England), or across languages (and even committed Freudians admit *Jokes and Their Relation to the Unconscious* fails terribly in translation, its laborious puns painstakingly spelled out until the wit is moribund and the humour suicidal).

Fechner's early, satirical humour is often science-based, with Pythonesque flights of fantasy reminiscent of *Private Eye*. The *Proof that the Moon is made of Iodine*, published in 1821, when Fechner was but 20, attacked those credulous doctors who uncritically promoted iodine, discovered merely a decade earlier, as a cure for all ills. In 1832, with cholera raging across Europe, the *Defensive Measures for Cholera*, was not about protecting people from cholera, but about protecting cholera from people. Written for a more leisurely age, the joke perhaps was overextended at 164 pages.

Eccentric humour is on a line beginning with wit, moving through strangeness, weirdness, and finally reaching psychosis. *The Comparative Anatomy of Angels*, written with biological wit and insight, considering angels' bodily shape (spherical) and how they talk (by light), was but eccentric. However *The Little Book of Life after Death* was further along the line, with no humour but much panpsychism, the sun, moon and planets having a collective unconscious into which we all one day merge. Of *The Soul Life of Plants*, perhaps little should be said. Fechner's theological journey from son of the manse, through medical student atheist, to thoroughgoing panpsychism, puts a different face on psychophysics, incorporating the psychical as much as the psychological.

Fechner's image, made worse by those dreadful photographs, is the archetypically desiccated Teutonic professor. However like all professors, he was young once, and he also had fun. Always a scholar, with 'no aptitude for anything except to hold a pen and a book', his life, 'taking place mainly at my desk', was much more than just psychophysics (and he did influence William James, Freud and Wittgenstein). That great historian of psychology, unfortunately named Boring, described the sedentary Fechner, 'faring forth on his many and varied adventures of the mind'. And as psychophysics has somehow never managed, those mental adventures made people laugh.

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Humour doesn't travel well?

explanation can account for the various combinations of symptoms present in autism (Happé et al., 2006).

Collectively, what such research highlights is a growing trend in psychological research to apply constructs in a universal manner seemingly irrespective of individual differences and importantly without reference to important issues such as age, environment and comorbidity – indeed one could argue without any freedom to explore purely epiphenomenal explanations.

Autism spectrum conditions are a key case in point; the wide-ranging presentation of symptoms coupled with significant overlapping issues, including learning disability, has for many years been 'undervalued' in terms of the

richness of the condition and the nature of any underlying processes at work in aetiology and pathology. A lack of ToM, further extended into mindblindness may very well lie at the heart of difficulties experienced by a proportion of people with autism; one should not assume however that such issues are representative of the entire population under investigation.

Whilst having great respect for the work of Simon Baron-Cohen and colleagues and their achievements in raising the profile of autism research through their various investigations, it is perhaps important to realise that universal truths about human behaviour are not easily going to be elucidated (if at all). Research would at best, be better served by holding

Agents for change

Regarding the letters 'Approved clinician status problematic' (November 2010), I would like to provide a counter reply and reiterate a few comments from my previous letter (Forum, October 2010).

Although I did state it was welcome news that psychologists had been granted this new status, I would like to stress that my objective in writing my previous letter was to draw attention to the fact that now psychologists do have a 'foothold in the psychiatric domain', but that this would only be welcome if psychologists are prepared to exercise their responsibilities in accordance with psychological principles rather than merging with psychiatry.

Elaborating further, I too have seen the damage that labelling can do to individuals: how it can affect self-esteem, how they subsequently view themselves



Recognise the value of giving power back to service users

and how they become perceived and treated by others. This concerns me. I therefore too have no time for labels or the DSM-IV. But what I do have time for is seeing beyond labels and getting to the heart of what has made that person who they really are including their social, emotional and environmental influences, etc. These I personally deem to be the basic principles of psychology.

Consequently, when I referred to psychologists

individual differences through the study of 'phenotypes' in higher esteem particularly in relation to autism spectrum conditions.

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becoming 'agents for change' I meant just that – moving away from the medical model, reliance on the DSM-IV and subsequent labeling, even if that does require operating from a perceived 'radical'

perspective. (Isn't it sad how the word 'radical' has to be used here?) Of course, I acknowledge that overcoming powerful 'vested interests' in the concept of mental illness' would require a massive cultural shift within the psychiatric domain; but even a small internal step that recognises the value of giving the power back to service users (and carers) and working in a reciprocal way alongside them, rather than adopting a controlling stance and administering potentially harmful drugs, would be a significant start in the right direction,

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In pursuit of a Male Gender Section

I have been attempting to gain approval for a Male Gender Section of the BPS for about two years now. For me, the need for such a section is self-evident. There are two genders and both need equal attention.

There are huge gender differences in suicide rates, addiction rates, homelessness rates, imprisonment rates, health behaviour and educational performance to name but a few issues. Isn't it the job of a psychological society to take a lead in promoting understanding of male psychology?

I put a simple proposal to the Society's Research Board. This was rejected on the grounds of insufficient detail. I then produced a more detailed proposal, spelling out the evidence, making the arguments, supplying references and appending a list of over 40 chartered psychologists who supported the idea.

The response of the Research Board to this was confusing to say the least. For example, it stated: 'As a result, whilst it recognised the importance and need for establishment of such a Section, the Board felt unable to support the proposal.' This seemed to be nothing less than a double-bind.



I despaired of submitting a third proposal and appealed direct to the then President of the Society. I was looking for leadership. Unfortunately, I received the same response.

I then submitted a letter to *The Psychologist* to expose this situation to the wider membership, but I was promised that the BPS Board of Trustees would reconsider my proposal, so agreed to wait for the outcome of this meeting. The current President has now written to say that my proposal has again been rejected because of 'strong concerns' about its quality and the strength of its arguments. However, the President's letter did not specify a single concern nor did it refer to a single rational argument against

the proposal. I was advised instead to apply to establish a BPS Online Forum on the Psychology of the Male Gender.

As a fee-paying member of a professional scientific body, this unevidenced response is not acceptable to me. I am now inviting members to comment on my proposal directly. I will then summarise these comments in a further letter. If you would like a copy of my proposal, please contact me at martin.seager@mungos.org. I look forward to hearing from you.

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Waiting for the 'pragmatic science' bus

What is it about buses? That you can wait for ages and then two come along together? In the 25 years I have been reading *The Psychologist* I have often binned my copy disappointed, because as a business psychologist with an interest in gender at work, I haven't often found much of relevance to keep me reading. But your November issue delighted me, covering as it did, articles on both the future of occupational psychology and sex differences. I'd like to share with you the synergy I derived from reading both.

Fiona Patterson in her challenges to further the debate between academic and practitioner occupational psychologists, reminded us of

a damaging diversion of interests. She outlines the risk that academics are drawn into 'pedantic science', practitioners into 'popularist science' when what we actually need is for academics, practitioners and stakeholders to engage in 'pragmatic science'.

In the case of sex differences, academics such as Cordelia Fine and Simon Baron-Cohen seem to have withdrawn to the 'pedantic science' camp to argue over the contradictory, confusing and often insufficient research evidence. Practitioners on the other hand, a large group in which I include consultants, writers and conference circuit regulars such as Alan and Barbara Pease, John Gray and

Barnet and Rivers, have been drawn to the 'popularist science' camp to popularise and politicise the message. But in fact, what is needed is for all of us to engage in some 'pragmatic science' that addresses the political realities of continued inequality, and asks and researches the critical questions that will begin yielding some valuable answers.

Such 'pragmatic science' needs, above all, to uphold and defend standards of scientific investigation despite the temptation to draw premature conclusions based on insufficient evidence or unreliable numbers for the sake of a sound-bite or bestseller. In his final

paragraph reviewing Cordelia Fine's book, Simon Baron-Cohen accuses her of the 'mistaken blurring of science with politics'. But a thoughtful reading of all controversial

research into human difference over the last century (Jensen's work on IQ and race for example or Rosenhan's work on psychiatric diagnosis) reminds us that science and

politics can never be separated. In the controversy over sex differences, we need pragmatic science to be able to accept our empirically identified differences and

inform our political decisions towards a fairer society. Now that's a bus I'll take.

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'Treating' homosexuality is unethical

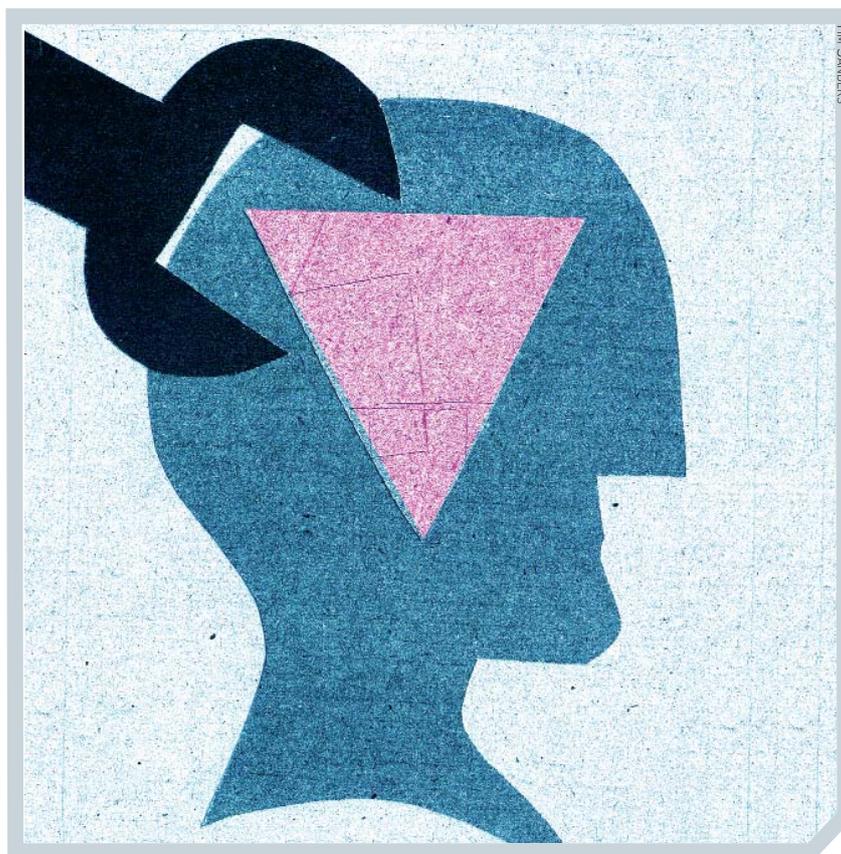
A study published in *BMC Psychiatry* (Bartlett et al., 2009) examined the views of mental health professionals about treatments to change homosexual desires. Members of the British Psychological Society, British Association for Counselling and Psychotherapy, United Kingdom Council for Psychotherapy, and the Royal College of Psychiatrists were surveyed. The study concluded that a significant minority (17 per cent) of mental health professionals have attempted to 'help' lesbian, gay and bisexual clients to reduce their sexual feelings, despite the lack of any evidence for the efficacy of such treatments, and the potential harmful effects.

The study's authors are very clear in stating that there is no evidence to support treatments to 'cure' homosexuality and that the 'best approach is to help people adjust to their situation, to value them as people and show them that there is nothing whatever pathological about their sexual orientation' (quoted in the *Daily Telegraph*, 25 March 2009).

The Faculty of HIV and Sexual Health, which is part of the British Psychological Society and represents clinical psychologists working in sexual health services across the UK, agrees with the authors. One of the key roles of the Faculty is to raise awareness of discrimination and prejudice against homosexuality, including from within the profession of clinical psychology, which has caused untold distress to gay, lesbian and bisexual people. The Faculty also lobbies for appropriate training for clinicians, so that such clients can access

non-judgemental and respectful therapy services.

The Faculty believes that healthcare professionals who attempt to change sexual orientation may be committing human rights violations. The Faculty, in line with the American Psychological Association (2009) and the Royal College of Psychiatrists (2010), holds that homosexuality is neither pathological nor deviant. It is both an identity and an expression of sexual behaviour that falls within the broad spectrum of human behaviour and which is, in itself, not problematic. We acknowledge that people who identify as gay, lesbian, bisexual and/or transgendered sometimes experience significant difficulties as a result of living in societies where they



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may be marginalised, discriminated against, stigmatised, harassed or persecuted because of their sexual orientation. We strongly believe that support, advice and therapeutic intervention should be made available to individuals struggling under these circumstances. However, therapists should be clear that it is the discrimination against homosexuality which is the cause of the problem and not sexual orientation itself.

Moreover it is

problematic, if not harmful, to assist individuals in remaining 'heterosexual' to avoid possibly being gay, lesbian, bisexual or transgendered.

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on behalf of the BPS Division of Clinical Psychology's Faculty of HIV and Sexual Health

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Veterans' mental health

I would like to thank Phil Boyes for his contribution in highlighting the plight of military veterans ('Remembering the veterans', November 2010). Working for a charity specifically focused on veterans with mental health difficulties I can offer some additional comments.

With respect to referral rates, we are experiencing year-on-year increases. Since 2005 new referrals have increased by 72 per cent with approximately 1000 new referrals each year (in the past 12 months it was 1303). While many of our clients are self-referred, usually via friends and family who discover us through the media or internet, only 13 per cent come from the NHS, social services or service discharge boards. This is not to be critical of GPs and the NHS, but it points to media influence that can hold more sway in raising awareness and influencing public spending than research on identified needs.

Whether mental health difficulties are acquired during service or arise several years after discharge, there appears to be a delay in accessing support (for our clients, just over 14 years on average). Various explanations are suggested for this delay including lack of awareness of support services, limited readiness to engage, lack of safety and trust, lack of appropriate services available, difficulty accessing services and stigma. The forces could perhaps do more to destigmatise the need for help, to educate about mental health, and promote awareness of support services, especially prior to discharge of personnel. Also, screening of potential mental health issues prior to discharge (which is now to be increased) may cast a wider net to identify potential clients.

The social identity theory

that Phil Boyes refers to is helpful in understanding our clients. It is not uncommon to hear a veteran refer to the Army, for example, as 'family'. But while some of our clients continue to identify with the military group exclusively, the majority want nothing more than to be rid of their symptoms and to be engaging with the wider community.

A number of our veterans complain about 'civilian' services saying, 'they don't understand' because they are not military, and disengage from those services. Despite this, and though many of our staff and practitioners are not veterans, nor have we been given 'veterans familiarisation training' as Phil Boyes' colleagues have, engagement from our clients is very strong and we appear to be assisting change. Recent (unpublished) research carried out at one of our centres suggest the main reasons for this to be:

- | Camaraderie – support from other veterans
- | Staff – understanding, caring, respectful, helpful, expertise
- | Normalisation
- | Safety – to talk about issues
- | Individual Therapies - being listened to, staff expertise
- | Group Work – feeling listened to, learning skills.

These themes are in order of importance and accounted for 75 per cent of the variance of what clients found effective. The impact of a good therapeutic relationship and a supportive environment on treatment effectiveness is clearly evident from these findings. No doubt this will hold true for most client groups, in most contexts.

Moshe Price

*Combat Stress
Ex-Services Mental Welfare
Society*

FORUM WEB CHAT

This August marked 100 years since the death of troubled genius and psychology pioneer William James. To mark the occasion, several blogs and podcasts took a look at the great man's life and career.

Among the highlights is a series of posts on *The Guardian's* Comment is Free blog by writer Mark Vernon (tinyurl.com/29wjz9x). So far he's focused on James's lectures on the psychology of religion, which were collected together in James's 1902 book *The Varieties of Religious Experience*. Vernon quotes from a passage in *Varieties* that provides first-hand insight into one of James's many bouts of deep depression. The passage is attributed in the book to a 'French correspondent' but soon after publication was revealed as an account of one of James's own experiences.

'All in all, it's not surprising that William James was prone to spiritual crises,' Vernon writes. 'In the *Varieties*, the "French correspondent", describes being in a generally pessimistic mood, unsure what to do with himself. Then suddenly, one evening, he goes into his dressing room and "there fell upon me without any warning, just as if it came out of darkness, a horrible fear of my own existence". It is followed by a vision of "an epileptic patient whom I had seen in the asylum, a black-haired youth with greenish skin, entirely idiotic". James feels that he might become that patient, and further, that it is entirely out of his control whether that would happen. "I became a mass of quivering fear," he continues. A general feeling of insecurity clung to him for months.' According to Vernon, although James was an agnostic, he took solace from these depressive periods in 'texts of scripture'. When combined with his fascination by spiritual questions, Vernon concludes that James should be thought of as a 'religious person'.

James's mental difficulties were also discussed in the August edition of *Nature's* Neuropod podcast, which featured William James's biographer Linda Simon as a guest (tinyurl.com/2uzwdkz). She credited James with 'establishing psychology as a discipline' and described his family life – including his father, the wealthy Swedenborgian mystic; his brother, the novelist Henry; and his sister, the diarist Alice – as a 'little bit crazy' and 'neurotic'.

Simon further described how James, like his siblings, was home-schooled and how he showed an early talent for art. However, his father disapproved and after a spell in medicine, James became a psychologist and philosopher. Simon pointed to the 'metaphysical club' – a Cambridge, Massachusetts-based group of like-minded thinkers of which James was a member – as an early influence. She also noted how James found the German approach to psychology dull, preferring bigger questions such as whether there is a 'soul'.

Another notable blog posting was provided by *The Atlantic Wire*, which gathered together links to anniversary comment on James (<http://ht.ly/2wlEv>), including a week-long feature at The Second Pass. Among the contributors to this was writer Levi Asher who reflected on the single occasion when James met Freud (tinyurl.com/2w79scb). The latter was on his one and only US trip in 1909, accompanied by Jung, Adler and Jones among others. 'According to all accounts, Freud and James were eager to meet each other,' Asher writes. 'The two men ended their brief encounter by strolling alone together to a train station, and a dramatic scene unfolded: James, suffering from heart problems, suddenly felt an attack of angina pectoris coming on, and asked Freud to walk ahead alone so he could gather himself. This appears to have ended their chance for a deeper conversation, and later accounts of the meeting by both men hint at an undefined tension underlying the friendly meeting.'

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