TO THE EDITOR...

Letters should be marked clearly 'Letter for publication in *The Psychologist*' and addressed to the editor at the Society office in Leicester. Please send by e-mail if possible: psychologist@bps.org.uk (include a postal address). Letters over 500 words are less likely to be published. The editor reserves the right to edit, shorten or publish extracts from letters. If major editing is necessary, this will be indicated. Space does not permit the publication of every letter received. Letters to the editor are not normally acknowledged.

Ecstasy – Sorting out the facts

COLE *et al.* ('Sorted: Ecstasy facts and fiction', September 2002) make three comments about our research requiring a direct rebuttal. Firstly, the title of our paper, 'Working memory deficits in current and previous users of MDMA ('Ecstasy')', stipulates no causal relationship between MDMA use and the deficits found, contrary to their assertion. The title was chosen to be entirely descriptive. Secondly, we did not ignore results which showed no evidence of impairment in the MDMA user groups. Indeed, Cole *et al.* would not even have known that we had such results had we not detailed them in our paper! Thirdly, in averaging out the consumption of our sample to a daily dosage over a four-year period, they are ignoring the common sessional pattern of MDMA usage over days, described in the accompanying commentary by Morgan.

On a broader level, many complex issues in this area of research are not given the depth of discussion by Cole *et al.* which would justify their conclusions. For example, their discussion of the regeneration of serotonergic axons overlooks evidence that such regrowth can be abnormal (Fischer *et al.*, 1995). They argue that the impure nature of street Ecstasy prevents us from making any conclusions about MDMA's relationship to cognitive impairments and neural damage. However, they overlook such things as the Drug Intelligence Unit's finding that the majority of seized

tablets in the UK in 2001 contained between 60 and 90mg of MDMA (mean = 74.1mg) (Forensic Science Service, 2002). Indeed, despite citing a paper by Schifano *et al.* elsewhere in their article, they do not mention that these authors cite an Italian study where 85 to 90 per cent of seized tablets contained 100 to 150mg of MDMA, with the remaining tablets containing drugs with similar effects to MDMA. Instead, the misleading impression is given that Ecstasy users are probably consuming something quite different to MDMA, if indeed their tablets have any active ingredient at all.

The claim by Cole *et al.* that the use of statistical controls in much of the existing research leaves open the possibility that MDMA may interact with other drugs to produce the observed outcomes is potentially interesting, but it in no way exonerates MDMA. Furthermore, the suggestion that a nocturnal lifestyle with consequent sleep disturbance is *only* characteristic of young people who use Ecstasy is highly problematic. The importance of polydrug-using controls with no experience of Ecstasy, whose performance may be compared with similar polydrug users with experience of Ecstasy, is given very little consideration despite having been frequently employed.

In conclusion, we would not pretend that research in this area is methodologically watertight in the way Cole *et al.* argue is required before public pronouncements on the dangers of Ecstasy should be made. However, the number of studies now published represents a strong body of knowledge, to the point where a failure to inform the public would be an ethical failure for us as scientists.

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References

Fischer, C., Hatzidimitriou, G., Wlos, J., Katz, J. & Ricaurte, G. (1995). Reorganisation of ascending 5-HT axon projections in animals previously exposed to the recreational drug (+)3,4-methylenedioxymethamphetamine (MDMA, 'ecstasy'). *Journal of Neuroscience, 15*, 5476–5485.

Forensic Science Service (2002). *Drug Abuse Trends, No. 17*. Birmingham: Author.

CONGRATULATIONS to *The Psychologist* on providing an interesting, balanced and informative debate about the evidence surrounding the long-term use of Ecstasy. I enjoyed reading all the arguments from researchers active in this field, and against a backdrop of media sensationalism this was an oasis of considered thinking.

This was an excellent example of using *The Psychologist* as a forum for informative and articulate debate around contemporary issues to which psychologists should be contributing.

Sarah Riley
University of Bath

Dyslexia and diagnosis

I HAD assumed arguments over the concept of dyslexia were no longer extant. However, on reading Julie Cozens's letter in the September *Psychologist* I thought I was reading a letter from the 1970s!

The review of the literature by the DECP working party (BPS 1999) had assured me that, at last, educational psychologists had caught up with the developmental and cognitive psychologists' approach to specific learning difficulties. But the report's definition of dyslexia, as 'word-reading developing incompletely or with great difficulty' has given rise, in my view, to the misunderstanding that Cozens presented, namely that 'diagnosis' is not important. On the contrary, it is crucially important for deciding on the most appropriate intervention.

One might expect a reading delay for many different reasons. These include: (a) emotional problems that might cause a child to be anxious and unable to engage with the curriculum at school; (b) behavioural problems resulting from social difficulties at home (e.g. lack of support for homework, truancy), giving rise to inappropriate classroom behaviour and a lack of focus in literacy lessons); (c) generally slower learning ability resulting in difficulties in early conceptual knowledge underpinning literacy; (d) ADHD problems resulting in lack of attention in literacy lessons; (e) dyslexic problems, namely cognitive difficulties intrinsic to the child. Each of these requires a different intervention, respectively: (a) psychotherapy or similar techniques to reduce anxiety, enabling the child to engage with the curriculum; (b) social work and possibly structured behavioural techniques; (c) a curriculum that is less demanding and widely differentiated, as opposed to vertically structured; (d) either a behavioural or medical regime; (e) a structured multisensory phonic programme. I'm sure the reader could think of many more examples.

One could argue, as Cozens does, that 'multisensory teaching in dyslexia friendly classrooms' does not cause damage to all the above children, but it would be inappropriate and less effective for those who are not dyslexic. It seems crucial to answer the question 'Does this person have dyslexia or not?' It is unprofessional to avoid answering the question, rather than, as Julie Cozens says, unprofessional to answer it. To say that parents 'welcome this greater clarity' when the issue is being fudged is completely opposite to my own experience. This is that parents and children need a clear explanation of where the difficulties lie, and that it is the intervention programme as a result of diagnosis that is important. We don't have to use medical models if we don't want to, we don't have to assume that diagnosis excludes other children from obtaining help, we just need to focus on the individual child in front of us and ask what is best for them.

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Reference

British Psychological Society (1999). *Dyslexia, literacy and psychological assessment.* Report of a working party of the Division of Educational and Child Psychology. Leicester: Author.

I HAVE followed with interest the letters (May, July and September 2002) responding to the article 'Dyslexia – Seeking help to negotiate the maze' (March 2002).

I am a dyslexic adult who managed to go through a whole education system without the idea that I may have a learning disability ever being thought of in my teachers' minds. This was possibly because they were too busy labelling me as stupid and lazy, resulting in certain avenues of education being closed to me. Well, these allegedly were the 'bad old days' and now children are in an enlightened educational system supported by a system of dyslexia-friendly educators and classrooms, therefore labels which were attributed to me would not be able to occur today. In reality very little has changed.

Has much changed in how dyslexia is dealt with?

My eldest daughter is aged 12, and I have been advising her teachers that she is dyslexic since she started school. To date the education service has never assessed her formally, and we have paid ourselves for her to be tested through the Dyslexia Institute. This revealed that she is dyslexic and has certain areas of difficulty despite some strategies she was using as a means to cope, which she had developed from myself.

According to her special needs teacher she is not 'dyslexic enough' to warrant any intervention from the special needs service in her school. In essence, my partner and myself assist her with her schoolwork and her organisational skills every day, with a hope that she will get through high school without being labelled a disruptive. She has already been given a detention for forgetting to report to a teacher at lunchtime, and this was recorded on her school record as rudeness to a teacher.

I have concerns about my younger daughter who is presently a year behind in English and maths. Again I floated the notion of dyslexia, only to be totally disregarded. New enlightened times? I think not. Until we seriously acknowledge all dyslexic children and provide the specialist intervention the better. What is needed is to stop debating about definitions and start to provide an education system which can accommodate all dyslexic children regardless of their level.

As a closing point, if Ms Cozens (Letters, September 2002) would like her question answered of the untold damage failure to diagnose causes, I would gladly like, along with my sisters, to meet her and to discuss with her our lack of self-esteem and difficulties we have previously and presently faced to be accepted within society. Also, how empowering the knowledge of a diagnosis was for all of us.

Kayley Galway
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Leicester

Defining moments

MANY psychologists may be familiar with the content of Graham Davey's article 'Knowing your subject' (President's column, August 2002) referring to widespread ambiguity and misconceptions about psychology. It is likely that practising psychologists, academics and students experience such confusion when attempting to explain their roles or interests to laypersons.

In my limited experience, reactions to introducing oneself as a psychologist are twofold. Individuals may appear wary or nervous, with subsequent discussion remaining vague; for example, 'It's about anything that affects behaviour really…'. Alternatively, individuals seem interested and keen to learn more, yet are unable to appreciate psychology as a discipline that deals with phenomena unrelated to mental illness or Freud; since people are keen not to appear ignorant, one is often drawn into discussion relating to their (mis)perceptions of psychology rather than allowing a fuller and perhaps less glamorous explanation.

An example of the former scenario concerned a recent meeting with a recruitment consultant. Similar to Graham Davey's observation, I was met with a comment relating to my ability to read minds; to paraphrase: 'I'm always nervous when I meet psychologists in case they're reading my mind.' To which I replied: 'I assure you I cannot, but if I could I would be extremely wealthy by now!' One would at least expect people specialising in careers to be aware of what psychology is not.

It is also true that many students beginning their studies at A-level and degree level may not fully appreciate what they are entering into, perhaps never reconciling the heavy statistical and research components of their studies with preconceived notions of 'solving' problems using mysterious and perceptive analytical skills. This could explain the evident dislike of research methods modules in undergraduate courses.

Two pervasive misconceptions emerge. Firstly, that psychology is exclusively about mental (ill) health and the counselling of individuals. Secondly, the treatment of psychology and psychiatry as one and the same. Whilst these trends are anecdotal, there is a need for large-scale empirical research to pin down the exact nature of these misconceptions and their extent in comparison with other scientific disciplines. One could then seek to clarify particularly ambiguous areas (e.g. mental health). It may also help to produce a consensual and comprehensive definition of psychology that is accessible to laypersons. Although generic definitions of psychology as 'the science of mind and behaviour' are useful, perhaps these could be replaced with a more comprehensive definition; for example, 'Psychologists are scientists who apply quantitative and qualitative techniques to understand (mostly) human minds and behaviour in societal, group and individual contexts'. However, relaying this definition in conversation may cause even more confusion.

Clearly there is a need to facilitate public awareness of psychology as evidence-based science; but we should be clear and united when communicating this, rather than allowing psychology to remain a mysterious profession causing suspicion and anxiety amongst laypersons. As Alfred Adler noted: 'Only the understanding of human nature by every human being can be the proper goal for the science of human nature' (cited in Connolly & Martlew, 1999, p.194). In being consistent with this notion, the BPS has some way to go in 'Bringing psychology to society'.

John Rook
Matteryes
Rock Hill
Hambledon
Surrey

Reference

Connolly, K & Martlew, M. (1999). *Psychologically speaking: A book of quotations*. Leicester: BPS Books.

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

Ruling the roost?

RECENT letters (September 2002) seem to reveal some discontent regarding who should be allowed to call themselves what. It's a common phenomenon in institutions that the first in get to set the rules. Professor Liam Hudson once wrote that the people who devised the 11+ exam fell into the very human error of assuming that the best sort of people for the education system to churn out were people like themselves. Likewise the rules within institutions do not always exhibit all the rigorous comprehensiveness and objectivity they might. Perhaps it is time for a detailed examination of the points raised by Samantha O'Shaughnessy and others?

Jonathan Miller
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Wisbech

Sharing good practice

THANK you, Jeanette Senior, for the article Asylum seekers – Who cares? (August 2002). Several important points are raised, which we would like to add to.

The Refugee Psychologists Forum is a group of approximately 30 psychologists who work full- or part-time with this client population, in or around London. We meet on a two-monthly basis in order to share good practice. We are currently moving towards active dissemination of this work. However, as Senior has discovered, there appears to be a general reluctance among psychologists and general mental health services to treat refugees and asylum seekers. Refugees and asylum seekers have a legal right to equal access to health care under the Race Relations (Amendment) Act 2000. According to guidance notes issued by the BMA, health professionals must not discriminate against asylum seekers or unfairly prioritise other patients in preference to them.

As a group we believe that refugees and asylum seekers are often best served within local services where a range of mental health professionals and community support agencies are accessible. We also believe that psychologists do have the necessary skills to work with asylum seekers and refugees. As a result we are each engaged in teaching, training, support and consultation within our respective services and with other psychology services.

It is often the case that psychologists feel overwhelmed by the problems of asylum seekers and refugees. However, therapy *is* possible with this client group, with or without interpreters. Asylum seekers and refugees do not present with different types of problem to other clients, although there may be issues specific to them. The work can be difficult, but is also very rewarding. In the first instance, many people need help accessing appropriate practical support and managing symptoms of anxiety and depression whilst building a positive therapeutic relationship. As with many things, getting started is often the most difficult part of the

Humour – A complex issue

MICHAEL Billig has written a fascinating article about humour ('Freud and the language of humour', September 2002). How refreshing it must be to study an upbeat topic such as this, particularly if the knowledge acquired en route can be applied to promote well-being, such as through its incorporation into the repertoire of evidence-based clinical interventions. I, for one, would be happy to watch hours of *Blackadder*, *Father Ted* and *Fawlty Towers* videos in the interests of research. Spare me most of the rest, though – they just don't cut the mustard. But seriously, has anyone run or evaluated the so-called laughter clinics which have been publicised in the press? Is there any training for this sort of thing?

Freud would certainly have been afraid to reveal his Jewish identity in an era of mounting persecution and prejudice, but did not dissociate himself from it as completely as a number of publications suggest. His first lectures in psychoanalysis were to the Viennese branch of Bnei Brith and he was a member of the board of trustees of the Hebrew University in Jerusalem. I have not kept the article and could be wrong, but I seem to remember reading in the *Jewish Chronicle* that he remained committed to the support of Bnei Brith (a communal, philanthropic and Zionist organisation) for many years.

Interested readers may also like to peruse Leo Rosten's witty and thought-provoking lexicons of Yiddish for additional speculations about the psychological functions of jokes. I wonder what Freud would have made of one of my favourites: 'Oedipus schmoedipus. As long as he loves his mother.'

Sorry – couldn't resist.

Elaine Angell
Eastvale Resource Centre
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process. This client group is not homogeneous: they present in individual ways; and the training we have as psychologists does equip us to work with them effectively. It often seems as though asylum seekers are portrayed as being a burden to work with. However, our experience tells us that asylum seekers and refugees are often clients with a great many resources and are very rewarding to work with.

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DEADLINE

Deadline for letters for possible publication in the January issue is **22 November**

Proposed Section of the Psychology of Inclusion

WE are currently working on a proposal for a new Section for the BPS with the working title of the Section of the Psychology of Inclusion. The psychology of inclusion involves the use of applied psychology to overcome obstacles that people with disabilities and other disadvantages face in accessing social, leisure, community, employment and educational opportunities.

It is intended that this Section be a forum for all applied psychologists working in this field to come together to enhance and share their practice in this emerging field of psychology in the UK. We expect to welcome interested practitioner members from all Divisions.

Applying psychology to overcome obstacles to inclusion

We are currently seeking expressions of interest from Fellows or Associate Fellows of the Society who wish to join us as founder members. Responsibilities of this role would be to contribute to the formulation of a draft proposal for the Section and to act as a proposer for the Section. Additional responsibilities to stand on the Section committee or contribute to the production of other documentation, if the proposal is successful, may also be available.

We also welcome communication from those interested in the proposed Section but who do not wish to become involved as founder members. A discussion forum will also be set up on the BPS website covering this. Please send details to:

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Elainechamberlain@rehabuk.org
Mick Meehan
Occupational Psychology Service
Jobcentre Plus
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INFORMATION

■ WE are four third-year psychology students on an accredited degree course at the University of Greenwich. We are interested in undertaking a period of **voluntary clinical work experience in South East London or Kent.** We do not expect to be placed together. CVs are available on request.

Nicholas Shaw
E-mail: sn016@gre.ac.uk

■ I AM a nursing assistant at a psychiatry rehabilitation unit, wishing to be a clinical psychologist in the future.

Voluntary work for the Holy Cross Centre charity (not a religious organisation) in King's Cross helped me to get started in the field of mental health. The organisation is happy to accept psychology students/graduates. They sometimes advertise in *The Guardian* but they are nearly **constantly looking for volunteers.** Their address is: The Crypt, Holy Cross Church, Cromer Street, London WC1H 8JU (tel: 020 7278 8687; fax: 020 7278 8567; e-mail: cmt@hcct.org.uk).

Kiyomi Tanida
E-mail: kiyomitanida@hotmail.com

■ I AM writing a book in conjunction with the NSPCC on listening to children, as part of their campaign to stamp out abuse. A major issue arises with the question of fantasy, and when it is appropriate to state, in the words of a court-appointed psychiatrist, 'very little weight should be attached to the statements of this child'. So, **when and in what circumstances should alleged abuse (physical or sexual) be dismissed as fantasy?** I would be grateful to hear from colleagues who have experience, knowledge or other information which would help me deal with this important question.

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■ WITH two colleagues I am working to develop a creative way to explore patients' experience of treatment for cancer, specifically patients receiving adjuvant chemotherapy for bowel cancer in the oncology unit at Ninewells Hospital in Dundee.

Qualitative interviews are often used to gather patient feedback. We plan to invite these patients to keep a **photographic journal as a method of exploring their experiences** during their second and fifth cycle of chemotherapy and to compare the results with qualitative interviews after chemotherapy. It is hoped that the results can be used to improve the quality of the process of care by identifying what is important for service users.

I am interested to know whether other psychologists have used, or are currently using, this or a similar methodology.

Fran Marquis-Faulkes
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■ I AM a second-year trainee clinical psychologist researching the experience of interpreters who work with clients who have witnessed trauma. I would be very grateful to hear from any **counsellors or psychotherapists working in the field of trauma who may have used an interpreter in their sessions** with clients. In addition, I would be grateful to hear from anyone who has had experience of using an interpreter in conjunction with their therapeutic work with clients.

Kirsty Williams
Department of Clinical Psychology
University of Leicester
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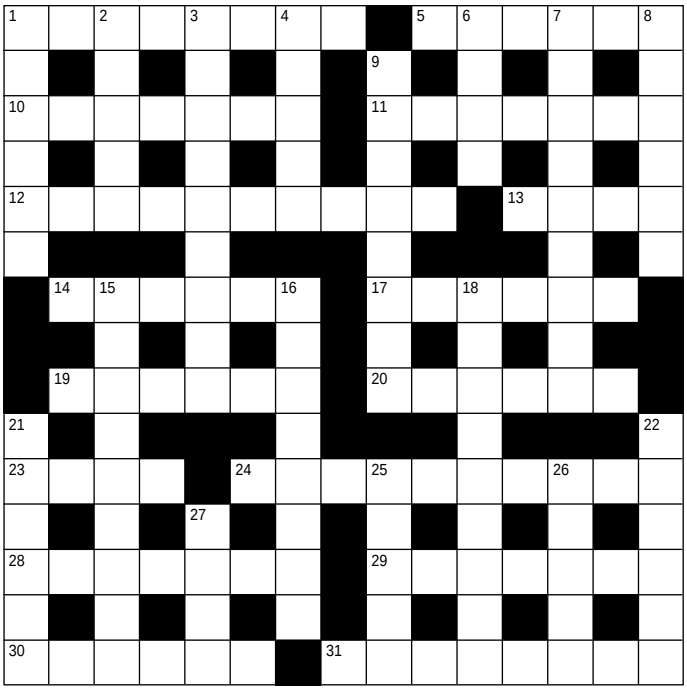
Tel: 01773 829721; e-mail: williams@kirstyvj.freeserve.co.uk

■ I AM a community psychiatric nurse running a psychotherapy group for older adults on a weekly basis in northwest London. I am looking for a **psychology graduate to co-assist in running the group** for a minimum period of six months.

Supervision is provided by the consultant psychotherapist at the Willesden Psychotherapy Centre.

Mike Guddoy
Belvedere House
341 Harlesden Road
Willesden
London NW10 3RX
Tel: 020 8459 5020; mobile: 0777 928 0553

PRIZE CROSSWORD No.6



Across

1 See lad taking in cat for psychosurgical operation (8)
5 A number wearing tartan material seem calm (6)
10 Study about elevation in site of suspension bridge (7)
11 Make commonplace description of a London taxi (7)
12 Can leprosy complications end in sleep disorder? (10)
13 Cover worn by none in beach resort (4)
14 A part of church may give one hope (6)
17 Done by hand according to book (6)
19 Part of foot moving to the same time as the rest (6)
20 Weapon brought over to acquire lump of precious metal (6)
23 A mother – no mother (4)
24 Jung's components of the collective unconscious used to rate psyche (10)
28 Separate event in instalment of soap, say (7)
29 Almost make it to hill to see nuclear device (7)
30 Plant book (6)
31 Web put underground with mesh (8)

Down

1 The French copper takes sodium in the gap (6)
2 French cheese right for a sort of pipe (5)
3 Needleworker having designs on one? (9)
4 Skin condition affecting mop of hair without grooming initially (5)
6 Somewhat plucky to gain fortune (4)
7 One standing open having received food (9)
8 Physician rejects Conservative explanation for a problem in the house? (3,3)
9 Musical chap is revealed to bishop, perhaps (8)
15 Feeling of excitement (9)
16 Former partner acquiring drink – a seller abroad (8)
18 Dark horse giving one sleep disturbance? (9)
21 Artist arrived first with means of taking picture (6)
22 Wit shown by sprite finally coming first (6)
25 Bird seen in Rhone (5)
26 Good heavy weight needed for mountaineer's spike (5)
27 Got up and put on a Roman garment (4)

Name.....

Address.....

.....

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Solution to Prize Crossword No.5

Across: 1 Comprehension, 8 Sadists, 9 Tactful, 11 Expensive, 12 Sling, 13 Rosette, 14 Evident, 16 Galilee, 19 Outline, 21 Admit, 23 Engrossed, 24 Stamina, 25 Needled, 26 Rorschach test. **Down:** 2 Oedipus, 3 Postnatal, 4 En suite, 5 Extreme, 6 Sacks, 7 Offside, 8 Sherry glass, 10 Light-headed, 15 Introvert, 17 Lumbago, 18 Eyewash, 19 Organic, 20 Insults, 22 Tails.

Winner: Libby Barnardo, London

Send entries (photocopies accepted) to: Prize Crossword, The Psychologist, St Andrews House, 48 Princess Road East, Leicester LE1 7DR. Deadline for entries is 22 November 2002. A £25 book token goes to the winner, drawn at random from all correct entries.