



## LETTERS

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# In need of a rigorous review

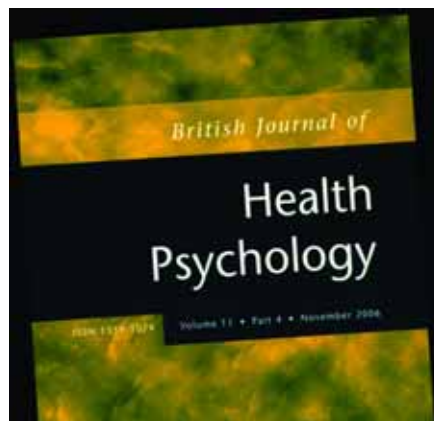
**W**E are writing in response to an article in the *British Journal of Health Psychology*, published by the Society. Kanazawa (2006) uses statistics from the UN and World Bank as well as estimates and averages of 'national IQs' to conclude that 'individuals in wealthier and more egalitarian societies live longer and stay healthier, not because they are wealthier or more egalitarian but because they are more intelligent' (p.623).

Space does not permit a detailed critique of the article. Suffice it to say that, firstly, essentially correlational findings were reported as if they demonstrated causal relationships. Secondly, important variables (e.g. education, literacy, distribution of wealth within countries, existence of conflict) were either downplayed or ignored altogether. Finally the notion of a 'national IQ' estimated or otherwise seems problematic, particularly if it is being drawn on to make claims as contentious as Kanazawa's. Indeed, Kanazawa presents a somewhat one-sided view of the evidence:

*The suggestion that greater educational opportunities can increase national IQ contradicts the current consensus among psychometricians and intelligence researchers that general intelligence is largely hereditary, with a large genetic component ... the current estimate of heritability among adults is roughly .80 ... [so] there appears little that education can do to significantly alter the general intelligence of a population. (p.637)*

In fact, this is a contentious rather than a consensus claim. Some researchers within this paradigm have argued, using similar

data, that apparent gains in scores on IQ tests in a wide range of nations over time are likely to have been influenced by educational and social developments (Flynn, 1987). Moreover, the extensive debates about 'race' and IQ and the relative



influence of heredity and the environment are simply ignored here.

However, stepping outside the assumptions of the paradigm, such claims, in a scientific journal, can give succour to racists and those who are quite happy to blame the poor 'for their lot'. As Steve Jones (Professor of Genetics at UCL) has observed 'the genetical view is often taken as a chance to blame the victim; to excuse injustice because it is determined by nature' (2000, p.114). It is worrying, therefore, that these claims are made in one of the Society's own journals.

The reason we are writing to *The Psychologist* about this paper is that we were shocked that these deficiencies had not been picked up either by the *British Journal of Health Psychology* reviewers or the editorial team. As a result, the Society has lain its journals open to criticism. Some of us are old enough to remember the 1990 debacle when *The Psychologist* published a deeply offensive and methodologically and conceptually inadequate article about race by J. Philippe Rushton. At that time, *The Psychologist* overhauled its review process. In this case the *Observer* has already run a story in which Kanazawa's article was accused of perpetuating racist stereotypes ('Low IQs are Africa's curse, says lecturer', 5 November 2006). We are not arguing

against academic freedom, but we are calling for claims made by researchers to be rigorously reviewed, something which seems not to have occurred in this case. We hope to hear that the *British Journal of Health Psychology* will soon be overhauling its review procedures.

**Dave Harper**

*University of East London*

**and 12 others from the University of East London and the London School of Economics**

## Commercial and academic qualitative research

**A**S a fellow commercial-world qualitative research psychologist who has always kept a toe or two in the academic pond, I was delighted to read Sheila Keegan's robust challenge to all psychologists interested in the qualitative approach to recognise that qualitative market research methods have much to offer ('Qualitative research... Emerging from the cocoon of science', November 2006).

In fact, I should like to broaden the prescription – if academic researchers can accept that their commercial-world colleagues are doing something worthwhile, that would represent progress in one direction towards a long-standing (and often frustratingly difficult) self-imposed mission to get commercial and academic researchers to recognise that they can actually learn from each other.

However, I fear that many conscientious empiricists among *The Psychologist* readership will have turned crimson over their cornflakes or been tut-tutting over their t-tests while, and ever since, reading Keegan's article. Unnecessarily so: psychology was the father and mother of commercial qualitative research, and both Ernest Dichter and William Schickel, who introduced the techniques into market research way back in the 1960s, were trained in psychodynamic psychotherapy. But the psychology parents hardly noticed when their market research offspring went off and grew up; preferring instead to get

### References

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somewhat bogged down in mechanistic measurements of behaviour (usually owing more to computer science than traditional psychology) until, eyes blinking in the bright light, they read the March 1995 issue of *The Psychologist*, devoted to qualitative research, which concluded that it might be a jolly good thing. (Still not noticing the remarkable successes of qualitative researchers in the commercial world, however.)

In my experience, the mutual lack of understanding comes from failing to recognise that while qualitative researchers in the commercial world are engaged in an activity that is highly refined from clinical-practice techniques – an intensely skills-based approach – academic qualitative researchers are particularly concerned with a procedures-based approach, which focuses on how to get an ‘audit trail’ all the way from research design to reliable findings. No wonder the worlds of academia and business appear to be ‘as far apart as two planets in different galaxies’ (Gordon, 1999). And now, roughly since

the late 1990s, a third approach (knowledge-based) has been developed by some management and marketing consultants (Simmons & Lovejoy, 2003): we should talk to them, too! Indeed, the implication from Sheila Keegan’s article is that many qualitative market researchers

**I** HAVE just read ‘Qualitative research... Emerging from the cocoon of science’ (November 2006) and didn’t understand a word of it. I turned the page and read ‘Why I study statistics’ and understood it completely. Maybe that simple observation answers the question posed by the author of the first article: ‘Why does it [qualitative research] have such a low profile within academic psychology?’

**David Mingay**  
2703 O St NW  
Washington, DC 20007  
USA

now see themselves moving towards the consultants’ paradigm.

I proposed an integrated appreciation of these three approaches to qualitative research a few years back (Bailey, 2002), and founded Research and Psychology Training in 1997 as a source of workshops and seminar sessions for practitioners, buyers and users of qualitative research, from academic and commercial organisations alike. I can report that there has been real interest in, at least, chatting across our metaphorical garden fences, and if that small-scale interaction becomes a continuous flow of conversation, we should all feel delighted.

**Lawrence Bailey**

13 Gledhow Wood Grove, Leeds

#### References

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- Simmons, S. & Lovejoy, A. (2003). Oh no, the consultants are coming! *International Journal of Market Research*, 45, 355–371.

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## Employment prospects for clinical psychologists

**N**EWs (December 2006) reports on the uncertainties facing psychologists working in the NHS, but states that new challenges might arise as a result of new initiatives such as Improving Access to Psychological Therapies (IAPT), as well as from the expansion of the independent and voluntary sectors. I wonder how realistic it is to hope that these avenues will provide significant levels of employment for qualified

clinical psychologists.

IAPT is targeting people with common mental health problems, of which anxiety and depression are named as prime examples. Neither of the two demonstration sites (Doncaster and Newham) appears to be using psychologists to provide treatment. The Care Services Improvement Partnership's website states that therapy is being provided by 'Graduate mental health workers' (with supervision from a psychological therapist) and 'CBT-trained therapists' – presumably a far cheaper option than clinical psychologists post-Agenda for Change.

The independent sector is certainly expanding at a fast



rate. I am a clinical psychologist working in a medium secure psychiatric hospital within the independent sector. Within this area of independent provision alone, the last year has seen the expansion of existing sites as well as the opening of many new hospitals throughout England and Wales. This does not mean that there will be new opportunities for psychologists: during this same period, a

number of psychologists working in independent hospitals have been made redundant, with shrinking departments attempting to cope with increasing workloads.

Discussions with colleagues in both the NHS and the independent sector suggest that we are all facing similar uncertainties, with those still in employment feeling increasingly dissatisfied and frankly worried about their futures. Many are now looking at private practice as the only reasonable way forward. Is this the future of clinical psychology?

**Sarah Warren**

*Llanarth Court Hospital  
Raglan  
Gwent*

### INFORMATION

■ I'D like to set up a **network of health psychologists working across central government departments** to share knowledge and discuss professional issues. I have just moved from a research post to a health psychology post within the Department for Work and Pensions and would like to make links with other health psychologists in government. I am a second-year part-time MSc Health Psychology student at City University planning to undertake stage two training in the future.

**Anna Sallis**

*anna.sallis@dwp.gsi.gov.uk*

■ I AM a 38-year-old psychology graduate who completed my degree over 10 years ago, gaining a 2:1. I have undertaken further postgraduate study subsequent to gaining this qualification. For the last three years I have been engaged in advice work in a voluntary capacity. I am hoping to pursue a career in **forensic psychology** and am interested in both the research and applied areas of this field and so would welcome any **voluntary work experience** opportunities that were available in that domain. I live in Leeds but would be happy to commute further afield as required.

**Miriam Moss**

*miriam@jpsufacto.fsnet.co.uk*

## JOHN H.W. BARRETT (1933–2006)

**J**OHn Barrett's breadth of interest, and his extraordinary range of influence, is not captured by the title Lecturer in Psychology, the post he held at the University of Bristol between 1969 and 1998. He was also a fine musician, a connoisseur of organs, and a theatre production and lighting expert. He was extremely widely read, in psychology, in science and in the arts. His broad research interests included developmental and lifespan psychology, music and the brain and the motivation of disaffected teenagers. He lent his statistical and methodological skills to research teams at the Bristol Royal Infirmary.

John's brilliant lectures inspired many members of the public, school students and adult education classes, as well as his university audience. He challenged his students; undergraduate and doctoral.

John was an active and energising organiser. In 1986 he became Recorder of the Psychology Section of the British Association for the Advancement of Science and made it a high-profile platform for disseminating psychology to the media and the wider public. He forged links between the BA and the British Psychological Society and Experimental Psychology Society, with prizes and special lectures for outstanding young psychologists. He remained involved with the national BA until his death. He was co-founder of the flourishing Bristol and Bath Branch of the BA and was their charismatic Chair for eight years.

A very successful BA project which demonstrates his eclectic abilities – and those of his talented wife Sarah and son Tim – was 'The Music of the Spheres', a play about the lives of musicians and astronomers William and Caroline Herschel, which included hands-on science activities. This project was internationally successful and toured for several years.

John's vitality, enthusiasm and encyclopaedic curiosity remained undimmed to the very end of his active life, in July, after a short illness. His wide and creative influence remains in the lives of those whom he inspired through teaching and lectures, and supported in organisations.

**Helen Haste**

*University of Bath*

*Editor's note: Further reminiscences can be posted and read at [www.psychforum.org.uk](http://www.psychforum.org.uk).*

## Abusive therapists and the law

**A**DRIAN Skinner (Letters, November 2006) correctly notes the availability of legal sanctions against abusive therapists under the 2003 Sexual Offences Act. Even before 2003, a section remained in force from the 1959 Mental Health Act (s.128), which made sexual intercourse between male professionals and female patients illegal.

The use in practice of legal action against sexually abusive practitioners will only arise though if victims and their

advocates are aware of, and professionals provide the information about and encourage, the option. To date, to my knowledge, this has not been the case.

Moreover, some professionals studying and debating sanctions against errant practitioners are actively opposed to criminalisation and encourage professional rehabilitation instead, implying retention of employment and patient contact. Garrett (1998) cited by Skinner is an example in this regard (cf. Pilgrim &

Guinan, 1999). Thus, the probability of the use of legal sanctions depends in practice, in large part, on the knowledge of victims and the openness or resistance of professionals and professional bodies to them.

**David Pilgrim**  
Teaching Primary Care Trust  
for East Lancashire  
Guide Business Centre  
Blackburn

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Deadline for letters for possible publication in the February issue is 8 January

If you read an article in *The Psychologist* that you fundamentally disagree with, then the letters page is your first port of call: summarise your argument in under 500 words. But if you feel you have a substantial amount of conflicting evidence to cite and numerous points to make that simply cannot be contained within a letter, you can write a 'Counterpoint' article of up to 1500 words, within a month of the publication of the original article. However, it is best to contact the editor about your plans, on [jonsut@bps.org.uk](mailto:jonsut@bps.org.uk). We hope this format will build on the role of *The Psychologist* as a forum for discussion and debate.

PAVEMPICS

## Brain injury misinformation

**L**IKE many, I've been watching, with some incredulity, the media reporting around Richard Hammond's traumatic brain injury (TBI). Whilst I realise one couldn't really expect the media to present clinical-quality information, I am extremely concerned that the reporting maintains the mistaken idea that TBI can be healed like a broken bone. As an example, and given my interest in driving, I read with some horror reports in the *The Mirror* that 'TV presenter Richard Hammond' had returned to driving after 'two hours of mental tests'. I appreciate that I do not have clinical details of his injury, but I am concerned that the reporting did not seem to indicate that the DVLA had a role in his relicensing, that it focused on a very non-

standard (and privileged?) procedure and gave the impression that return to driving after head injury is relatively easy.

We have already had comments from some clients who are angry and confused about their inability to return to driving after head injury. The reports have also begun to raise unrealistic hopes of 'complete recovery' for other clients.

I have e-mailed my concerns to the DVLA Medical Branch but wonder if the Division of Neuropsychology/DCP needs to respond in some way to counteract the current publicity. What do others think?

**Gavin Newby**  
South Cheshire Acquired Brain Injury Service  
Chester

## Ex-prisoners and suicide

**A** RECENT population-based study cited in *The Lancet* (July, 2006) is disheartening, to say the least. A total of 244,988 prisoners were discharged over a three-year span. Of these, 382 committed suicide. After adjustment for age, men and women were eight and 36 times more likely, respectively, to commit suicide than are men

and women in the general population. Suicide, regrettably, is a permanent solution to problems that are usually temporary. Is it possible to initiate a combined programme of forensic and clinical therapy for inmates who are 'short' (i.e. soon to be discharged)?

**Joe Roberts**  
349 Colonial Drive  
Jackson, Mississippi

## PROFESSOR HADYN ELLIS CBE (1945-2006)

**T**HERE was strength of purpose in Hadyn Ellis, and pride in achievement, but tempered by a set of strongly held values – possibly shaped by the very modest circumstances of his upbringing – that allowed ambition and humanity to be combined with mutual, not just individual, benefit.

With the initial idea of a career in advertising, he did his first degree in psychology at the University of Reading, but eventually did a PhD there on visual psychophysics. He went on to a Lectureship, then a Senior Lectureship in the University of Aberdeen, with research interests ranging from environmental psychology to mainstream cognition. His review of face recognition in 1975 (in the *British Journal of Psychology*) was to become pivotal in his research: it spawned a British-led renaissance in the subject that was to have an impact felt to this day.

He moved to Cardiff in 1986, to a Chair in Applied Psychology at UWIST, an institution that was merged soon after with University College Cardiff into what became Cardiff University. He became head of the merged departments in 1988. Progressively higher rankings at each RAE speak for themselves.

It is difficult to sum up adequately his contribution to the University since it was so multifarious: acts of support to individual staff and students across all disciplinary boundaries stand alongside major strategic innovations. Further afield, he helped bring about significant changes to postgraduate training while a member of ESRC's Council. His CBE recognises these and countless other contributions to higher education.

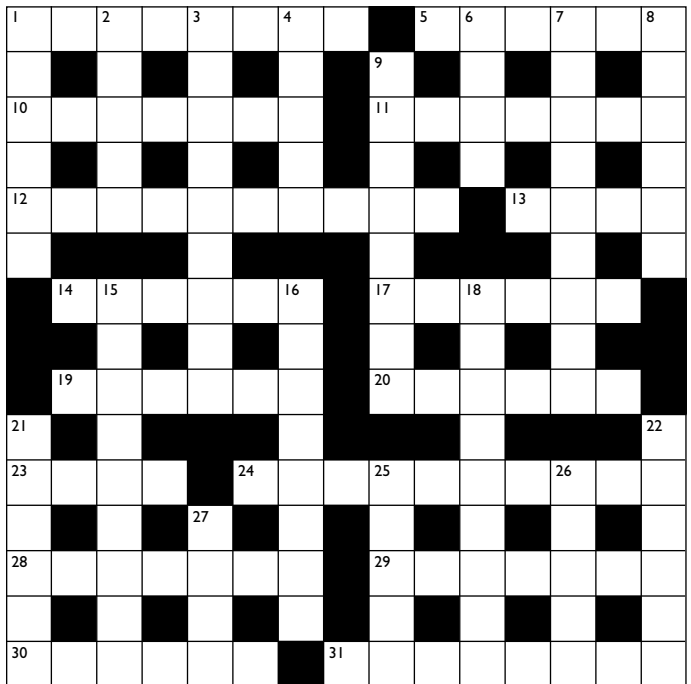
Despite these very many potential distractions of being a university-wide research strategist, interest in his own research did not waver (he was awarded a DSc for his research in 1986). Increasingly, his work on face recognition began to embody clinical and neuropsychological strands, interest focusing particularly on Capgras syndrome and prosopagnosia. A key breakthrough in this area was a linking of Asperger syndrome to a neurodevelopmental disorder in the brain's white-matter communication system. Up to the day before his death he was working on the cognitive underpinnings of delusion and their relation to belief formation.

In spite of extreme discomfort, he worked his last months fully engaged in the work of Deputy Vice-Chancellor as well as publishing his research. In this period he was able to ponder the many expressions of regard from colleagues within Cardiff University and beyond. His spirits were buoyed as he began to share with the rest of us the conviction that the fruits of his work as a scholar and research strategist would endure.

**Dylan Jones**  
Cardiff University

*Editor's note: Further reminiscences can be posted and read at [psychforum.org.uk](http://psychforum.org.uk).*

## PRIZE CROSSWORD No.3 I



### Across

- 1 Makeup composer applied for researcher into cognitive development (8)
- 5 Lucky charm mothers put over bed for baby (6)
- 10 Nicked cod then left in confusion (7)
- 11 US psychologist serving everyone fortified wine (7)
- 12 Given linen with alteration, increasing interest (10)
- 13 Information on drug passed on by parent (4)
- 14 Article on intersection like this clue (6)
- 17 Scene of uproar in old London asylum (6)
- 19 Something taken by both student and patient? (6)
- 20 Try specimen (6)
- 23 The unconscious mind leading each notion (4)
- 24 Scientific principle, biology shortly before first book (10)
- 28 Plain silver with gold (7)
- 29 Some irritant rumbling temper outburst (7)
- 30 Note given to me with spasm – it makes you sick (6)
- 31 Submarine taking European articles to view, we hear (8)

### Down

- 1 Who studied autism and confused Rankine? Not I (6)
- 2 Somewhere to stay is too warm for the Spanish (5)
- 3 Conduct studied by Skinner? (9)
- 4 Element managed to contain party (5)
- 6 Competent bishop taking drink? On the contrary (4)
- 7 Finish phone chat near thing? (5,4)
- 8 Move unsteadily to rag and bone man (6)
- 9 Basic nan cooked in pot (8)
- 15 Barrel maker consumed pool resources (9)
- 16 Deceptively attractive glasses around debtor's note (8)
- 18 Influence need according to Henry Murray? (9)
- 21 Book midshipman – easy but not Easy (6)
- 22 Tease miasma with inability to comprehend signs (6)
- 25 Make progress and live harmoniously (3,2)
- 26 One may feel unwell when out of these (5)
- 27 Capital without hospital food store (4)



### Solution to Prize Crossword No.30

**Across:** 1 Parkinson's law, 8 Hacksaw, 9 Spin-off, 11 Pheromone, 12 Optic, 13 Overrun, 14 Shebeen, 16 Abdomen, 19 Booster, 21 Palsy, 23 Close call, 24 Spirals, 25 Laid low, 26 Adrenal glands.

**Down:** 2 Accrete, 3 Kissogram, 4 New town, 5 Oysters, 6 Sligo, 7 Apostle, 8 Hippocampus, 10 Fechner's law, 15 Esoterica, 17 Dallied, 18 Nicosia, 19 Bootleg, 20 Trailed, 22 Y maze.

**Winner:** Eva Holmes, London

Send entries (photocopies accepted) to: Prize Crossword, The Psychologist, St Andrews House, 48 Princess Road East, Leicester LE1 7DR. Deadline for entries is 5 February 2007. A £25 book token goes to the winner, drawn at random from all correct entries.

Name.....

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 .....