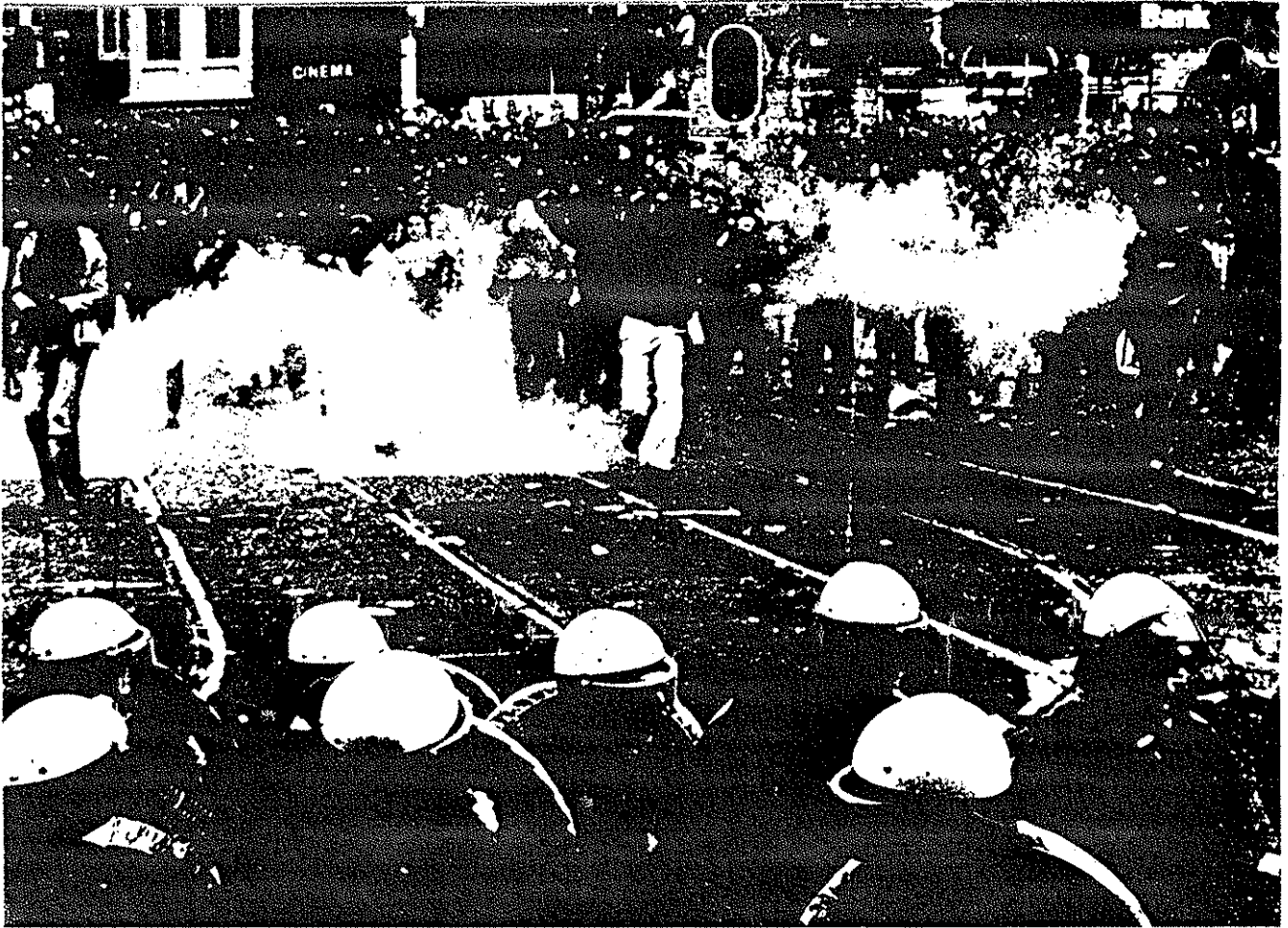


P.P.R.

newsletter no.2
spring 1995



BETTER

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fluoxetine

..editorial..

Hello. Welcome to the second PPR newsletter.

At the moment, PPR is still sorting out its internal mechanisms and structures, so from the outside it might seem like not much is happening. But the database of supporters is nearly complete, and across the country people are busy forging links with other groups and individuals, and establishing local and special interest groups under the PPR banner. A report from the Manchester women's PPR group appears in this newsletter, while the "Reasserting Values" article gives some examples of things PPR is likely to do once all the sorting out is complete.

As this is our first time, we'd like to explain our approach to editing and producing the newsletter. First and foremost, we see the newsletter as a forum for internal debate and discussion. As the "Democracy?" article explains, the first steering group meeting decided that this is an important, longer-term part of PPR's decision-making strategy. With this in mind, in future newsletters we will try to publish articles on issues that we expect PPR members to disagree with each other about. Examples might include:

- feminist views on censorship and pornography
- the satanic abuse/false memory syndrome debate
- arguments for and against the legalisation of cannabis

We intend to cover these issues in a provocative manner and give adequate space to what we think are the minority views. We hope that this will motivate people to reconsider their own positions, and to let us know what they think. We want the newsletter to be an informative, interesting, vibrant part of PPR - but that means getting plenty of feedback from our readers. We will do our best to make this happen.

Lys Williams/John Cromby (editors)

Report *from the first PPR steering group meeting*



9 people were present at the first meeting of the PPR steering group on November 5th 1994. We spent most of our time in a lengthy discussion of how to take "snap" decisions on potentially controversial issues. The outcome of this discussion is reported in the "Democracy?" article on the facing page. But we did manage some other things too...

We spent some time allocating various jobs between the steering committee members. Here's what was decided:

Treasurer: Eric Bromley

Press: Brian Hal

Co-ordinator with other organisations: David Nightingale

Conferences/meetings: Robin Hanav

Newsletter: Lys Williams & John Cromby

We talked about other events which PPR might be represented at, including the "Socialist Conference" which was taking place in Manchester the same weekend. There was some discussion of the possibility of creating a PPR conference stall/poster pack, which people taking to conferences could borrow and take along with them to display.

Finally, we talked about the need to encourage PPR groups to organise local meetings, to raise the profile of PPR and strengthen our grassroots support.

Democracy ?

At the birth of any political organisation, it is important that the decision-making processes which will be used are openly debated. We are well aware that most people do not enjoy debates about debates, or decisions about how to make decisions. We know its all too easy to associate these issues solely with the procedural debates beloved of burueacrats and careerist politicians. Nevertheless, it is vital that the membership of PPR considers these issues. This article explains why this matters, and sets out our proposed solution.



Unless PPR takes decisions in a democratic way, it will fail to reflect the interests and opinions of its members. But true democracy is not easy. In an organisation as broadly based as PPR, taking everyone's views into account might be difficult. So there's a problem:

- if we work in ways which are too rigid and centralised, we will inevitably alienate some of our supporters who feel that their opinions are not being taken into account

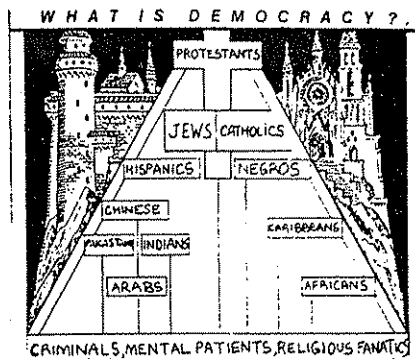
- but if we fail to arrive at an effective way to take decisions, we will be unable to respond to events, and people will give up

in frustration

In short, democracy is a *process*, not a thing. In order to be democratic, PPR must be clear about the decision-making processes it will use. The energy and interest that were visible at the PPR founding conference, channeled through the appropriate structures and procedures, could make us a force to be reckoned with. But we need to find ways of harnessing this energy and interest that don't either crush it on the one hand, or dissipate it on the other.

Most of the time this problem simply will not arise, since PPR's constitution says that the AGM is the forum for these matters. But for quick decisions, and especially when we have to take part in media debates, we need ways of deciding quickly what to say and do. Media debates are especially important, since it is through its media profile that many people's image of PPR will be formed.

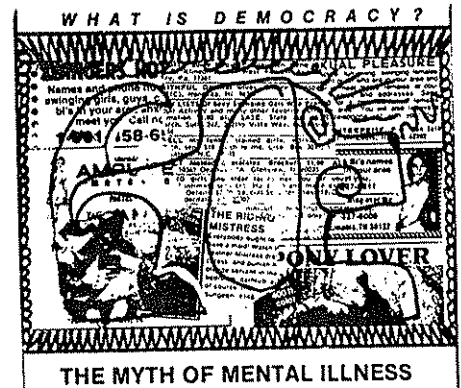
The rest of this article describes the provisional solution the steering group came up with at our first meeting. To better illustrate the problem, we have invented an issue which we might one day have to deal with.



... dateline // 1st April 1996 ...

In the run-up to the next election, the Government announces additional measures under the second part of its Criminal Justice and Public Order Bill, to enforce compulsory treatment orders for people diagnosed as mentally ill who are not resident in hospital. The Bill proposes setting up a new organisation, the Psychiatric Patrol Group, whose officers would be drawn from the ranks of the police force and from psychiatric services.

The Bill proposes that the PPG would have the right to forcibly enter people's homes and medicate them against their will if they were failing to comply with the treatment prescribed by their doctors. The PPG would



also carry out regular patrols of night shelters and hostels, looking for renegade psychiatric patients. It would also maintain a national computerised database of psychiatric patients, compiled from hospital records, and use this database to carry out random spot-checks on individuals, using bloodtests to check whether they are taking their medication.

The Government's proposals receive a mixed reception.

continued...

WHAT IS DEMOCRACY?



BIDING YOUR TIME

The "National Schizophrenia Front" welcomes them, saying that at last the Government has responded to the needs of the families of the mentally ill. The "Heady Vices Network" issues a press statement saying that the PPG is both a gross violation of human rights and a diversion from the real issues at stake. The press officer of "NeverMIND" is interviewed on the six o'clock news, and says that the freedoms of individuals must be balanced against the needs and resources of society. The "Burtish Psychological Society" says only that since this is a political matter it has no opinion to offer.

This is exactly the kind of issue where PPR would want to intervene by putting out a press release. But we know that the National Schizophrenia Front, NeverMIND and the Heady Vices Network are all represented amongst the PPR membership. So, how do we decide what to say? How might we make sure that the interests of all of our

members were represented? How can we make sure that we do not say anything which a large segment of our supporters would not agree with?

The steering committee discussed this problem at length in our first meeting. We decided that dealing with issues such as this one needed a three-stage strategy. Here's what we came up with.

PRODUCING A STATEMENT:

Using the PPR database as well as our own knowledge of the interests and opinions of PPR activists, we will contact as many people as possible who would be expected to have definite and informed opinions on this issue. As well as asking these people for their own views, we will also ask them if they knew of any other, contradictory views that are likely to be held by PPR supporters.

WHAT IS DEMOCRACY?



FORCED INTEGRATION

Then we will attempt to collate the various opinions. If there are no major disagreements evident, we will draft and release a press statement. If there are disagreements, then further consultation will take place. By asking representatives of the various viewpoints to comment on successive draft press releases, we will try to produce a consensus statement.

Only if no consensus decision is possible will the steering group then use its judgement and issue a statement that favours one view

or another. If we do this, we will emphasise in the statement that this is not the only possible view. If we do this, we will also invite proponents of the various viewpoints to each contribute a short piece to the next PPR newsletter, setting out their arguments. In this way, the specific issue can then be brought to the attention of all PPR members. Hopefully an informed debate would ensue, and PPR's future position on the issue would then be clarified.

THE LONGER TERM SOLUTION:

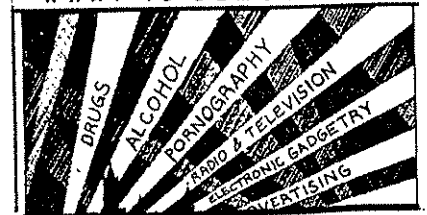
In addition to the decision-making process described above, the steering group will attempt to second guess likely contentious issues, and encourage PPR's membership to debate the issues in advance. We anticipate two ways in which we can do this.

First, we will use the newsletter to stimulate debate. We will do this by commissioning short articles on issues which we expect to produce divergent opinions. Hopefully, members will respond to these articles by setting out their views. By publishing these responses in subsequent newsletters, a debate can then take place.

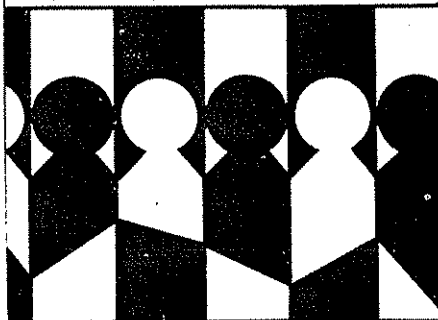
Second, we will encourage the various PPR subgroups to identify difficult issues of this kind, to debate them locally and then submit short reports of their debate for inclusion in the newsletter. Again, in this way the views of members and activists can be thrown open to everyone for further debate.

The PPR Steering Group

WHAT IS DEMOCRACY?



WHAT IS DEMOCRACY?



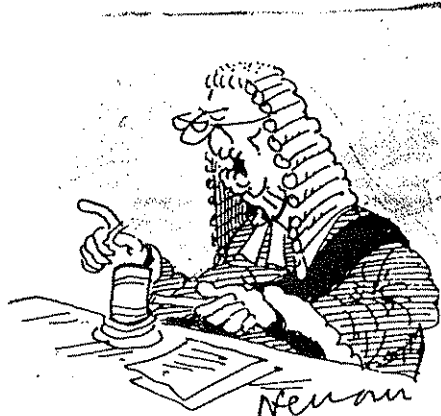
JUSTICE BY NUMBERS

Women in Psychology Politics Resistance



During the PPR founding conference in July 1994, a number of women created the opportunity to talk with each other about our personal and work experiences of oppressive practices, and to share our hopes and expectations of the possible role of PPR. As a number of us lived around the Manchester area, we enthusiastically exchanged addresses with an initial commitment to make time to meet up again to explore what we as women wanted from, and could contribute to, PPR on a local basis.

We have been meeting monthly since September 1994, and the number of women involved in the network now stands at 34. At present, we are mainly drawn from voluntary worker, practitioner, academic, and student backgrounds, with a range of experiences around, for example, parenting, sexuality, political and cultural issues. As we recognise that our strength comes through diversity of knowledge and experiences, we are continually attempting to extend the network and to reach other women. We actively acknowledge that women have different energies and needs, and our aim is that this network continues to develop in a flexible and dynamic way where women can come in and out, accessing and contributing to it, as the need arises. To date we have established three



"... a threat to society and a danger to women – but enough about me..."

broad aims, which form the basis of each meeting, in the form of updating the current status of each aim, and agreeing specific goals for the following meetings. The aims are as follows:

To provide a space for women in which in which we can share **SUPPORT, INFORMATION and STRATEGIES FOR ACTION** for ourselves and other women.

To establish and maintain links with other existing organisations.

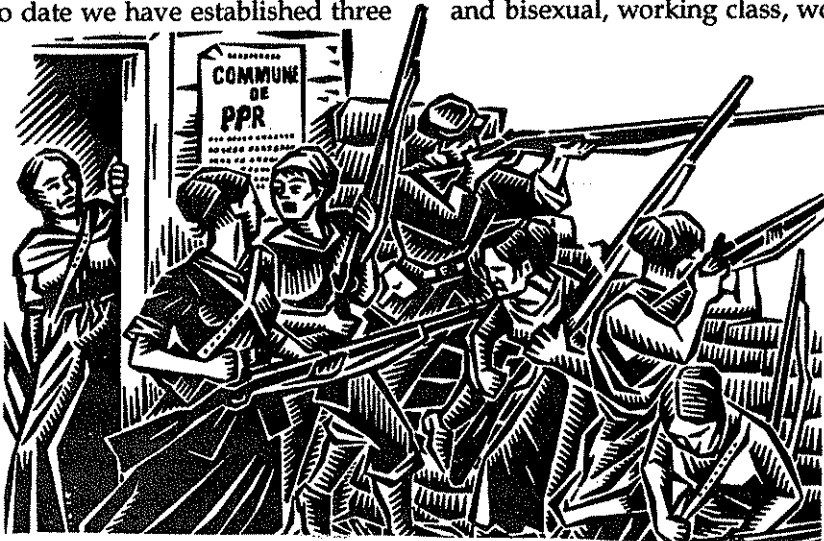
For the PPR to maintain a **RECOGNITION** of the role of gender in its processes and activities.

These aims arose out of two recurrent themes which emerged for us in our initial meetings. The first focuses on the recognition that psychology has hurt women from a range of backgrounds: black, lesbian and bisexual, working class, women

defined as mentally ill, with learning difficulties and physical difficulties. Consequently, within our network there is an explicit commitment to undertaking the proactive as well as the reactive strategies, which are manageable and achievable, and to close the gap between discussion/theory and action/practice.

Example of proactive strategies presently centre on identifying two core issues (in the Greater Manchester area) on which we could take a stand, and which could be the targets for campaigning and action over a year's period. Currently, issues under consideration include raising the profile, and developing the strategies to re-address the inadequate/disempowering/abusive approach, of much of the present service provision around sexuality issues for women with learning difficulties, and challenging negative representations of lone motherhood in the media and academic research. Establishing and using links with women who are directly affected, with the existing voluntary organisations and our own members potentially offers the opportunity to coordinate an effective campaign and action at different levels (e.g. interpersonal, intra/inter institutional, local government, local media), and to provide each other with emotion and practical support. To date, examples of reactive strategies, have been based on individual cases which have come to our attention. These have included petitions in responses to pay and conditions for local part-time workers, and the cancellation of home leave for a local woman prisoner, as well as the verbal and written challenges to presentations and articles which have adverse implications for the well-being of women.

The second theme focuses on our relationship to the wider PPR, and



the role we can play in insuring that the issues of gender are recognised in its structure, processes and activates. For Example, it was noted that the self selection process for the 'steering group' which took place at the end of the founding conference gave little opportunity to discuss any regulation of the composition of this group to ensure that it does not become yet another predominantly white, male, and/or professional/practitioner preserve.

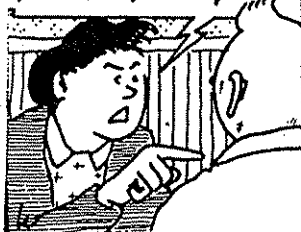
MALE



DOMINATION

As presented in the PPR newsletter No1, it appears that there is a predominance of men in this group, with little or no information available about people's backgrounds, or criteria for membership. It is not our intention to question the commitment of the existing steering group, but to ensure that as members we in the PPR reflect on our own practices, so that the voices of those characteristically omitted from, research, practice and policy can be heard. The PPR newsletter provides one forum to make public such issues, and hopefully can be used as a vehicle for our (PPR) own critical examination.

I CAN THINK FOR MYSELF TINTIN! I DON'T NEED ANYBODY TO PUT ME UP TO ANYTHING



Our aim in writing this piece, was to briefly document the setting up of the local Women in PPR network, and to highlight the potential strengths which a wider women's network could provide. If, by reading this, women in other regions are encouraged to set up their own groups or to liaise with us, then our aim will have been achieved.

We believe that the establishment of a local or regional Women PPR groups could widen the role that PPR can play in challenging the oppressive uses of psychology. Whilst each group is likely to establish its own reflecting its own group composition, and would primarily address local needs, there could be the opportunity to liaise nationally on specific issues.

Finally.....after some initial hard work in trying to establish a Manchester group, our enthusiasm for, and commitment to, the aims of Women in PPR, and PPR in general, continues to grow. Our experience to date has shown us that organising and activism can be serious and fun - proving to be a positive experience for us all!

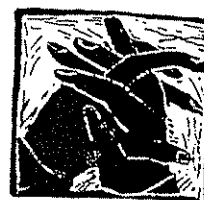
Gill Aitken & Gina Wills
For Women in PPR (Manchester).

In Memory

Sadly, we have to mourn the premature deaths of two PPR members.

Adam Westoby died, aged 50, on November 29th 1994. Adam became involved in left wing politics as a student at Balliol College, and had a reputation as an authoritative writer on communism and on the theory of education. He was involved with the "Workers Press", and played a part in the formation of the "Workers Socialist League". In 1980 he helped to found the Polish Solidarity Campaign, which supported the strike movement in Poland. Wheelchair bound himself, he was also a vigorous campaigner on disability and access issues.

Richard Marshall died, aged 45, on 2nd April 1995. A psychotherapist at the Nottingham Drug And Alcohol Unit, he was involved in the early days of the Psychology and Psychotherapy Association. He also worked for some time as a lecturer at Loughborough University, where he taught a generation of students that critical thinking is a vital part of psychology. In the 1980's he published work challenging the evidence that schizophrenia is genetic, and was an early advocate of the notion that we need a critical sociology of psychological knowledge. An unconventional, empathic, passionate man, he will be sorely missed by all who knew him.



Short/Sharp/Shock/ Treatment

The closure of large psychiatric hospitals, and return of people with mental health problems to their communities of origin, is a comparatively recent phenomenon, and one that should arouse the interest of all those concerned with social justice and the sharing of power. The second reading of the **Mental Health (Patients in the Community) Bill** in the House of Lords received negligible coverage in the press, although this Bill arguably seeks to deprive some people with mental health problems of their basic human rights. The Holocaust commenced with the murder of 200,000 people in hospitals, according to Michael Burghleigh's history of the Nazi "euthanasia" program. The recent resignation of Dr. Severing as the president-elect of the World Medical Association, after allegations of his involvement in the Nazi euthanasia program, suggests that the lessons of the past still need to be learned. When politicians express concern about the socially unfit, the eugenic past of psychiatry is quick to revive. Legislation that empowers unspecified persons to "take and convey" patients to treatment, as the Bill does, should be subject to severe and detailed scrutiny.

powers of the Act have not been fully realised, and certain sections - such as those concerned with aftercare and guardianship - are still not fully utilised. The NHS and Community Care Act (1990) resulted in a shift of responsibility for assessment from health to social services, and an exponential growth of funding for the voluntary and independent sector. The Mental Health Act (1983) can be criticised for focusing too heavily on hospital services and failing to recognise the diverse nature of statutory and voluntary sector agencies currently providing community care, not to mention the vast army of unpaid carers.

The Mental Health Bill has been opposed by mental health service users, as represented by Survivors Speak Out and the United Kingdom Advocacy Network. Nursing organisation, including the Royal College of Nursing, UNISON and the Community Mental Health Nurses Association have also opposed the Bill. In an unusual move, the United Kingdom Central Council for Nursing, an extremely conservative regulatory body, has described the proposed measures for supervision as "seriously flawed". Another organisation representing front-line workers, the UK Advocacy Network,

The Mental Health Act (1983) sought to provide care for people with mental health problems, and control when a risk of harm to self or others was evident. The Act resulted from seven years deliberation, during which a range of interest groups had an opportunity to present their case. The



has also spoken in opposition. One of the few professional bodies that has not opposed the Bill is the Royal College of Psychiatrists. The current diversity of statutory, voluntary and self-help services has resulted in a weakening of psychiatry's monopoly on

mental health care. Psychiatry appears to have responded to the marketisation of mental health care by retreating from the treatment of people with mild and moderate problems (the so-called "worried well") and defining its core business as the control of people with serious mental illness. The Royal College of Psychiatrists' promotion of community supervision orders and tacit support of the Mental Health Bill serves to ensure psychiatry's powerful position in mental health services, even if this exacerbates the exclusion of people with mental health problems from their communities.

Too little consideration has been given to the unintended consequences of the Mental Health Bill. Mental health workers, including nurses and social workers, strive to build relationships with people with mental health problems. An element of compulsion exists in this relationship as a consequence of the Mental Health Act 1983; however, as the relationship changes from one characterised by trust to one characterised by distrust, it may be more difficult to form and maintain. This is detrimental to both the service user and the nurse. The service user fears and avoids contact with mental health services. The nurse becomes locked into conflict with the service user, suffers stress and possibly assault arising from the user's legitimate fear and anger. Many psychiatrists have written to Lord Ennals in an individual capacity speaking of their concern that the trusting relationships between themselves and service users will be shattered if the Bill is introduced. Research undertaken in America by Estroff indicates that compulsory treatment in the community results in the enforced poverty and social exclusion of people with mental health problems, who can only survive by "making it crazy", since this is the only communication that psychiatric services respond to. British research into the Mental Health Act suggests that its power of removal from a public place, and treatment in special hospitals such as Broadmoor and Rampton, are significantly more commonly used against black people. All too easily, mental health legislation adds one form of discrimination to another.

The Mental Health (Patients in the Community) Bill is largely fueled by panic rather than reasoned debate. When the Mental Health Act Commission recommended a review of the 1983 Act in its last biennial report, the importance of

"extensive consultation and sensible debate" was stressed. The 1983 Act needs to be thoroughly re-examined in the light of the profusion of mental health policy and the diversity of statutory and self-help developments. However, the Commission recognised that hast legal and policy reform would not be in the interest of those in the mental health system, administrators, legislators, or the public. Unfortunately, this report implies that the Commission has relinquished its former function as a "watchdog over the rights and interests of patients". The Mental Health (Patients in the Community) Bill can be readily compared to the Criminal Justice Act, since both both serve to criminalise those on the margins of society, and promote an interest group who which proposes authoritarian solutions in response to media panics, whilst continuing to deny the importance of underlying economic factors. The Mental Health (Patients in the Community) Bill bears greater resemblance to Dr. Willis' treatment of George III in Windsor Castle than to current examples of good practice in community mental health care. If the state cannot protect the human rights of people with mental health problems, then its willingness to protect anyone's rights is open to question.

The third reading of the Bill takes place on 16th May, and amendments at this final stage are unlikely. However, the Bill then enters the House of Commons and at this point amendments may be made. PPR, as a nationwide network and coalition of groups, could play an important role in attempting to defeat the Bill. In Essex, we're speaking to our MP about the Bill and asking for his support. If you wish to see mental health services based upon the principle of choice, why don't you do the same?

David Glenister

.. This page has no pictures
because we couldn't find anything suitable! Does anybody have any political/psychological illustrations they could send us for use in future newsletters? Can anybody draw topical cartoons for us? Contact the editors if you can help!

Re-asserting Values: what will PPR actually do?

PPR's constitution sets out five major aims around which its work will be organised. Like all sets of constitutional clauses they're fairly abstract, and many people might be wondering what PPR is actually going to do. This article explains why PPR is needed, and gives some examples of the ways in which it might be active.

Constitutional Aims of Psychology Politics Resistance:

- 1 Expose and combat the oppressive uses of psychology, and promote in their place positive alternatives
- 2 Support individuals and groups oppressed by psychological knowledge or practices
- 3 Provide a clearing house or contact point for psychological expertise in the fight against oppression
- 4 Challenge the reactionary usage of psychological ideas in public and media debates
- 5 Raise awareness of political issues amongst existing and new practitioners, and campaign for their inclusion in psychological education

Last year, the media gave a high profile to psychologist Elisabeth Newson's paper about the supposed effects upon children of violent video images. The so-called "Newson Report" was sent direct to the Home Secretary, Michael Howard, and its conclusions were headlined on the front page of the Daily Telegraph and given extensive coverage in other papers (see, for example "The Times", 1/4/1994). The paper's publication was accompanied by an open letter signed by some 25 psychologists, psychiatrists and "child-care experts", apologising on behalf of these professions for their belated recognition of the supposed poisonous effects upon our children of video images.



The intense media interest in Elisabeth Newson's paper was fired by its connections with two other events. One of these was the murder in Liverpool the previous year of two-year old James Bulger, and the subsequent trial of his attackers. The other was MP David Alton's proposed amendment to the Criminal Justice and Public Order Bill, which was being debated in the House of Commons at this time.

Although James Bulger was murdered in February 1993, the trial of the two young boys subsequently found guilty of the attack did not take place until Autumn of that year. During the trial, both prosecution and defence counsels colluded in the suppression of evidence about the boys' family backgrounds so as to minimise their families' suffering (a strategy adopted primarily as a consequence of the use of the adversarial system in such trials). This compassionate gesture had the additional effect of concealing from the public gaze information about the home lives and family backgrounds of the boys involved - exactly as happened in the trial of Mary Bell in the 1960's (Sereny, 1972). This suppression of crucial evidence made an unusual murder appear even more inexplicable, and led both politicians and the media to gratefully seize upon the trial judge's suggestion that violent video films (in particular "Child's Play 3", which one of the boys' families had hired from a local video

shop shortly before the murder) might be partly to blame. In the emotive debate which then ensued, the possibility that there might be more immediate and direct material influences upon the conduct of the two boys than a video (which it remains unclear that either of them had actually watched) was largely ignored.

The Bulger murder seemed to precipitate or crystallise a shift in representations of children in the media (Stainton-Rogers & Stainton-Rogers, 1993), so that from being primarily portrayed as innocent victims children came to also be portrayed as dangerous savages. The case became a vehicle for the expression of widespread unease about the state of the nation and upon "what conditions in our society could precipitate such an action" (Newson, 1994). However, perhaps partly because of pressure to deliver coherent and quotable soundbites, these debates were characterised by the prevalence of rumours and myths, and simplistic assertions that the killing was an isolated incident beyond the realm of everyday explanation, an "evil freak of nature". Such glib pronouncements ignored or concealed many crucial aspects of the killing, not least its gendered and sexual nature (Jackson, 1994). In this climate, it is perhaps not surprising that the fact that Elisabeth Newson's paper contained no new research but merely compiled and discussed the results of existing studies (some as many as twenty years old) was largely overlooked.

At around the same time that the "Newson Report" was published, MP David Alton's proposed amendment to the Criminal Justice and Public Order Bill was being debated in parliament. Alton's amendment, which called for wide-ranging additional powers of state censorship, was prompted directly by the Bulger murder and the findings of the trial. Although his proposals had previously been widely perceived as seriously flawed, they rapidly gained cross-party support in the days following publication of the "Newson Report" until the Government eventually became frightened of an embarrassing defeat. As a result, following a meeting between David Alton and Home Secretary Michael Howard on April 12th the amendment was withdrawn, but only to be re-written and added to the Bill in modified form later that summer.

The "Newson Report", through its impact upon politicians and the press, played a central role in these events. However, had PPR been active at this time, it might well have questioned the value of rehashing

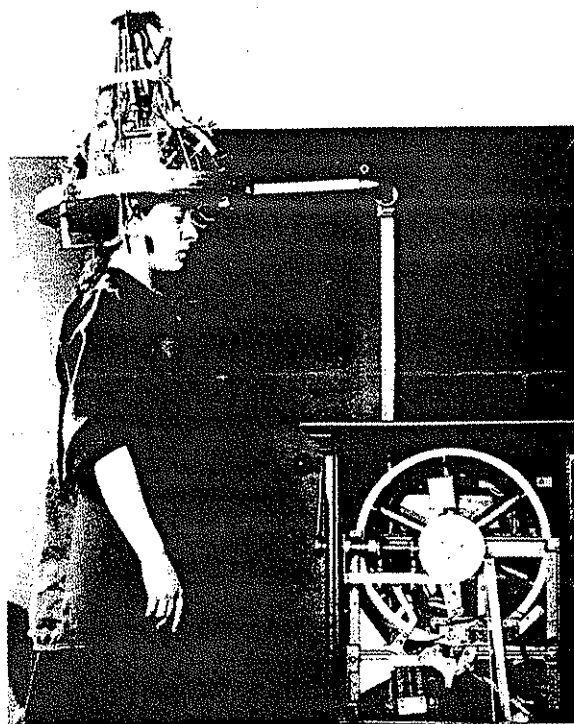
research that was well past its sell-by date. By insisting that there were alternative explanations for the Bulger murder, explanations firmly rooted in the material and social circumstances of the perpetrator's experiences, PPR might have injected a note of rationality into the debate at the same time as it highlighted the synergistic associations between deprivation, abuse, gender identities and crimes of violence. Finally, by pointing out that the "Newson Report" in no way represented the opinion of all psychologists in this country, PPR might have impeded its use in support of yet more coercive power to an already draconian piece of legislation.

This relatively high-profile example represents just one strand of PPR's proposed work, since psychology can also be oppressive or exploitative in more insidious, individualised ways. This generally occurs under the guise of assessment, training or therapy, and is typically enshrined in institutional practices and settings in education, medicine, and the law. Despite the best intentions of some practitioners, in such settings psychology can easily become a part of the mechanism whereby deviancy is managed, controlled and suppressed.

In the fight against this form of oppression, PPR intends to act as a resource and contact point for individuals and groups seeking help and support in their attempts to challenge dangerous or oppressive psychological practices. Aspects of this activity might include providing expert witnesses for court hearings or case conferences, or giving support to "whistle blowers" who speak

out against dubious practices or the dangerous consequences of under-resourcing. PPR will do this by establishing and maintaining a database of concerned and sympathetic people who have indicated their willingness to be approached in such cases.

PPR's constitution also commits it to longer-term aims, to do with the education and training of future generations of psychologists. An important part of achieving these aims is to ensure that PPR is in touch with students of psychology and with those entering the profession at its lowest levels: technicians, trainees and contract research staff. With this end in mind, PPR's current priority is to broaden its base by setting up local and special interest groups. A PPR women's network had its first meeting in Manchester in September 1994, mental health nurses are already organising within PPR, and in the coming months local groups will be holding



meetings in Manchester, London and Scotland.

In all of this, PPR's approach will be shaped by three core principles. First, that its work will be practical rather than conceptual, aimed at achieving results rather than forging a new moral or intellectual high ground. Second, that its goals will therefore be limited but potentially realisable. Third, that psychology's status as the terrain of experts is part of its power base, and that our claims as psychologists to "know better" must themselves be the subject of critical examination.

PPR has adopted these principles simply in order to establish its priorities. Of course ideas are important, but new and liberating theories and concepts (in psychology or anywhere else) rarely spring fully-formed into individual minds, they generally evolve gradually during protracted periods of collective struggle against existing orthodoxies or regimes. Setting achievable material goals in the here-and-now creates a fertile ground for the evolution of liberatory psychological theories and if they emerge as a by-product of PPR's work we shall all be thrilled - but our primary concern is practical activity.



In these post-Marxist, post-feminist, postmodern times, some might think that an organisation like PPR is anachronistic. However, it is precisely this dearth of ideas and paralysis of values that makes the existence of a campaigning group like PPR all the more vital. Material deprivation and inequality have increased dramatically in recent years. State spending on housing, education, health and social services has been savagely cut and superficially progressive measures, such as the move to community care of people with mental health problems or the desegregation of education for students with learning difficulties, have been implemented as cost-cutting strategies. At the same time, there is still

widespread prejudice and institutionalised discrimination against women, members of many ethnic groups, lesbians, gays and bisexuals, and people with disabilities.

We have been offered a succession of scapegoats for this situation - single parents, European immigrants, profligate and inefficient local authorities. Then, when the excuses wear thin, we are told that all this injustice is inevitable, the consequence of immutable human nature and a sheer lack of resources. These assertions are flatly contradicted by recent research (Joseph Rowntree Foundation, 1995) which showed that between 1979 and 1992 the poorest 20-30% of the population failed to gain any benefit whatsoever from economic growth. The same study shows that the gap between rich and poor in this country is now bigger than at any point in the last fifty years, and estimates that one in three children in this country now live in poverty. Such gross inequalities have not happened by accident, but are the direct and intended consequence of policy decisions taken during the Thatcher years and since.

We anticipate that PPR will encounter some criticism, since if it does not it will in all probability be failing in its role. At the same time, we hope that by its very existence PPR will encourage all psychologists to think more carefully about the moral and political dimensions of their work. Some hundred years after its birth psychology is widely acknowledged as the science *par excellence* of daily life. Psychological theories and methods are widely used in schools and universities, in hospitals and clinics, in courts and prisons, in the workplace and in the home. Politicians and media pundits call on psychologists as expert witnesses and commentators, and draw on psychological theories to support their arguments. The time for us to acknowledge that this gives our work an inescapable political dimension is long overdue.

John Cromby

Acknowledgements: A version of this article is to appear in the B.P.S. Psychology of Women Section newsletter. Thanks to Penny Standen, Wendy Stainton-Rogers and Avedon Carol for their help in the preparation of this article.

References:

- Jackson, D. (1994) "Destroying the baby in themselves: why did the two boys kill James Bulger" Nottingham, Mushroom Publications
- Joseph Rowntree "Income and Wealth: report of the JRF Inquiry Group (Social Policy Foundation (1995) Summary, February 1995) York, Joseph Rowntree Foundation
- Newson, E. (1994) "Video violence and the protection of children" ACPP Review & Newsletter 16,4 190-195
- Sereny, G. (1972) "The case of Mary Bell" London, Methuen
- Stainton-Rogers, R. & Stainton-Rogers, W. "Constructing the child: portrayals of innocence, sexuality and victimhood" Paper presented to the B.P.S. Annual Conference 1993, abstract published in the Proceedings of the B.P.S. Volume 1

ACTIVITY CORNER

Your chance to do something for PPR
even if its only to write a letter.

The letters on this page are reproduced (without permission) from the April issue of "The Psychologist", journal of the British Psychological Society. We thought they deserved a wider reading, and we encourage PPR members to write to the B.P.S. and make their views known.

IN their account of lesbian and gay relationships (*The Psychologist*, February 1995) Drs Kitzinger and Coyle wrote (p.67) of it being 'usual for heterosexuality to be everywhere flaunted' in the workplace. Do I detect a certain amount of underlying annoyance that at work, as elsewhere, there is, indeed, a normality of life for the vast majority of people? It is a normality which acceptably leads to the presence of family photographs, to discussion of male/female relationships, to possible flirtation, to the understood pleasure, shared by others, a woman has in displaying an engagement or wedding ring. Kitzinger

and Coyle could well have added to their list the talk which naturally arises about children and grandchildren.

It is certainly not a matter of heterosexuality being flaunted - it is simply the ordinariness of life from which homosexuals and lesbians, however much they may wish it were different, are perforce excluded.

Michael Davis

Silence implies assent

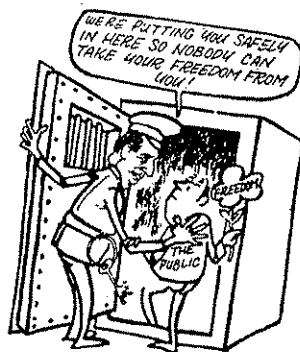
AS a clinical psychologist, I once again find myself embarrassed by the silence of my professional organization on an issue of great importance to mental health services: the supervised discharge arrangements proposed in a bill recently launched in the House of Lords. It is not my purpose in writing this letter to analyse the implications of this bill, and the reasons for my objections to it: what I am most concerned about is the absence of comment from my professional organization.

Over recent years a very large volume of legislation has profoundly changed the face of health services in the UK, and of the mental health services which are my particular concern. All the major professional bodies - British Medical Association, Royal College of

Psychiatrists, Royal College of Nursing, British Association of Social Workers and so forth - have commented extensively on the impact of these developments and issued briefings to inform parliamentary and public debate ... All major professional organizations, that is, except The British Psychological Society.

In defending the supposedly 'non-political' position enshrined in its charter, the Society has made no comment. This is not, however, a 'non-political' act - such silence implies assent.

Dr Rachel Perkins



Write to:

The Editor, "The Psychologist"
British Psychological Society
St. Andrews House, 48 Princess Rd.,
Leicester LE1 7DR

If you're happy for them to print your letter,
write on it "For publication in The
Psychologist".

You can also do it by e-mail:
bps1@le.ac.uk

Are you normal?

QUESTIONS need to be asked about the policy by which five articles on 'Personal Relationships' were commissioned by the Editorial Board of *The Psychologist* for publication in the February 1995 issue. Not one of the contributors to this 'symposium' has a generally recognized reputation as an expert in experimental approaches to physiological, hormonal, developmental or cognitive science studies of gender differences, or the development of social relationship structures. Nearly 90 per cent of the references cited by the five contributors have no recognized scientific antecedents, and numerous references in one article are those of the author!

In a narrower context, I object to the misleading use in a publication of a scientific society of the innocent-sounding word 'gay' when referring to what is the abnormal practice of anal intercourse between males. Secondly, I object to attempts to mislead readers about the epidemiological incidence and prevalence of male and female homosexuality which in statistical-mathematical terms is fortunately still tiny.

Members should be aware that the terms 'normal', 'average', 'usual' or 'common' have basically a tight mathematical definition: they exclude scores, 'items', or people at a distance of two s.d.'s from a 'mean'. I suggest that the Society considers carefully the nature of future offerings that may not be consistent with its preferred public and scientific image.

Vernon Hamilton PhD,
DSc, FBPsS

SO LET ME GET THIS RIGHT... YOU AND JAN... UMM... ARE... SORT OF... GOING OUT... AND YOU DON'T EVER GO WITH BLOKES....



IS THAT GONNA BE A PROBLEM BETWEEN US, THEN?



NO... NO, OF COURSE NOT!

.... ANYWAY... I ONLY GO FOR BLOWDES!!!



OH TINTIN!!



**MSc CRITICAL PSYCHOLOGY
(BY RESEARCH)**

The Discourse Unit at MMU has launched a postgraduate degree programme that will enable students to study and work critically. Applications are invited for this modular research degree which explores the theory and practice of psychology in context, and alternative approaches to action and experience. The first intake is planned for October 1995. Details from: Department of Psychology and Speech Pathology, The Manchester Metropolitan University, Hathersage Road, Manchester, M13 0JA, UK.

MSc CRITICAL SOCIAL PSYCHOLOGY

Lancaster University's Department of Psychology and School of Independent Studies are offering exciting new Masters schemes in Critical Social Psychology and Critical Social Psychology and Women's Studies. The schemes cover a range of theoretical and methodological developments in post-crisis social psychology in a combination of taught courses and project work. For more information contact: Director, CSP, Psychology Department, Lancaster University, Bailrigg, Lancaster, LA1 4YF, UK.

HEARING VOICES

RESEARCH DAY CONFERENCE

This conference on 8 July 1995 will bring together varieties of research on 'hearing voices' (experiences that psychiatrists term 'auditory hallucinations'). The day is intended to bring together a variety of approaches to hearing voices from fields as diverse as clinical psychology, cultural studies, film theory, parapsychology, political theory, psychiatry, sociology, and spiritualism. (Register by 1 July.) For details contact: Lita Denny, Commercial Office, MMU, Hathersage Road, Manchester, M13 0JA (Tel: 0161 247 2535).

If you have events or other things that may be of interest to PPR newsletter readers, send details to us for inclusion in the next newsletter by October.

Join PPR!

Psychology Politics Resistance

is a network of people - both psychologists and non-psychologists - who are prepared to oppose the abusive uses of psychology. This means challenging the ideas within psychology that lead to oppressive practices, supporting those who are on the receiving end, and using psychological knowledge positively to help those engaged in struggles for social justice.

If you want to be involved in PPR, and have *not* yet filled in the database questionnaire, please fill in the copy overleaf and send it back. If you have already filled the questionnaire in, pass on the form and encourage a friend to join. Send the database questionnaires to:

PPR, Department of
Psychology and Speech
Pathology, The Manchester
Metropolitan University,
Hathersage Road, Manchester,
M13 0JA, UK.

You can contact us direct by fax on:
0161 247 6394, and by email at:
T.McLaughlin@mmu.ac.uk

PSYCHOLOGY POLITICS RESISTANCE DATABASE QUESTIONNAIRE

fill in this questionnaire slowly and carefully so it can be transferred to a computer database

CONTACT INFORMATION - These questions are about you and where you could be reached

- 1- First name _____ /2- Surname _____
 3- Address _____
 4- _____
 5- _____
 6- Postcode _____ /7- Country _____
 8- Occupation _____
 9- Workplace _____
 10- Organisation _____
 11- Work tel _____ /12- Home tel _____
 13- Fax _____ /14- E-mail _____

EXPERTISE - These questions are about the expertise you could offer

PLEASE TICK NEXT TO THE CATEGORIES THAT YOUR ACTIVE HELP FALLS INTO:

- | | | |
|--------------------------------------|--------------------------|-----------------------------|
| 15- Advice on psychiatric medication | <input type="checkbox"/> | We are looking here |
| 16- Support for those in schools | <input type="checkbox"/> | for professional, practical |
| 17- Anti-racist support | <input type="checkbox"/> | or other expertise in |
| 18- Legal advice | <input type="checkbox"/> | particular areas |
| 19- Doing clinical assessments | <input type="checkbox"/> | that can be |
| 20- Doing educational assessments | <input type="checkbox"/> | identified and |
| 21- Doing occupational assessments | <input type="checkbox"/> | accessed quite |
| 22- Putting together research | <input type="checkbox"/> | quickly if an |
| 23- Being an 'expert witness' | <input type="checkbox"/> | organisation or |
| 24- Being a media source | <input type="checkbox"/> | individual contacts |
| 25- Support around HIV/AIDS | <input type="checkbox"/> | PPR and wants direct |
| 26- Therapeutic support | <input type="checkbox"/> | help around an issue |
| 27- Support for therapy survivors | <input type="checkbox"/> | or problem |
| 28- Other expertise not listed | _____ / _____ | _____ / _____ |

PPR ORGANISATION - These questions are about the practical help you could offer PPR

PLEASE TICK IF YOU CAN BE ACTIVELY INVOLVED IN HELPING IN THE FOLLOWING WAYS:

- | | | | |
|---------------------------------|--------------------------|------------------------|--------------------------|
| 30- Producing newsletters | <input type="checkbox"/> | /31- Media links | <input type="checkbox"/> |
| 32- Making posters/leaflets | <input type="checkbox"/> | /33- Writing articles | <input type="checkbox"/> |
| 33- Organising local groups | <input type="checkbox"/> | /34- Computing support | <input type="checkbox"/> |
| 35- Link PPR to other groups | <input type="checkbox"/> | /36- Accommodation | <input type="checkbox"/> |
| 36- Arrange PPR speakers | <input type="checkbox"/> | /37- Networking | <input type="checkbox"/> |
| 38- Other help not listed above | _____ / _____ | _____ / _____ | _____ / _____ |

PPR SUB-GROUPS - These questions are about the sub-groups in PPR that you could be involved with

PLEASE TICK IF YOU ARE OR CAN BE ACTIVELY INVOLVED IN THE FOLLOWING:

- | | | | |
|----------------------------------|--------------------------|------------------------|--------------------------|
| 40- Psychiatry users movement | <input type="checkbox"/> | /41- Involved already? | <input type="checkbox"/> |
| 42- Educational psychology | <input type="checkbox"/> | /43- Involved already? | <input type="checkbox"/> |
| 44- Anti-racist activities | <input type="checkbox"/> | /45- Involved already? | <input type="checkbox"/> |
| 46- Women's activities | <input type="checkbox"/> | /47- Involved already? | <input type="checkbox"/> |
| 48- Sexuality struggles | <input type="checkbox"/> | /49- Involved already? | <input type="checkbox"/> |
| 50- Clinical psychology | <input type="checkbox"/> | /51- Involved already? | <input type="checkbox"/> |
| 52- Prisoner's support | <input type="checkbox"/> | /53- Involved already? | <input type="checkbox"/> |
| 54- Trade Union work | <input type="checkbox"/> | /55- Involved already? | <input type="checkbox"/> |
| 56- Disability work | <input type="checkbox"/> | /57- Involved already? | <input type="checkbox"/> |
| 58- Other groups not listed here | _____ / _____ | _____ / _____ | _____ / _____ |

We plan to make the database available on electronic networks for anyone to have access to:
 If you want your replies on this questionnaire kept confidential, not circulated, tick here

