



REPLY TO PROFESSOR BUELA-CASAL: RESEARCH BELONGS TO EVERYBODY

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Readers' criticism is an important element of scientific research review. In this article, necessary explanations are provided to Buela-Casal's (2006) reply. Some of the shortcomings and limitations found in the study's approach, sample selection, the questionnaire used, and the conclusions drawn are explained. Finally, we agree that opinion studies on the image of Psychology as a health profession carried out by Professor Buela-Casal and his colleagues were not about whether Psychology should be regulated as a health profession.

Key words: Peer review, criticism, opinion studies, psychology

La crítica de los lectores es un importante elemento dentro de la revisión de las investigaciones científicas. En este texto se hacen las necesarias aclaraciones a la réplica de Buela-Casal (2006). Se explican algunos de los problemas y limitaciones encontradas en el planteamiento, en la selección de las muestras, en la idoneidad del cuestionario utilizado y en las conclusiones extraídas de los estudios de opinión. Finalmente, se acuerda que los estudios de opinión sobre la imagen de la Psicología como profesión sanitaria realizados por el profesor Buela-Casal y sus colegas no trataban de si la Psicología debe regularse como profesión sanitaria.

Palabras clave: Revisión por pares, crítica, estudios de opinión, psicología

The editors of scientific journals have reached an agreement: Post-publication criticism is a necessary complement to pre-publication review to correct errors and limitations in research (International Committee of Medical Journal Editors, 2003). Letters to the editor, the most common presentation form of readers' criticism, facilitate free expression, help conform judgement, and reflect the intellectual vigour of the community concerned (Horton, 2002). Unfortunately, this practice is underdeveloped and infra-valuated by clinicians, academics, professors, and many journals (Bhopal & Tonks, 1994); in our environment, alarmingly so. A large part of the psychology journals in Spain do not ever publish readers' criticisms. Even in those like *Papeles del Psicólogo*, with a mean diffusion of over 45.000 issues and a determined interest in readers' participation, these sections are too often left empty. It is everyone's responsibility of to change this. Therefore, I consider it practically my duty to respond to Professor Buela-Casal (2006) and his heated comments.

We should not risk having the readers, forcibly unaccustomed to these texts, assume that the reply of the famous full professor of a prestigious university follows the

style rules that he so "earnestly" advises me to read. The attempt to discredit the discordant voice instead of a calm and humble defence of one's work, the thundering repetition instead an expositive clarity, elemental advice instead of a lucid reflection should not be left as a model for the novel investigator.

I will try not to deflect the reader's attention with references to formal aspects, as that is not the customary content of a post-publication review. Nor will I linger on the justification of the formal aspects of my text (González-Blanch, 2006), which I believe any trained reader can discern; not even on those that the professor emphasizes as "important errors" (Buela-Casal, 2006). In these cases, in behalf of elegance and rigor, one runs the risk of not being very elegant and rigorous. I shall limit my comments, then, to clearing up the "erroneous arguments, incorrect interpretations, and some logical contradictions," according to Buela-Casal (2006).

Concerning the observations I made about the samples of students and registered psychologists, suffice to say that to doubt their representativeness does not mean one has to cancel the investigation, it is sufficient to acknowledge and take this limitation into account in the conclusions. It is common practice in quality works to assume that perfection does not exist, and, therefore, by definition, neither does it exist in sample selection. I still do not understand which part of the procedure (phone contact,

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mailing questionnaires, the instructions given by the teachers, passing the questionnaires out among the students...) is not applicable to the students in the associate centres of the Open University (UNED). Not to include students from the Open University, the most numerous (half of the new registrations) and with a student body of particular characteristics, cannot be dismissed as if it were just one more university among the many universities where Psychology is taught. But neither did I expect the investigators to fly to the associate centre of Malabo to hand out their questionnaires: although they may have a different perception of health there....

That almost 90% of the registered psychologists who were initially contacted did not reply may not mean that they deliberately decided not to participate, but it does not seem a negligible percentage. In short, once again, the statement that the sample was "sufficiently representative" could be qualified, and I did just that. Unfortunately, despite the recruiting effort, a sample of 1.206 registered psychologists may not be "sufficiently representative," contrary to Buela-Casal's (2006) statements.

As explained above, if a study has a sample of questionable representativeness does not completely invalidate its results, and I regret that misunderstanding if I caused it. For example, I could underline that of the registered psychologists who were particularly motivated to respond to a questionnaire with direct questions about the health aspects of Psychology, less than 25% thought that any psychologist could diagnose and treat "emotional and mental problems that affect health," in contrast to 96% who considered that clinical psychologists were capacitated (González-Blanch, 2006). And, assuming the limitations of the sample, I admit that other conclusions are equally legitimate.

Certainly, the results of the factor analysis of the Opinion of Psychology as a Health Profession Questionnaire [Cuestionario de Opinión sobre la Psicología como Profesión Sanitaria (COPPS)] classify general Psychology and Clinical Psychology into different dimensions. This is more striking if we take into account that "we can with difficulty withdraw the clinical sub-discipline" from general Psychology; that was all I said, and all I meant to say. Even those of us who have recently insisted on the need to separate professional profiles can come to acknowledge that it is not easy to think of the psychologist's task without at the same time thinking of the clinical psychologist. But, despite all this, the results of the

opinion studies show that, when asked about the health functions, teachers, registered psychologists, and students distinguish between those of the speciality and of the licentiate: between what is recognized by law as health and what is not. I considered, perhaps mistakenly, that this observation was pertinent, given the goal of the professor's studies.

With regard to the COPPS subscale concerning the affinity between psychological and medical sub-disciplines, I consider the professor's distinction between knowledge and opinion fair, but to ask about sub-disciplines without being sure that the surveyed individuals are familiar with them is to expose oneself to considering any affinity appropriate, even the merely cacophonous ones. It was not my intention to be "insolent" when enquiring about the surveyed individuals' knowledge of, for example, immunology and psychoneuroimmunology; it would suffice to admit my ignorance in either of them for my opinion about the affinity of these sub-disciplines to be, in some sense, devaluated. This was the case for the rest of the pairs that were probed. What would let us establish what Buela-Casal (2006) unenthusiastically calls "a considerable affinity" among disciplines? I didn't know and I asked.

I maintained, and I maintain, that the questionnaires administered to the Spanish population encourage the confusion between the psychologist's work and the clinical psychologist's work because they only ask about the former. I completed the reasoning recalling that the lay population identifies the psychologist with the clinical psychologist by quoting Fowler and Farberman (1998). I was not, therefore, interpreting, in contrast to what the astonished professor states, what the surveyed individuals thought when answering questions such as "is the psychologist qualified to treat emotional and mental problems that affect health?" or "Do you believe that the psychologist is a professional who should be present in all hospitals?" As stated, I was not interpreting; I was relating it to previous studies and to common sense, suggesting that the surveyed individuals, not having had the chance to distinguish between psychologists, answered the questions with the image in mind of their best exemplar within the category of psychologist: the clinician. Perhaps thus perpetuating the confusion of professional roles. In this way, I called attention to the fact that it is risky to assume that the general population's opinion was that, apart from the clinical speciality, the psychologist, in his/her diverse specialities, is considered (and regulated



as) a health professional. Our Association, co-financer of the research, did not hesitate to use these data to reinforce its anti-LOPS argument, alluding to them in an onerous ad of the national press. But I shall not linger here. Any critical reader can assume that “writing up the results of the studies in the best possible descriptive way” (Buela-Casal, 2006) does not guarantee methodological pureness, nor does it attenuate the conflict of interests, nor does it allow the researcher to shirk social responsibility.

Lastly, it is a relief, amidst so much disagreement, to be able to coincide with Buela-Casal (2006) in that the opinion studies published by his team are not about whether Psychology should be regulated as a health profession, which, in short, is what originated the great polemic of the last few years (González-Blanch & Álvarez, 2004; González-Blanch, 2005). There is a big step between the relation of Psychology and health and its regulation as a health profession and, as Buela-Casal (2006) writes: “[...] no doubt, one must perform a very biased reading to conclude that the works published [the series of opinion studies on the image of psychology as a health profession] are about that [whether they should be regulated as health professionals].” If, by the title of my article, I may have given the impression that the professor and his collaborators’ studies attempt to address this issue, I herewith rectify.

When all is said and done, not long ago, I wrote that we would have to “[...] acknowledge the work already performed, from the viewpoint of self-criticism and the best spirit” and I concluded in a way I would rather not remember....

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