A maturing picture of emotion

Louisa Lawrie and Louise H. Phillips on how we process emotions in ourselves and others as we age
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A revolution for the at-risk
Emily J.H. Jones and Mark H. Johnson make the case for early intervention for neurodevelopmental disorders

The trouble with girls?
Gina Rippon asks why plastic brains aren’t breaking through glass ceilings

New voices: Planned behaviour – stagnation or evolution?
Tom St Quinton looks at the classic theory and alternatives

progressive prison evaluated; police interviewing; therapy dogs; new Fellows of the Academy of Social Sciences; and more
Next month, The Psychologist is reborn. We emerged from the Bulletin of the British Psychological Society 29 years ago, and have been through several regenerations since. The last time, in 2008, I put ‘retirement’ on the cover of the final issue in the old style. This time, as we head towards perhaps more significant change, it’s ageing and emotion.

In that article (p.908), I was struck by the lines ‘as time horizons shrink with increasing age, shifts in motivational goals typically ensue. This leads to greater investment in social relationships and, subsequently, an enhanced appreciation of life.’ Finding parallels with our own lifespan development, I pondered a growing investment in and appreciation of our social relationships with you, the readers. To an even greater extent than most publications, we simply couldn’t do this without you. So thank you, and please do reach out over this issue, how you might contribute in the future, and your reaction when that old but new friend pops through your door next month.

Dr Jon Sutton
Managing Editor @psychmag
I am writing in response to the letter ‘Clinicians with mental health difficulties’. I am a clinical psychologist with a long-term (20-plus years) history of depression/anxiety and, more recently, postnatal depression. Since having my daughter, I have chosen not to return to work as I feel that the emotional burden of working as a clinical psychologist is detrimental to my own mental health. I have also had the experience of being a ‘client’ and seeing a variety of other mental health professionals.

My experience is that talking to someone who owns and will discuss their experience of mental health difficulties and can share their lived experience of managing them, learning from them, and succeeding at ‘life’ despite them, is far more inspiring than someone talking from a theoretical perspective. There is surely a reason why people seek out others who have had similar experiences, are keen to read books written by ‘survivors’, etc.

I believe it is high time for a step-change in the dynamic between clinician and client in mental health services, as the ‘I’m OK, you’re not OK’ dynamic is so often a refuge for the clinician, and a means of distancing the client. Surveys time and again state that around half of our mental health clinicians consider themselves to be experiencing difficulties — that’s higher than statistics for the general population, which comes as no surprise given what we know about ‘wounded healers’ coupled with the stress of the job itself. The ‘I’m OK, you’re not OK’ dynamic is unhelpful for clinician and client alike.

We all have a right to keep our health private, but it seems many of us keep silent for fear of being judged. I have told colleagues on a need-to-know basis until this year when after years of careful consideration I told all the team I work with about my diagnosis. I have also published about being a clinical psychologist with bipolar disorder (Richardson, 2016), and have been in touch with Dr Louise Beattie who wrote about a psychotic episode she experienced whilst doing a psychology PhD (Beattie, 2016). Louise also tried to hide her experiences out of fear of being judged negatively, and felt that as a psychologist she should have better control over her thoughts and emotions, contributing to shame about being unwell. Similarly, there have been reluctance to be on medication in the past because I felt as a clinical psychologist I should be able to cope myself. We both feel a sense of relief about writing openly about our mental health now.

My colleagues have been very supportive, and it has been positive for my own wellbeing that I can be open, rather than only tell people when it is too late for early intervention. I have told a handful of clients when relevant (and some have guessed by pointing out that the ‘I’m OK, you’re not OK’ dynamic is so often a refuge for the clinician, and a means of distancing the client. Surveys time and again state that around half of our mental health clinicians consider themselves to be experiencing difficulties — that’s higher than statistics for the general population, which comes as no surprise given what we know about ‘wounded healers’ coupled with the stress of the job itself. The ‘I’m OK, you’re not OK’ dynamic is unhelpful for clinician and client alike.

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The case for Defence and Security

The British Psychological Society (BPS) works to increase the influence of psychology in society, and there is no higher priority for any society than its defence and security. Every member of our community is affected by the many ongoing security challenges, including economic, environmental, social-justice, terrorism, cyber-crime, and rogue military states.

To meet these challenges, we rely on the government to sustain our security, which sees the UK retain the fourth largest defence budget in the world, leading internationally as one of the five permanent members of the UN Security Council, and maintain its status as one of only five recognised nuclear powers. We also see hundreds of thousands of our citizens protect our country daily through local and national government, policing and the justice system, intelligence and research, the military and humanitarian agencies, defence industries, voluntary and emergency services, veterans and defence healthcare, and academia.

Many British psychologists work closely within and across the varied arenas of UK defence and security, including clinical, occupational, forensics, educational, neuropsychology, research, counselling, and academic. Yet, despite the scale, influence and priorities of defence and security in our community, there remains no united voice representing psychologists who work in this crucial area. There is a growing need for an official platform from within our professional representative body to meet the continuing challenges of defence and security.

We believe that it is now time for the BPS to support and monitor the influence of psychology in this field in a formal and collective manner. Therefore, we have proposed that the BPS forms a new Section on Psychology in Defence and Security.

This year marks the centenary of the first British consultant psychologist to the UK Armed Forces, which led to many significant advances in the application of psychology to areas of conflict. As a result, we now invite you to be part of a new chapter in British psychology and support this important and exciting endeavour.

Whether you work directly or indirectly in defence and security, or have an interest in this area, we ask for your support. The creation of the Section requires the support of 1 per cent of the membership (around 600). The new Section will then be placed before the Society's Trustees for approval.

We currently have a quarter of the required number already registered and if you would like to support us in this endeavour then please follow the link below and complete the registration form.

Fiona Butcher CPsychol, AFBPsS
Professor Karen Carr CPsychol
[See also News, p.899]
Professor Jamie Hacker Hughes CPsychol, FBPssS
Professor Mathew McCauley CPsychol, AFBPsS

https://response.questback.com/britspsychologicalsociety/defsec

In the years I have worked as a clinician, I have seen for myself the impact of ‘coping on the outside’ on my colleagues, which has ranged from addictions, need for medication, extended sick leave, relationship breakdowns and, sadly, even suicide. It’s hypocritical to deny that this is the state we are in, and self-destructive to think we must be paragons of mental health and virtue in order to be good clinicians. Life is hard, the best we can do is learn to manage it. Psychology should be about acknowledging these truths and embracing them without shame or pretence of super-human qualities. By pretending we’re unaffected we are perpetuating the stigma that we claim to work to overcome.

Personally, I found that clinical work wasn’t good for me, but I never felt that I wasn’t doing a good job – only that I was being a fraud in reaching to help others when I felt at the bottom of a hole myself most days. I can’t help but feel that a culture shift in how we discuss amongst ourselves as professionals would open doors to fruitful avenues of improving the mental health of the workforce, exploring constructive therapist disclosure, and closing the power gap in therapeutic settings. So please keep writing about this!

Anne-Marie Green
Shifnal, Shropshire

I seem to know bipolar thinking patterns very well! and their response has been overwhelmingly positive, with comments such as ‘So you really do know this mindfulness stuff works then?!’. There is still occasional anxiety that being so open is a terrible mistake for my career, but I console myself with the thought that anybody who has an issue working with someone with mental health problems should not be working in our profession.

I feel the momentum is gaining for more honesty in our profession. These letters have inspired me, and I am happy that Dr Katrina Scior of UCL is working on an ‘Honest Open Proud’ project to support clinical psychologists who have mental health problems of their own. Maybe we could even set up a special interest group within the Division of Clinical Psychology for those with lived experience? I hope the time is right for us to ‘come out of the woodwork’ and acknowledge that for many of us a big factor in us wanting to go into this profession is because of our own difficulties. Perhaps our colleagues won’t be as surprised as we expect them to be.

Dr Thomas Richardson
Principal Clinical Psychologist (Research Lead), Solent NHS Trust
Visiting Tutor, University of Southampton

References
Political psychology needs you!

I’m writing to share an exciting new development which I hope can help us to profile the important role played by psychology in promoting change for the better. Thank you to everyone who has already signed up to support the proposed Political Psychology Section. In the global context, there has never been a more critical time to further our understanding of the full range of human behaviours in relation to political beliefs and actions. We are seeking to exchange ideas, foster research, host conferences and also to share events with the UK’s Political Studies Association, who are keen to work with us. If 2016 has shown us anything, it’s that the impact of politics on our daily lives is certainly on the increase: impending Brexit and a new UK prime minister, fallout from the US elections, talk of more referenda and the escalation of international tensions in Europe and the Middle East. Perhaps it is no coincidence that when the International Society for Political Psychology formed 38 years ago these were familiar themes then.

Because politics is about power – individual, organisational and societal – our roles as training and qualified psychologists in these contexts is always likely to be interesting. Political psychology seeks to explore the underlying psychological mechanisms, including values and identity, as well as the real-world consequences, whether expressed as public opinion and media output, or experienced as intergroup relations, conflict and peace processes. In other words, political psychology is not just about those we recognise as ‘politicians’, but also about the politicians we don’t always recognise – all of us!

The International Society for Political Psychology returns to the UK for only the third time since its foundation in 1978 for its annual conference in Edinburgh in 2017. I hope you’ll agree that political psychology deserves a base within the BPS. For this to happen we need to enlist the help of 1 per cent of the Society’s membership, so please lend a minute of your time by logging on (with your membership number) to the expression of interest link below. There’s no compulsion to join anything, simply to indicate support for this the proposal. If you have any queries, I would be delighted to hear from you at a.weinberg@salford.ac.uk

Dr Ashley Weinberg CPsychol, AFBPsS
https://response.questback.com/britishpsychologicalsociety/politicalpsych

Making educational psychology more visible

It was reassuring to read Helen Owen’s account of her burgeoning career as an applied educational psychologist (‘An educational experience’, October, 2016). Often our professional variation appears to have a near invisible presence in the media, in governmental policy and in research digests. We EPs appear to make little impact.

Perhaps this is the fault or responsibility of educational psychology – the conglomerate of EP professional practice, training and research?

I have had at least two telephone discussions with the editor of The Psychologist over the last few years as to why there is a perception within the EP conglomerate that the publication neglects educational psychology. On each occasion Jon Sutton justifiably rounded on the criticism that I was representing, challenging the EP conglomerate and the Division of Educational and Child Psychology (DECP) to propose a themed special issue and produce more submissions that he could publish, pending quality control.

It seems to me – and I write as an individual applied-research psychologist (rather than as the Chair-Elect of the DECP) – that the perceived lack of impact might be influenced by a number of contextual factors, including:

- Our doctoral training route produces a large quantity of mostly qualitatively researched theses (approximately 130 every year) – high quality, worthy, but mostly small N.
- We get regularly suckered as a profession into hoary old academic disputes, such as the autism, literacy and ‘dyslexia’ debates, but are unable to elevate a champion’s profile high enough to have a significant impact on UK policy.
- At the same time, we do not appear to have a big shout-out about the predicament of children in respect of migration, world wars, pornography, exploitation, drugs, crime, education policy, and social policy.

It appears to be often ignored that EPs are specialists in child development (not just psychometrics); work intensively with families (not just schools); and publish many books. Nonetheless, the press tend to reach for their dog-cared lists of clinical and child psychologists when they want a view, a soundbite or a quote about the psychology of children.

It is quite probable that if the EP conglomerate is to respond effectively to the BPS’s Strategic Plan 2015–2020, by [promoting] advancements in psychological knowledge and practice; [maximising] the impact of psychology on public policy; and [increasing] the visibility of psychology and [raising] public awareness of its contribution to society’, the DECP will have to show wise and effective leadership in addressing some of the factors that might contribute to increasing the visibility and impact of the EP conglomerate.

In the meantime, if you are an EP and you have a good idea for a special issue of The Psychologist, or an impactful article, please let the DECP know (e-mail me if you would like); and we will support you in taking this forward with the editor.

Brian Apter
Chair-Elect, Division of Educational and Child Psychology
apterchapter@gmx.com
Migratory grief?

Immigration is not a new phenomenon in the UK. Many people are coming from all parts of the world to start a new life. This process and its impact on British culture and society has been revived by many psychologists, educators and historians. The ultimate aim is to help them to integrate into the host culture as quickly as it can be. On the other hand, for immigrants, this process is more than going on a holiday for a few weeks or a few months. When they come to a new country, they are starting to close an important chapter in their life. Whether they are leaving their home country for economic reasons, war, marriage or education, this process is the same for all. They desire to establish a new life for themselves, for their families however confronting the realities of a deep pain, sadness, loneliness, grief-like symptoms and somatoform disorders. Depression among migrants can be explained in number of theories; however, I would like to highlight the fact that geographical relocation induces a sense of loss and the reactions are similar to grief.

There are two types of losses: physical, which refers to tangible loss, such as the loss of a loved one; and symbolic loss, which refers to abstract loss, such as loss of a homeland, status, social environment, ego strength and social identity in which indeed immigrants experience the most. Loss of any of these will bring about the grief stage. As Parkes (1965) states, grief is completed in four stages: numbness, yearning and searching, disorganisation and despair, and reorganisation. Nevertheless, it is not always easy to reach the last stage of grieving where an individual feels interest in life and moves on in life without what has been lost. If the grief is unresolved or there is a prolonged mourning, there will be an internalisation of it that will lead to depression. In other words, they stuck in the second phase of grieving process.

Clearly, cultural identity and mourning differ across cultures, and not all migrants face to migratory depression. Certain degree of biological, psychological and social vulnerability may contribute to this phase. It is unclear how long the grieving process will take. Besides, in my practice, I have come across with patients with feelings around loss of homeland 13–15 years after their departure. So it is perhaps time to conduct more qualitative and quantitative researches and develop a reliable and valid instrument that measures migratory grief in order to advance the theoretical understanding and needs of immigrants.

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Psychotherapist
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Reference

Editor’s note: For some exclusive online perspectives on the ‘migration crisis’, see tinyurl.com/psychmigra

Presidential’s Letter

We all hope we will get old. And that, itself, is a peculiar thought. I suspect that most of us would like to remain youthful for ever (I certainly do), but of course growing old is better than the alternative. These ideas bind us all together. They are shared psychological concepts.

This month sees several initiatives taken by the British Psychological Society to reach out to the public with greater authority and inventiveness. We have a new website, designed specifically with members of the public in mind. Over the past few months, we’ve been engaged in a process of studying the way people used our previous website, asking a wide range of users and potential users about what they wanted, and testing out different options. We’ve been moving a very large amount of content (both much of the text of the old website, but also a large number of documents and reports available to download through the site) across. We are still working on both the content of each page, and on the material available, so if you have suggestions – or if you’ve spotted an error, or even if you have suggestions for how we might phrase our language most appropriately – let us know.

As psychologists, we’re interested in prenatal care, in child and maternal mental health, in education, in criminal justice, in care for people – like me – entering what the Japanese beautifully refer to as ‘silvering’ years.

And that speaks to the breadth of psychology – we are interested and engaged in everything that matters to human welfare. So we have also begun work to establish an All Party Parliamentary Group on Psychology. Clearly targeting politicians, this, too, is designed to engage the broader public in our work.

In a wonderful recent piece in the Guardian, a response to our collective lack of compassion in the face of the migrant crisis, author and activist Owen Jones wrote: ‘Almost all human beings have the capacity for empathy. Everyone has the potential to be at least troubled, or feel genuine anguish, about the suffering of other human beings.’

For me, this speaks to a powerful role for psychology. For me as a psychologist, our mental health and wellbeing depends on the things that happen to us, how we make sense of those events and how we respond to them. Differences between people are largely the result of social and psychological influences. In my view, common psychological principles apply to health psychology. Everybody makes sense of their world, and does so on the basis of the experiences that they have and the learning that occurs over their lifetime. We all use the same basic processes to understand the world, even if we come to very different conclusions. This is about recognising the essential legitimacy of the ‘anguish and suffering of other human beings’. It is essential, in my opinion, to promote empathy rather than mere sympathy in pursuit of genuinely compassionate care. And I think psychologists have a great deal to offer here.

Peter Kinderman is President of the British Psychological Society. Contact him at PresidentsOffice@bps.org.uk or follow on Twitter: @peterkinderman.
Orthorexia – slipping through the net?

Following on from Nancy Tucker’s insightful and thought-provoking article in October’s issue about the serious yet shameful nature of bulimia nervosa, I wanted to address the issue of orthorexia. Whilst bulimia may be seen as the ‘ugly stepsister’ of the eating disorder family, orthorexia appears to be the much more accepted, aspirational, well-balanced sister; the one that seems to have it all.

We all understand the importance of eating a well-balanced diet and maintaining a reasonable level of exercise; after all, we are always reminded that there is an apparent obesity epidemic. However, it seems increasing numbers of people are pushing their bodies and minds to the limit in their quest to avoid all processed, fattening or sugary foods as outward displays of their exemplary self-control. The desire to be ‘toned’ has begun to replace pursuit of thinness. Even those with anorexia nervosa consider ‘clean eating’ to be a sign of recovery. However, the paralysing inability to eat normally and contempt for the physical body bear striking resemblances to more well-known eating disorders, yet this behaviour is still championed by the media.

With Instagram posts comparing before and after photos, promotion of clean eating cookbooks, and food chains offering ‘paleo’ foods, we cannot escape the pressures to be thin, fit and strong; often at the expense of our psychological wellbeing. Many feel unable to attend the gym without posting a selfie on social media to prove to the world that they were there. Why is there a need for validation? Whose right is it to decide whether we should be replacing a substantial snack with a gluten-free, sugar-free, low-calorie energy bar?

My concerns are that orthorexic beliefs are being widely accepted as the norm and leaving little room for people to seek psychological support with services which are already overstretched. Will it be the case that those who appear to be functioning just slip through the net? After directly witnessing the tremendous impact eating disorders have on psychological wellbeing, my hope is that something is done to further understand this ‘healthy eating’ craze before it is too late. As yet I am unsure of how we can escape this media circus and distance ourselves from the problem. We all culprits of encouraging this potentially dangerous trend but how can ensure that in doing so we are not risking our mental health?

Rachel Lisle
Assistant Psychologist
CYP Forensic Inpatient and Regional Services for Young People
Northumberland, Tyne and Wear NHS Foundation Trust

‘Good enough’ for psychologist parents

I am writing with regard to the recent article (‘Honey, I shrunk the kids’, October 2016) reflecting conversations with the children of psychologists and how psychologists parent their own children. As the parent of a five-year-old and a 22-month-old, I read with great interest the experience of colleagues. After, I was left wondering if the field of psychology we work in has the potential to influence our parenting. The flavour from the parents interviewed seemed to reflect the meeting of developmental milestones, which I had never really paid much consideration to other than recording things in the baby records I was gifted.

Admittedly this was done more for my girls to have a record of themselves and to know that they were loved than to chart their progress per se. However, on one occasion I was asked by the nursery school teacher, ‘Do you in your professional opinion think your daughter has a problem?’ The answer to this was a resounding ‘No’, she’s free-spirited and I believed would get there in her own time – as she now has. On reflection though, my initial reaction was to track down a WPPSI and test her in order to ‘show them’, but I suppressed this urge on the grounds that it didn’t seem ethically right to do this when I didn’t believe there was a problem.

As a mental health practitioner, I have spent a lot of time agonising over whether my children will be contented and confident, since on a daily basis I meet people who are struggling with low self-esteem. This has at times been exacerbated by unnecessary worrying about attachment. Luckily, being a psychologist I have mates who are also psychologists and there is a ready-made peer supervision network. My close friend and fellow clinical psychologist and I have had many conversations ending by reminding ourselves of Winnicott’s stance of ‘good enough’ parenting, and this is what I strive for.

Dr Ali Robertson
Highly Specialist Clinical Psychologist
Derby

NOTICEBOARD

I am recruiting participants for a research project as part of my professional doctorate in clinical psychology at Staffordshire University. The study uses a Q-sort methodology to explore clinical psychologists’ views and attitudes in discussing issues of sexuality and intimacy with clients with psychosis.

I wish to recruit clinical psychologists engaged in regular clinical work with individuals with psychosis in both inpatient and community settings. The study can be completed online and should take no longer than 30–45 minutes. Data will be stored confidentially and participants will not be identifiable.

To take part or to find out more, please contact me.

Dan Southall
daniel.southall@nhs.net
Maladaptive daydreaming

Fourteen years ago realising that you are in love with a figment of your imagination would have resulted in a course of antipsychotic drugs typical of those used to treat schizophrenic hallucinations. Even though maladaptive daydreamers know that the world they have created inside their minds is not real, when the issue is brought up in a counsellor’s office it is often either treated as if it is psychosis, or underestimated and simply labelled as an overactive imagination. Very little has changed in the clinical environment when one opens up about their emotional attachment to the fantasy world that they have created.

Outside the doctor’s office however, the situation is very different; it has been 14 years since Eli Somer’s first study of dissociating behaviour in the form of an addiction to daydreaming, and the discovery of this phenomenon has inspired blogs, support groups, Facebook pages, YouTube channels, and ‘Wild Minds Network’ – a support website dedicated to maladaptive daydreaming. But even so, without knowing the phrase ‘maladaptive daydreaming’ it is virtually impossible to find any of these places, as the symptoms will prominently point towards psychosis or ADHD. The first scrap of an answer a maladaptive daydreamer gets is from accidentally stumbling on a post on their newsfeed related to the concept, not from a clinical diagnosis.

Maladaptive daydreaming usually occurs as a coping mechanism in response to trauma, abuse or loneliness. Sufferers create a complex inner world which they escape to in times of distress by daydreaming for hours. It is a vicious cycle of addiction; maladaptive daydreaming inevitably creates an emotional attachment to the characters and the life created, which often replaces the painful real-life interactions between family and friends. It also interferes with studying, working and looking after oneself, hygiene and wellbeing, which then further hinders daily functioning. At this point, daydreaming about a fulfilling life is a more appealing than dealing with the depressing reality. The defining difference between maladaptive daydreaming and psychosis is the fact that the individual knows that their daydreams are not real.

With no medical recognition, the disorder is treated as a neural biochemical imbalance instead of an addictive symptom stemming from a void in the individual’s life. The underlying problem is not addressed. Maladaptive daydreamers are not taken seriously; stuck waiting for suitable treatment, for acknowledgement that their minds are not simply ‘creative’ – but instead that this ‘creativity’ has a hand wrapped tightly around their throats – and finally, for answers.

The question still remains: ‘Why me?’ The exact mechanism by which maladaptive daydreaming comes to inhibit the ability of one’s emotions to stay anchored to reality remains to be discussed. Less nebulously though, is the fact that this discussion cannot be extended without further research and new minds linking ideas together into an amalgam that will eventually answer this question. Answers are required not only for treatment, but also to bring peace of mind to those who believe maladaptive daydreaming is a life sentence of isolation. I urge those of you reading to spread awareness of maladaptive daydreaming; share this letter, talk about maladaptive daydreaming, conduct research into it. Someone right now is living in isolation believing that they are ‘the only person with this thing’.

Maria Tapu
Rhos-on-Sea

Don’t bury your head in the sand

Imagine this situation: you arrive home after a long day, there’s a letter waiting for you. It’s from your regulator, the Health and Care Professions Council. Somebody has raised a complaint about you. Your heart misses a beat. The complaint could ruin the career for which you’ve worked so hard. What do you do?

Between 1 April 2014 and 31 March 2015, 157 complaints were raised against psychologists. That may only be a very small percentage of all registered psychologists but, if you are one of those few, the consequences can be severe. Over the same period, three of the twelve psychologists who had cases proceed to a final hearing were suspended and one psychologist was struck off the Register, meaning a five-year ban before they could reapply.

So, what do to? My number one piece of advice is: do not bury your head in the sand. Nearly half of all HCPC registrants (not just psychologists) did not attend their own final hearing. This is the last thing you want to do.

The HCPC encourages registrants to participate in fitness to practise (FTP) proceedings. Where the registrant does not engage, the Panel can proceed in your absence, and non-engagement may have serious consequences. With serious allegations, it may mean that the Panel has little choice but to strike you from the Register.

In FTP proceedings the final hearing is split into three stages and you should participate in all stages. If you do not do so, you lose the opportunity to give the Panel information on all of the issues that are important to their decision making. For example, at the facts stage you need to tell your side of the story; a one-sided story can be interpreted in ways that you may not intend. If the Panel find the facts proved, they then look at whether your
actions amount to a breach of the HCPC Standards and whether your FTP is impaired. Here you need to show them that you have remorse, insight and the potential for remediation. You need to reassure the Panel that you don’t pose a risk to the public or public confidence in the profession. Finally, the sanction stage. Here it is important to show the Panel why and in what way you should still practise, and, if the allegation is very serious, to demonstrate why you should be allowed to remain on the Register.

Earlier this year, I represented a psychologist who faced a serious complaint and who did participate. The Panel’s final decision to suspend, rather than strike her off the register, specifically took note of her submissions to the Panel. In my view, her engagement in the FTP process was crucial to saving her career.

Attendance at hearings can be either in person or with representation. Representation doesn’t need to be expensive; there are tailor-made cost-efficient options available to you, for example direct access provides cost-effective representation from a barrister only.

My final word of advice is to remember that while it may be frightening, you do have options. And, if you participate, you may be able to carry on practising in the career to which you have dedicated your whole life.

Samantha Jones
Direct Access Barrister, 7BR

letters

obituary

Dr Michael Green (1964–2016)

Dr Michael William Green died on 1 May 2016, after an 18-month struggle with cancer of the throat. Mike left behind his loving wife Nicola Elliman and countless friends and loved ones who are all missing him terribly. Mike’s absence is not only felt at a personal level, his death is also a loss to the profession of psychology teaching and research.

Mike leaves behind a wealth of peer-reviewed articles, conference papers and presentations, and book chapters. His PhD, performed at the University of Reading from 1987 to 1991, was his first serious foray into the pathologies of eating disorders. His aim was to adapt the classic Stroop test into a test that could be used as a diagnostic tool for bulimia or anorexia nervosa. He started with the assumption that the delayed reaction time of an ‘emotional’ Stroop (i.e. one that comprises words that are of particular salience to the person’s condition, was caused by a priming effect, and not the emotions themselves). His extensive publication record started with papers based on this PhD research (Green & McKenna, 1993).

Following his PhD he worked at the BBSRC-funded Institute of Food Research (IFR), initially at the old Dairy Farm research lab in Shinfield, just outside Reading, and later in its brand new custom-built laboratory on the Whiteknights campus of the University of Reading. In the Psychobiology section of the Consumer Sciences Department he was able to build on his existing research programme and expand it to include non-pathological eating behaviours, such as dieting to lose weight. This led him to his first encounter with the media for his findings that dieting to lose weight can have a detrimental effect on people’s ability to concentrate on a particular task or to react as fast to stimuli as people who are not following a calorie-restricted diet. His personal highlight of this episode was the depiction of his findings by the Guardian cartoonist Steve Bell.

When the IFR consolidated its operations in its Norwich lab and the Reading lab was closed, Mike moved to work for Unilever in Colworth. Although he fully submerged himself in his research into the effects of nutrition on the ageing process, his heart wasn’t in it, and after a year in industry he was very happy to return to his mainstay in academia at Aston University in Birmingham.

In the Psychology Department at Aston he once again turned his energies to the puzzle of the human mind under circumstances of nutritional duress. One by one he teased out different factors that could have been causing the change in cognitive functioning in dieters. He found that there was no nutritional effect caused by iron-deficiency and that cognitive impairment is reduced in people who follow a supported dieting programme (Green and Elliman, 2013). Mike was a frequent collaborator with national and international academics, and with partners throughout the food industry.

One of the reasons Mike felt best placed to work in academia was his strong belief in education, and he took great pride in being a good lecturer. He particularly enjoyed those moments when a student who has been grappling with a complex theory or concept reaches the moment of understanding when the different parts come together and make a whole. He was equally patient with the less able students, and never tired of guiding them through their degree. He was particularly fond of supervising final-year dissertations, as he was full of ideas for research projects that he would be happy to adapt to the skill level of each individual student. And the students clearly appreciated this too, as there was a cap on the number of students he could supervise and his lectures were often oversubscribed with students sitting on the floor when seating space ran out.

Mike made one final career move, to the Psychology Department at Roehampton University, returning to live in Reading to be nearer Nicky’s family. Unfortunately, shortly after arriving there the department shrank its staff and Mike was made redundant under the last-in-first-out approach. He sorely missed his contact with students, both in large groups and in individual tuition. For a while he carried on working on his undergraduate textbook on nutrition and behaviour, but he never finished this. For not long after leaving Roehampton Mike fell ill with the cancer that eventually claimed his life.

Olga van den Akker
Professor of Health Psychology, Middlesex University

References

The Social Psychologist, Peter Weinreich, who has died aged 76, was best known for initiating and developing Identity Structure Analysis. Born in Pembury, Kent, in 1939, he was the son of German immigrants. He was the younger of two children; his brother, Helmut was born in Germany seven years earlier. Peter had an isolated childhood as the child of migrant parents. He grew up with an abiding sense of the challenges of being a migrant – a status that was to form the impetus for his lifelong focus on issues of identity and belonging. In spite of this, Peter excelled academically, gaining in confidence and passing his eleven plus examination to take a place at Ealing County Grammar School for Boys.

On leaving secondary school, Peter enrolled for a degree in Physics at Manchester University; and after graduating, he embarked on research in Biophysics at Manchester. However, he found that it was the application of his knowledge to the problems and challenges of identity formation and development that was to drive his lifelong intellectual inquiry. Having developed a curiosity about education and the functioning of society, he transferred to Kings College London where he undertook a PGCE. He completed this in 1963 and used it as a stepping stone to one year’s study of Psychology at University College London.

Soon after this, he enrolled for a doctorate in Social Psychology at the London School of Economics, under the supervision of Hilde Himmelweit. Here, he also developed an interest in sociology, anthropology and the history of science – all of which were highly influential in the development of his doctorate thesis and ultimately, his unique integrative approach to identity. Following his PhD, Peter undertook a two-year Postdoctoral Research Fellowship at Sussex University. In 1971, after a year as a Lecturer at the London Hospital Medical College (now The Royal London Hospital), he became a Researcher in the SSRC Ethnic Relations Unit in Bristol. Here, he formed associations with sociologists and race relations scholars such as Michael Banton and John Rex. He joined the School of Psychology at Ulster University in 1978, where he held a Personal Chair until his retirement, and subsequently remained as Emeritus Professor until his death.

The core of Peter’s life’s work was Identity Structure Analysis (ISA: for more detail, see the online version of this at https://thepsychologist.bps.org.uk/peter-weinreich-1939-2016). ISA presents an emphatically interdisciplinary approach to identity, which integrates key insights from psychology, sociology, and social anthropology, and which seeks to understand societal and psychological processes, as they impinge upon individual identity development within a social milieu. Fundamental to the ISA framework is the assumption that people are agentic, social, and developmental beings who define and redefine their experiences in light of subjective interpretations, personal identifications, and identity aspirations. In his 2003 book Analysing Identity, Peter wrote: Everyone experiences the desire to make suitable sense of the particular world one engages in from moment to moment. A fundamental aspect of this process is the striving to make sense of oneself: to comprehend who one is, where one has come from, and the kind of person one aspires to be in the future. This issue of identity and one’s location within the complex world is central to everyone’s being. Through Peter’s keen and dedicated tutelage of several generations of students, there remains a lasting legacy of ISA doctoral theses, and ongoing research in a range of academic, clinical and other professional contexts.

Peter had many interests outside of academia, including gardening, music, and politics. He was an avid supporter of the arts and keenly pursued his love of fine art, literature and music, frequenting theatre wherever or whenever he could. Even while at Ealing Grammar School, Peter organised a group of boys into a musical appreciation society and took them up to London to concerts including Carmina Burana – a favourite of his. While studying at Manchester, Peter’s interest in theatre led him to persuade three of his student friends to act in his production of Beckett’s Waiting for Godot. He also edited an arts magazine, Enigma. Peter followed politics and current events with a keen interest and was a lifelong committed socialist with a strong interest in the welfare of marginalised groups, refugees and ethnic minorities. Some of his research in Bristol was with its sizeable Black community and in Northern Ireland, his interest was in both Protestant and Catholic communities. He also supervised students doing research into minority communities in Britain, research that allowed for the use of both an ethnic language and English in completing the instruments of ISA.

Those who knew Peter will have many fond memories of him: his imposing and unusual appearance; his love of music and the arts; his serious yet sensitive nature; his committed political views and passion for intellectual debate; his courage in the face of illness; the depth of his feeling and caring for his friends, family, students and colleagues; and the strength of his passion and commitment to making the world a better place. Peter’s students, many of whom are now academic colleagues, remember him fondly, as a patient, kind and generous teacher and friend. Today there are active groups of ISA scholars, clinicians and other professionals in many countries across the world, including Hong Kong, Estonia and others. ISA continues to have a global reach.

Peter was married to psychologist Helen Haste between 1963 and 1978, with whom he had a daughter, Joanna. He leaves a partner, Mehroo Northover.

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A progressive open prison in Ireland, which is located in a historic abbey and set among landscaped gardens, is being evaluated by researchers at the University of Huddersfield. Sheldon Abbey offers a relaxed atmosphere and high levels of freedom to its prisoners – many of whom have committed violent crimes.

But will the experiment lead to a cut in reoffending rates? That is the question that investigative psychologists Dr Maria Ioannou and Dr John Synnott hope to answer as they continue their research relationship with the prison in County Wicklow and its Governor, Conal Healy.

Shelton Abbey has no locked cells and the 115 prisoners have freedom of movement within the jail. They work in the grounds and in an onsite farm with animals that are housed there before being distributed by Irish charity Bóthar, which provides livestock to developing communities around the world. Prisoners also have access to mobile communication as research shows that there is a direct link between rehabilitation and contact with the outside world.

One of the rehabilitation schemes being run is the Buddy Dogs programme in which inmates care for and train dogs that are destined as companions and helpers for the disabled. Initially, Synnott and Ioannou – Assistant Course Director and Course Director respectively for the Huddersfield MSc in Investigative Psychology – were called in to evaluate the Buddy Dogs scheme.

The researchers examined and compared participants and non-participants on the Buddy Dogs programme on four areas: depression, loneliness, self-esteem and perceived control. While no differences were found between participants in the groups, data from interviews with prison staff, charity staff and inmates illustrated the programme was effective and had a positive impact on the participating inmates as well as on the atmosphere within Sheldon Abbey.

Now, the two University of Huddersfield experts aim to expand their research to explore the effectiveness of all its innovations and assist in implementing new rehabilitation approaches. They recently completed a project exploring wellbeing within the open centre facility that aims to contribute further to their understanding of such facilities.

Irish-born Dr Synnott has visited almost all of the country’s prisons, having developed contacts while carrying out research for his doctorate. He said: ‘The atmosphere that strikes you when you come into the place is that it is less intimidating, without that level of tension you might get when you enter a closed facility. However, you must be aware that many of the individuals in there have committed some pretty serious offences. They have done terrible things – but that doesn’t mean that there’s not a way back for them.’

The fundamental debate about the prison system, he added, is its purpose. ‘Is it for punishment or rehabilitation? Is it about justice for the victim? The standard response from people on the street and in the media is that it should be punishment-based, but you can challenge that by citing figures that if you have been to prison once you have got over a 50 per cent chance of going back,’ he said.
United Nations may recommend PEACE approach

The UN Special Rapporteur on Torture, Juan Mendez, has suggested a worldwide protocol for police interviewing, recommending a similar approach to one developed by UK psychologists and detectives. The PEACE approach was developed by a committee of detectives with input from psychologists, including Professor Ray Bull (Professor of Criminal Investigation, University of Derby).

In an interim report to the General Assembly Mendez emphasised the usefulness of an investigative interviewing approach and wrote of the PEACE approach: ‘Models of investigative interviewing can provide positive guidance for the protocol and be applied in a wide range of investigative contexts, including during intelligence and military operations.’ We spoke to Bull about the development of this approach, its advantages and how it has been adopted in several other countries.

Bull said several cases of police obtaining false confessions led to the introduction, in England and Wales, of the Police and Criminal Evidence Act in 1984. A small, but ground-breaking, part of this legislation, he added, was that interviews with suspects had to be tape-recorded from 1986 onwards.

Two police officers, who also had degrees in psychology, carried out their doctorates using these newly tape-recorded interviews. Their work found that while there was minimal evidence of police coercing suspects into confessions, many interviewers lacked skill in the area, partly because there was little training in interviewing techniques at that time.

The Association of Chief Police Officers and the Home Office gathered 12 detectives to develop a training course for interviewing suspects, witnesses and victims of crime. Tom Williamson, one of the police officers who had carried out his PhD on the earlier recorded interviews, called on three other psychologists, including Bull, to compile findings throughout psychology to pass onto this committee of detectives.

Bull explained: ‘One of the psychologists collated relevant psychology findings and wrote it in a way which could be understood by everyone. He produced two unpublished volumes on studies in psychology which were passed to the committee. That’s how the psychology came into it at the beginning.’ Thanks to this work the detectives eventually developed the PEACE approach in 1992; this stands for planning, engagement, account, closure and evaluation.

The detectives emphasised the need to plan an interview well, engage and develop rapport with a suspect, witness or victim. Bull said: ‘The detectives knew inherently that without rapport you won’t get much information and subsequently research has shown their judgement was right. Only when you’ve established rapport and are talking meaningfully do you then begin to focus on getting an account relevant to the investigation; so you’ve planned, you’ve engaged, you then get an account.’

Psychology findings were also used by the committee of detectives to look into the effects of different questions on people. They developed a hierarchy of question types. Suggestive questions can be risky, so the technique started with broad and open questions and left leading or suggestive questions to the end of an interview.

During the ‘closure’ stage of an interview officers summarise what a suspect, witness or victim has told them to ensure everything is accurate – this may also cue other memories related to an incident. Finally, officers will re-engage and establish rapport with a subject. Bull said: ‘Not only is that humanely important, but when they tell other people they were treated well this might influence what they say next.’ Officers should finally evaluate what went well or not during the interview.

‘When I speak with UK detectives they can almost never think of a false confession after PEACE was introduced. There was the case of George Heron in Newcastle in the early 1990s after PEACE had come in, but the people who interviewed him hadn’t yet been trained in the approach.’

Bull said on hearing the news that the UN Special Rapporteur has recommended a similar approach to be considered by other countries: ‘I was overwhelmed really, it must be relatively rare to have been part of a growing team of people around the world who have developed something that might lead to a big change.’

![PEACE approach (planning, engagement, account, closure and evaluation) was developed in 1992 with input from Professor Ray Bull (above)](image)
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So you see the Section as encompassing security interests and activities.

...variety of psychological defence and ways for bringing together the wide multidisciplinary focal point with a range to defence and security to come together. Encouraging psychologists who contribute this a few years ago, and has been Vice President, recognised the need for psychologists. Broaden dialogue and enhance the role of and security section could help demystify, ethical issues. We believe that a Defence and mysterious, fraught with political and economic stability… in other words, our way of life. To some it may seem mysterious, fraught with political and ethical issues. We believe that a Defence and Security section could help demystify, broaden dialogue and enhance the role of psychologists. Professor Jamie Hacker Hughes, our Vice President, recognised the need for this a few years ago, and has been encouraging psychologists who contribute to defence and security to come together. What is lacking, however, is a cross-sector, multidisciplinary focal point with a range of ways for bringing together the wide variety of psychological defence and security interests and activities.

What are some of the problems that the Section could get involved with?

From my own experience working in industry and academia I have encountered many human problems arising from the way we shape our environment, for example with our information, technologies, organisations or processes. In defence and security sectors it is especially difficult because often we are preparing for conditions that we really hope won’t happen. We cannot easily do experiments and tests to check how people will respond in dangerous or harmful conditions. We may not even know the conditions in which people will have to work, make decisions, or lead others. Or we may not know which people may be involved. So we need better ways of using psychology to design, train and manage for such circumstances.

Military psychology is already well known as the foundation for many established psychological practices, especially in clinical areas such as PTSD and brain injury. Current concerns include disfigurement, reproductive injury and family support. Leadership, thinking skills and cultural understanding are other military research areas.

Problems arise from the need for different professions to work together for defence and security. Organisations like the emergency services, military, security service, government departments, charities and aid workers are different in their ways of working, use of language and their knowledge. Helping them to collaborate to respond to crises involves training, designing IT and other technologies, analysis of case studies, and most importantly, finding ways of learning from past experiences to continuously improve.

Most defence and security activities inevitably involve social media and information technology, so we need to understand how people interact online, and how this relates to their behaviour elsewhere. Problems in this area include how we can use these media to predict (and hopefully avoid) problems such as crime, riots, terrorism and sabotage, all within ethical and legal constraints.

From your personal perspective, why do you think a Section like this is important for BPS members to support?

Since I qualified as a psychologist, I have always worked in some area of defence. I quickly realised that the niche I was in was rather small, and it was often hard to find colleagues with whom to share experiences. Things have certainly improved over the last 30 years, but I still feel that psychologists working in defence and security are a little isolated from the mainstream of psychological colleagues. There are a number of reasons for this: some defence or security psychologists are constrained by their working conditions and cannot share easily the issues they are dealing with, other psychologists may view the whole area of defence and security as one to avoid, and in general there is often a lack of understanding of what defence and security is all about. I think that these are precisely the reasons that BPS members should be concerned to ensure that this area of their profession is addressed and supported, whether they’d like to get involved with the Section or not.

I To endorse the formation of the Section please see: https://response.questback.com/britishpsychologicalsociety/defsec
Sexual violence at university

Universities UK (UUK) has released a report and recommendations after examining sexual violence, harassment and hate crimes at universities. The report, Changing the Culture, was compiled by a taskforce formed last September, consisting of university leaders, students and academics. The group prioritised exploring issues of sexual violence and harassment after work by the National Union of Students raised concerns that universities did not react effectively in the face of such incidents. It makes a series of recommendations on addressing these issues through effective prevention and response.

The UUK and law firm Pinsent Masons have also released guidelines outlining what institutions should do in the face of student misconduct – particularly if that misconduct could also be a criminal offence. These guidelines incorporate changes to the law since the 1994 Zelllick Report, which provided guidance for universities on student discipline.

Professor Graham Towl was Chair of the Sexual Violence Task Force at Durham University (see tinyurl.com/gpkw2az), which was cited as a case study in the UUK report. He was also formerly the Chief Psychologist at the Ministry of Justice and is now Professor of Forensic Psychology, currently on a research sabbatical. He said the UUK taskforce should be commended for its far-reaching report. ‘Sexual offending is underreported, and universities have a very significant role to play in ensuring that there is a safe and supportive environment where victim survivors feel empowered to report their experiences. The empowerment of victim survivors underpins the approach taken and rightly so.’

The guidelines and report focus on prevention, with approaches such as bystander intervention training, along with clear reporting pathways for those experiencing sexual violence. Towl said this was the right approach and emphasised that governing bodies of universities should beware that even if there are low, or no, reports of sexual violence, a problem may still exist. He added: ‘As universities build on their work with student unions in addressing this challenging area we should anticipate that reporting levels are most likely to continue to rise. A problem surfaced is a problem that may be addressed, on both a personal and educational level. If reporting becomes the “new norm” as part of the everyday culture of universities this may also have the additional benefit of acting as a deterrent to some whilst ensuring that students get the support they need.’

I UUK report and guidelines: tinyurl.com/zltczaf

Paws for court

In the first research of its kind psychologists are taking a therapy dog into a UK court to assess whether they can be helpful to defendants and witnesses. Investigative psychologist Dr Liz Spruin and her trained therapy dog Poppy are carrying out a pilot study in a Kent magistrates’ court.

Spruin and her research team – Katarina Mozova, Susanna Mitchell, Nicole Holt, Dr Anke Franz and Dr Ana Fernandez – were interested in the use of therapy dogs in US courts. They contacted the country’s Courthouse Dogs Foundation and realised there was no research on the effectiveness of dogs in this context.

Each Friday, Spruin, Poppy and her team have been walking around the defendants’ and witnesses’ waiting rooms and carrying out short interviews with those who engage with Poppy – a Jack Russell/Shih Tzu cross – about what the experience was like. Spruin said Poppy hasn’t only been engaging with witnesses and defendants: ‘Sometimes we have translators engaging with Poppy, lawyers, and volunteers for victim services,’ she said.

In the next stage of the project Spruin will be following two other case studies to assess whether Poppy can be useful to vulnerable witnesses from the moment victims’ services engage with them up until the time they come to give evidence in court. Eventually, Spruin said, she hopes to purchase a specially trained dog from the Courthouse Dogs Foundation who may become the UK’s first court-based therapy dog.

So far, people have responded positively to Poppy’s presence in the court building. Spruin said: ‘I think I’m biased because Poppy’s my dog, so I was very optimistic at the start of the project. But honestly everyone who has engaged with her so far has given us really good feedback, especially the witnesses, they just love her. It’s amazing, especially with the witnesses you can see the difference Poppy makes. They’re really nervous before testifying then when Poppy comes and they stroke her, their hands stop shaking… it’s great to see.’

Poppy may be a pet, but she is also a fully trained therapy dog with a great deal of experience. Spruin said: ‘I’ve taken her to prisons and secure mental health units, hospitals and old people’s homes… she’s a very chilled dog and she’s certified so we thought she’d be great to bring in.’ Spruin truly believes in the power of therapy dogs and said: ‘They give people a feeling of security, especially for witnesses who often feel pretty emotional before they give evidence. Even just holding a dog’s lead can give them a feeling of control. Research suggests just petting a dog leads to a greater sense of wellbeing a decrease in anxiety and heart rate… some evidence suggests it increases memory function as well, so might give mental clarity for witnesses.’

The team at Canterbury are happy to speak with anyone interested in collaborating on this project. E-mail Liz Spruin on liz.spruin@canterbury.ac.uk.
The developer of the nationwide Improving Access to Psychological Therapies (IAPT) programme, Professor David Clark, has been elected as a Fellow of the Academy of Social Sciences. Clark, who was nominated by the British Psychological Society, is joined on the list of new Fellows by 83 others including many other psychologists; we spoke to some of them.

Clark, who developed IAPT (see tinyurl.com/j6wmrtk) to provide a first-line CBT treatment for mental health problems, particularly anxiety and depression, was elected for his ‘exceptional contributions to clinical and abnormal psychology’. He said, ‘I am honoured and delighted to be elected to the Academy of Social Sciences. The membership uniquely brings together researchers from the whole range of social sciences, making it an important forum for both research and policy development.’

Also put forward as a Fellow by the BPS was Professor Peter Fonagy (UCL), Freud Memorial Professor of Psychoanalysis, who was elected thanks to his years of work looking into human attachment, which has impacted clinical practice across the world. He said membership of the Academy affirmed one’s identity as a social scientist: ‘Neither medical science nor the arts speak clearly to the precedence of understanding the social framework within which psychology must also thrive if it is to fulfil its full potential as a scientific discipline,’ he added.

Jacqueline Barnes Director, Institute for the Study of Children, Families and Social Issues (Birkbeck, University of London) was also elected. Professor Barnes is particularly known for the behaviour-rating scale she developed, which is now used internationally in both

Professor David Clark

research and care settings. She said: ‘It is gratifying to be recognised by my academic peers for the quality of my research, which spans over 30 years, noted for being both rigorous and creative in terms of methodology and of its relevance to policy, and to the lives of parents and children, particularly those experiencing disadvantage. This recognition may prove important in both networking and in my identification as a source of expertise. I look forward to involvement in Academy events.’

Professor Leam Craig (FPP Ltd, University of Birmingham & Birmingham City University), who is both a clinical and forensic psychologist and an academic researcher in forensic psychology, has researched the application of risk instruments and the assessment of clinical risk factors associated with sexual recidivism. His work has led to collaborations with national and international criminal justice agencies, including the South African Police Service and the United States Air Force – specifically in the assessment and management of sexual offenders.

He told The Psychologist: ‘I am fortunate to share the intellectual companionship of a number of world-renowned practitioners and researchers in the field of violent and sexual offender assessment, treatment and research, both in the UK and overseas. These research collaborations have shaped and guided my thinking and understanding of sexual violence, which has been a focus of my research. As well as maintaining an interest in sexual offending behaviour, my research interests also include personality disordered offenders, forensic risk assessment, social climate in forensic settings and psychologists as expert witnesses.’

In 2015, with colleagues from Coventry University, Craig co-authored a Ministry of Justice research report into the use of expert witnesses in family law and in 2016 was appointed as Chair of the British Psychological Society Expert Witness Advisory Group. Along with colleagues from Birmingham City University and University of Birmingham he is currently examining the effects of social climate on aggressive behaviour in forensic settings.

Finally, elected for her work developing innovative qualitative methodologies in the social sciences was Catherine Cassell, Deputy Dean and Professor of Organisational Psychology (Leeds University Business School), who told us: ‘I was really pleased to receive this award in recognition of my leadership and mentorship roles in the British Academy of Management and for supporting

Professor Catherine Cassell

doctoral students and early-career academics in their methodological development. I look forward to working with other members of the Academy in the future on projects to promote and progress social sciences more generally.’

The BPS also nominated several other members – Dr Hamilton Fairfax, Dr Guy Holmes and Dr Brendan Gough – who were subsequently elected. Other psychologists bestowed the title of Fellow included Emeritus Professor Paul Ghuman, Professor David Lane, and psychology graduate Dr David Halpern from the Behavioural Insights Team.
Homeless service looks to psychology

An innovative approach to homeless hostels with psychology at its heart is being adopted in Sheffield. The city council is looking to commission a psychological service to take up the challenge of transforming its homeless supported accommodation services into psychologically informed environments.

This will be a two-year project, starting in April, and working across seven sites, which cover 76 staff and 294 residents. The main focus of the new provider will be to train and improve the skills of the staff and help them better understand the many needs and challenges of working with homeless people – with an aim to improve the working and living environments of those who use the hostels.

Sheffield City Council carried out a health needs audit this year illustrating the complex problems faced by homeless people; it found that the number of homeless people with a diagnosed mental health problem was over double that of the general population.

We spoke to the council’s Strategic Commissioner for Mental Health, Melanie Hall, a registered social worker with a history of working within mental health teams. She and colleague Ann Ellis, who has worked extensively in homeless services, both saw psychologically informed environments (PIEs) as an effective way to help and support a complex population.

Hall explained why she saw such a benefit from the involvement of psychology in services: ‘While in practice I worked in a multidisciplinary team that included psychology. I saw the benefits to service users and staff, the former weren’t excluded from services because of behaviours caused by their complex needs, and staff felt supported, reducing burn out.’

Ellis also has an interest in helping clients with particularly complex needs: in the homeless population many struggle not only with mental health problems but also with addiction and brain injury. She said: ‘[The homeless population] often fail to get help from mental health services, either because of alcohol usage or being diagnosed as having a “personality disorder”. These are the men and women who circulate repeatedly through our homeless services.’

A big issue for providers, Ellis said, was the lack of support they often receive from mental health services: ‘This is both in terms of personal support, where people may be housing support workers rather than trained social workers, and in particular in terms of bespoke training on how to work with specific individuals, understanding their triggers and working consistently as a team with individuals.’

Hall said she hoped to change the way commissioners and providers of services understand and tackle the behaviours that can lead to homelessness using reflective practice. She added: ‘There is evidence that a more psychologically informed approach promotes recovery, and we think we can improve our customers’ experience and outcomes by supporting our service providers to introduce and embed the approach.’

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This is what eight weeks of mindfulness training does to your brain

Practising mindfulness – spending time paying attention to your current mental experiences in a non-judgemental way – has been associated with many beneficial outcomes, including reduced anxiety and improved decision making (although note, there could be some adverse effects for some people: see tinyurl.com/jz2f9k8). What are the neural correlates of these effects? A new systematic review in Brain and Cognition has looked at all studies published prior to July this year that investigated brain changes associated with eight weeks of mindfulness-based stress reduction or mindfulness-based cognitive therapy. The combined results suggest that a short course of secular mindfulness training leads to multiple brain changes similar in nature to those seen in people who have practised religious or spiritual meditation for a lifetime.

Rinske Gotink and her colleagues found 30 relevant studies that used MRI or fMRI brain imaging to look at the effects of mindfulness training on brain structure and function, including 13 randomly controlled trials. Associated brain changes, in terms of activity levels and volume and connectivity changes, have been reported in the prefrontal cortex (a region associated with conscious decision making and emotional regulation and other functions), the insula (which represents internal body states among other things), the cingulate cortex (decision making), the hippocampus (memory) and the amygdala (emotion). Based on what we know about the function of these brain regions, Gotink’s team said these changes appear to be consistent with the idea that mindfulness helps your brain regulate your emotions.

Most of these brain changes linked with brief mindfulness training are similar to the brain changes associated with long-term spiritual or religious meditation, although the finding for the amygdala (reduced activity and volume after mindfulness) has not usually been observed in long-term meditators. The researchers speculated this may be because meditating monks and nuns, who have featured in much of the meditation research, started out with little stress – their amygdalae were ‘calm’ already. In contrast, students of mindfulness are more likely to start out stressed and to reap a calming benefit from the training, which is perhaps what is reflected in the changes to their amygdalae structure and function.

If this sounds highly speculative, it is. This study provides a useful roundup of all that we know so far about mindfulness-based brain changes, but the reality, as the researchers acknowledge, is that the existing evidence base reflects a mixed bag of methods and approaches of variable quality and with a publication bias toward positive results quite likely. Moreover, the meaning and size of the brain changes is open to interpretation, and the precise cause of them is not clear because mindfulness training is multifaceted and includes non-specific components such as the simple act of meeting up with other people in a sociable setting. CJ
Family support crucial for helping people to stop self-harming

In Archives of Suicide Research

As newly obtained figures from the NHS show a dramatic increase in the number of young people being hospitalised following self-harm, a timely study in Archives of Suicide Research has reviewed what we know so far about how people who self-harm manage to stop. Tess Mummé and her colleagues identified nine relevant studies to review – three quantitative, four qualitative, and two using a combination of these approaches – together involving hundreds of people aged 12 to 60, the majority female. Among the key insights, the researchers found family support is crucial for stopping self-harming, perhaps more than support from friends or professionals. But ultimately the review concludes that we need more research.

The format of most of the studies contained in the new review was to contrast the interpersonal and intrapersonal factors of people who used to self-harm but no longer do, with those found in people who are currently self-harming (the lack of longitudinal research, that follows the same people over time from when they self-harm to when they stop, is a key weakness in the literature).

Summarising the findings, Mummé and her colleagues report that family support was the ‘predominant interpersonal’ factor associated with stopping self-harming, including in studies that involved adults, not just those with teens and children. The reasons for family support being so important appeared to be the benefits of a strong role model, as well as help finding the motivation to stop, and support finding professional help. Support from friends did arise as a factor, but was not reported as consistently as family support.

Regarding intrapersonal factors, the following were all important in stopping self-harming: self-esteem, self-efficacy, sense of hope and emotional regulation. Past self-harmers reported a ‘stronger ability to accept emotions, cognitive reappraisal and resilience’ than current self-harmers.

Interestingly, one study found that past self-harmers saw their self-harm as a useful coping mechanism, but had been motivated to stop because their loved ones wanted them to stop. Other studies documented how some past self-harmers had found constructive new ways to control their emotions, such as dancing and writing, while others unfortunately had developed alternative ‘destructive coping behaviours’, such as substance abuse or eating problems.

It was also clear from the studies that interpersonal and intrapersonal factors are connected – for example, a lack of family support can fuel feelings of low self-worth that appear to be related to the maintenance of self-harming.

Only one study actually asked people in-depth what it was like to go through the process of stopping self-harming. This pointed to a gradual, multi-stage experience that began with a focus on the self, such as building relationships and self-esteem, and that moved on to learning alternative forms of emotional regulation. Close personal relationships were seen as important throughout the stopping process.

Walking lifts your mood, even when you don’t expect it to

In Emotion

The mere act of putting one foot in front of the other for a few minutes has a significant beneficial impact on our mood, regardless of where we do it, why we do it, or what effect we expect the walk to have. That’s according to a pair of psychologists at Iowa State University who claim their study, published in Emotion, is the first to strip away all the many confounds typically associated with exercise research – things like social contact, fresh air, nature, the satisfaction of reaching fitness goals, and the expectation of the activity being beneficial – to show that the simple act of walking, in and of itself, is a powerful mood lifter.

The reason, argue Jeffrey Miller and Zlatan Krizan, is connected with how we evolved to move to find food and other rewards, which means positive emotions are closely linked with our movement. In essence, the psychologists write, ‘movement not only causes increased positive affect [emotional feelings] … but movement partially embodies, or in a sense reflects, positive affect’.

The researchers tested hundreds of undergrad students across three studies with the true aims of the research disguised in each case – for example in the first instance it was framed as supposedly being an investigation into the effects of unfamiliar environments on mood. The researchers also checked to ensure no one guessed the true aims of the study.

Two of the studies showed that students who spent 12 minutes on a group walking tour of campus buildings, or on a dull walking tour on their own of the interior of a campus building, subsequently reported more positive mood, in terms of their ratings of feelings like joviality, vigour, attentiveness, and self-assurance, than others who spent the same time sitting and looking at photographs of the same campus tour, or watching a video of the same building interior tour.

The mood-enhancing effect of walking was found even for a so-called ‘walking dread’ condition in the second study, in which students were warned ahead of walking the building tour that they would have to write a two-page essay afterwards and discuss their essay’s contents (this was just to provoke dread, they didn’t really have to do it). Whereas students in the sitting condition (with no provocation of dread) showed reductions in their positive mood by the end of the study, the students in ‘walking dread’ condition actually maintained their
positive mood. This was despite the fact they said they expected their mood to drop by the end of the tour. The third and final study was the most tightly controlled. This time researcher–participant contact was kept to a minimum, with participants randomly allocated to different conditions and thereafter following instructions given by computer. Some students spent 10 minutes watching a Saatchi Gallery video alone while sitting on a treadmill, others spent the same time watching the video while standing on a treadmill, and the remainder watched the video while walking on the treadmill. The cover story was that the researchers were investigating the effects of proximity to gym equipment on people’s feelings. Once again, at the end, the students who’d spent time walking reported more positive mood scores than those who had been sitting or standing. Miller and Krizan acknowledged some limitations of their research – for example, to maintain the cover story for the studies, they didn’t take any physiological measures from their participants. This makes it difficult to pinpoint the precise mechanism here for the observed effects. But the researchers believe they’ve made a breakthrough, concluding that their experiments ‘are the first to document a causal effect of routine ambulation on positive affect’ (note that the effects here were strictly on positive feelings; negative mood feelings were unaffected). Miller and Krizan added: ‘Taken together our findings suggest that incidental ambulation has a more robust and pervasive influence on affect than previously thought’ and that their results might even explain why – as shown by prior research – we are generally quite hopeless at predicting our future mood. ‘People may underestimate the extent to which just getting off their couch and going for a walk will benefit their mood as they focus on momentarily perceived barriers rather than eventual mood benefits.’ CJ

A highly skilled opponent can lead you to underestimate yourself

In Neuron

Whether we’re testing our mettle on a video game, on the golf course, or at the bowling alley, it’s good to have a realistic sense of our ability, so we attempt things that are feasible – and don’t accept unwise bets. But how accurate are we at judging ourselves in this way? In a new study in Neuron, researchers from Oxford University have shown that our sense of our own ability is coloured by the other players around us. Specifically, their findings suggest that when we’re competing with a strong player, we tend to downrate our own ability. Conversely, when that player is on our team, we see ourselves as better than we really are. Marco Wittmann and his colleagues asked 24 participants, mostly in their twenties, to play a series of short mini-games: for example, making judgements about the colours of shifting shapes, or estimating the time passing between flashing items. Participants played each mini-game simultaneously with two other ‘players’ – actually research assistants who only pretended to play. After each round, participants were given fake feedback on how they and the other players had just performed. They were encouraged to use this to make predictions on how many points they and the others would score on the next round of play. Their performance predictions were influenced by this feedback, which shows they were following the instructions.

In each round of the game, participants were paired with one of the other players and told either that they were a team (with success based on whether their combined performance reached a certain threshold), or that they were competing (with success dependent on their beating the other person by a high enough margin). In theory, this framing shouldn’t have affected their judgement of their individual performance because although their scores were combined or compared, their own performance was independent of the other player. But in practice, it did. When teamed up with a previously strong player, participants rated it likely that their own performance would be especially strong in future. When pitted against a strong player, they rated their own future performance as more likely to be poor.

A complementary pattern arose for ratings of the other player: participants who were good at the game thought a teammate would do better than his or her performance would suggest, and a competitor would do worse.

Wittmann’s team describe this as a ‘merging of estimates’. During collaboration, this works a little like an anchoring effect: mentally, you ride on the coattails of a teammate, assuming that you are sort-of-similar in ability. But when competing, you exaggerate difference: the better the opposition, the more conscious you are of your own deficiencies.

We’ve known for a while that collaborative contexts draw us to notice traits we have in common with others, but this is the first work to show that these contexts also influence our evaluation of a particular trait. So if you’re playing golf on Rory McIlroy’s team, beware of taking side-bets on your putting game: your sense of what you can deliver is likely to be off. AF
Three labs just failed to replicate the finding that a quick read of literary fiction boosts your empathy

In *Journal of Personality and Social Psychology*

‘Reading is the sole means by which we slip, involuntarily, often helplessly, into another’s skin, another’s voice, another’s soul.’ So said Joyce Carol Oates, and many more of us suspect that reading good fiction gives us insight into other people.

Past research backs this up, for example providing evidence that people with a long history of reading tend to be better at judging the mental states of others. But this work has always been open to the explanation that sensitive people are drawn to books, rather than books making people more sensitive. However, in 2013 a study appeared to change the game: researchers David Kidd and Emanuele Castano showed that exposure to a single passage of literary fiction actually improved readers’ ability to identify other people’s feelings. This sent ripples through popular media, but since then a struggle has ensued to establish the robustness of the eye-catching 2013 result.

Kidd and Castano have since published more evidence supporting their initial findings, and they emailed us recently to point out that they have a successful direct replication in press at *The Scientific Study of Literature*, and that there are at least two published replications of their original finding. But meanwhile another lab tweeted us to say that in as yet unpublished work, they failed to recapitulate the same results. Now the latest development in this contested field comes from a collaboration of three independent research groups.

Led by Maria Eugenia Panero, a PhD candidate at Boston College, the collaboration followed the 2013 research by looking systematically at the effects of literary fiction on performance on the Reading the Mind in the Eyes Test, a classic test of judging mental states where participants see an actor’s facial expression, cropped to show only the eyes, and they have to pick the state (e.g. sceptical, joking) that they think applies.

The total sample size of 792 exceeded that of the original experiment, while keeping the demographics very similar – just over half women, average age 35. And in every comparison the researchers controlled for lifetime exposure to fiction, judged by ability to recognise author names from a list.

In their original 2013 study, Kidd and Castano’s comparisons uncovered a number of effects: reading literary fiction (such as Don DeLillo and Lydia Davis) increased emotion recognition performance compared with reading non-fiction, that it had a greater benefit on performance than reading popular fiction (such as Dashiell Hammett’s detective stories), and that it was better than reading nothing at all. But using the same text passages, none of these effects were replicated in the new research – reading matter had no acute effect on the ability to read the mind in the eyes.

There was one significant finding: a greater lifetime exposure to fiction was correlated with better mind-reading performance. This tallies with the past work showing that readers are indeed better at this test, but questions the idea that a fleeting exposure to fiction really changes subtle cognitive-perceptual abilities.

Panero and her colleagues speculate that, given success in other ‘conceptual’ replications using slightly different methods, it’s possible that there may be unseen variables at work, such as verbal intelligence, lack of prior exposure to literary fiction, or types of reader (e.g. ‘deep’ rather than ‘skim’ readers) that influence whether or not a benefit occurs. In other words, there might be a real acute effect of literary fiction here… but only for certain people, at certain times of their lives, or under certain conditions. AF

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When students were asked to rate the behaviour of various fictitious managers, they were harsher when judging female managers who’d been unfair or disrespectful in interpersonal interactions, than when judging male managers who’d committed the same misdeeds. *Journal of Applied Psychology*

Contrary to the claims of brain training companies, there is not enough evidence at present to suggest that spending time completing memory and attention-based brain training will do anything other than make you better at the exercises contained in the training. That’s according to a review of all the evidence that’s ever been cited in favour of brain training. *Psychological Science in the Public Interest*

The day after their football team had disappointed on the pitch, participants rated themselves as less absorbed in their work, less dedicated, and pursuing it with less vigour and said they had not performed well, as compared with colleagues whose teams had done well. *Journal of Occupational and Organizational Psychology*

Male students with a history of sexual aggression were more likely to interpret women’s sexual interest based on their attractiveness and clothing, as opposed to their actual emotional displays. However simple feedback training based on women’s true feelings was able to correct this bias to some extent. *Psychology of Violence*

Goal attainment appears to be more about avoiding temptation than about exercising willpower. That’s according to a study that asked students to keep detailed records for a week. More time spent actively resisting temptations was not connected to later goal attainment; in contrast experiencing fewer temptations correlated with goal progress. *Social Psychological and Personality Science*

Researchers gave autistic and control participants a camera and asked them to picture whatever they wanted. Autistic people took more shots of people, but they frequently missed off the person’s head, or the person was not posing. They also took more tilted and blurred shots and more repetitive pictures of objects. *Current Biology*
We tend to think of adult ageing as a time of losses: many aspects of our health and memory get worse. However, well-being and wisdom often show increases across the lifespan. How might the pattern of age-related gains and losses influence emotional skills in old age? Traditionally, lifespan psychologists have studied cognition and emotion separately, but by considering both aspects together we get a richer picture of adult ageing.

In this article we will focus on some core emotional skills, and how they are affected by the process of ageing. Firstly: how does ageing influence the experience of emotion and the ability to understand and describe one’s own emotions? Second: are there age effects on understanding others’ emotions, and what factors influence these age effects?

Ageing and subjective emotional experience

Emotions are subjective internal experiences. Although some aspects of emotion can be physiologically measured (e.g., facial expressions by using electromyography), those measures often cannot tell us much about the type of emotion experienced or how it is appraised by the person experiencing it. In studies asking people to report the frequency with which they experience specific emotions on a daily basis, older adults generally report less frequent experience of intense positive and negative emotions than younger people do (e.g., Lawton et al., 1992). Should this lower level of emotional experience in old age be seen as evidence of a ‘loss’? The influential ‘disengagement’ theory of ageing (Cumming & Henry, 1961) predicts emotional blunting in old age. Might decreased reporting of intense emotions reflect weaker autonomic nervous system activity in old age, as indicated by lower physiological response to emotional situations in older adults (Levenson et al., 1991)?

Most evidence to date instead suggests that older adults’ lower reporting of intense emotions may in fact reflect superior emotion regulation skills (Gross et al., 1997), including a tendency to avoid situations likely to elicit intense emotions, and to reappraise negative emotions in a positive light. Older adults are particularly effective at regulating the inner experience of emotions (Phillips, Henry et al., 2008). Evidence indicates that although older adults may report fewer intense emotions in their daily lives, they often experience similarly intense emotions as young people when in identical situations. For example, when shown videos that elicit a strong disgust reaction, younger and older people reported similar levels of experienced emotion (Scheibe & Blanchard-Fields, 2009). Older and younger adults also report similar levels of subjective emotional reactivity to sad and funny films, despite lower cardiovascular responsivity to the films in older adults (Tsai et al., 2000).

There are some age differences in the nature of emotions reported. A detailed study of emotions experienced across the course of a week indicated no age differences in the frequency of positive emotions, and an age-related decline in negative emotions (Carstensen et al., 2000). A number of studies indicate that older adults are more likely to report experiencing positive emotions compared with their younger counterparts (Mather & Carstensen, 2005). Furthermore, older adults also tend to focus attention on stimuli of positive valence, whereas younger adults tend to focus attention on negative stimuli (Mather & Carstensen, 2005). This phenomenon has been labelled the ‘positivity effect’ or ‘positivity bias’ in adult ageing. A recent meta-analysis indicates that older adults’ positivity bias is highly reliable, and shows across many domains of cognition (Reed et al., 2014).

Older adults are more likely to report experiencing a variety of blended emotions, such as a mixture of high- and low-arousing emotional states. For example, Charles (2005) documented that older adults reported invisible threads of social connection. In M. Eid & R. Larsen (Eds.) The science of well-being (pp. 195–219). New York: Guilford.


stronger experiences of anger, sadness, contempt and disgust than younger adults in response to videos depicting themes of injustice. It has been suggested that heterogeneous emotional experiences (experiencing a multitude of emotions) indicates greater complexity in emotional awareness. Socioemotional selectivity theory (Carstensen et al., 2003) postulates that as time horizons shrink with increasing age, shifts in motivational goals typically ensue. This leads to greater investment in social relationships and, subsequently, an enhanced appreciation of life. According to this theory, older adults are therefore more likely to experience complex (heterogeneous) emotions as they typically strive to derive meaning from life. On the other hand, some theories suggest that heterogeneous emotional responding indicates a reduced ability to detect a primary emotion experienced in response to a given emotional event (Feldman Barrett et al., 2001). Thus, it could be argued that heterogeneous emotional reactivity evidenced among older adults may actually represent diffuse emotional responding. Another interpretation might be that older adults have difficulty in separating out the experience of different emotions; this leads us to consideration of a possible link between age and alexithymia.

Ageing and problems identifying one’s own emotions: alexithymia

Understanding and being aware of one’s own emotions includes the ability to identify and recognise internal affective states, such as physiological sensations that are associated with the experience of emotion. The ability to detect one’s own emotions is a prerequisite to effectively describing emotions experienced in the self. Communicating information about our emotions has several positive implications for overall psychological wellbeing; for example, verbalising feelings can have a positive impact on personal relationships. However, the ability to identify, recognise and describe our own emotions varies considerably amongst individuals. Alexithymia refers to a personality trait characterised by difficulties in effectively expressing and identifying emotions within the self, deficits in distinguishing emotions from bodily sensations and an externally orientated cognitive style (Sifneos, 1973).

Research investigating alexithymia amongst older people is scarce. This is somewhat surprising given that alexithymia constitutes a general risk for mental and physical health. The Toronto Alexithymia Scale (TAS) is the most commonly administered self-report measure, designed to examine three dimensions of alexithymia: difficulty identifying emotions, difficulty describing emotions and externally orientated thinking. The former two dimensions comprise the emotional component of alexithymia, whereas the externally orientated thinking dimension, defined as a tendency to focus attention externally, reflects the cognitive component of the alexithymia construct (Bagby et al., 1994).

Some studies have demonstrated that older adults score higher on the TAS than young adults, suggesting that older adults have more difficulties in understanding their own emotions. For instance, one large-scale study found that the prevalence of alexithymia increased with age, with the highest TAS scores obtained by participants aged 85 years and older (Mattila et al., 2006). A more recent study revealed that age-related alexithymia was associated with poor neurocognitive abilities, as assessed via tests of verbal memory (Onor et al., 2010). However, it should be noted that the sample within this study was relatively small (including only 20 older adults). Nevertheless, based on these findings, it could be argued that older adults possess greater difficulties in identifying and communicating their own emotions compared with their younger counterparts. Furthermore, older adults are more likely to express emotional distress through somatic complaints, a factor that may be related to an inability to identify and verbalise emotion (McLeskey et al., 2008).

Several issues have been identified with the research on alexithymia and ageing. Firstly, as alexithymia is typically

Meet the authors

‘Emotions in adult ageing are a really fascinating topic because of the complex interaction between bodily declines and positivity biases. We are interested in the effects of ageing on a range of different emotional processes. The literature on ageing and emotions includes quite separate fields looking at age differences in experiencing/regulating emotions and age differences in understanding others’ emotions. But embodied theories of emotion perception led us to question whether the inner experience of one’s own emotion in old age might have some link to the perception of others’ emotions.’

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assessed via a self-report measure (TAS), responses provided by young and old participants might be subject to memory biases and distortions (Henry et al., 2006). Furthermore, self-report assessments of alexithymia measure awareness of difficulties in understanding and communicating emotions, as opposed to the actual abilities concerned (Müller et al., 2004). In addition, although older adults usually score higher on the TAS alexithymia measure compared with younger adults, the scores do not typically fall within the pathological range. Moreover, the pattern of age effects can differ depending on which subscale is focused on. For example, Henry et al. (2006) found that older adults rated themselves as better than young in terms of the TAS identifying emotions subscale. In contrast, in the same study older adults scored higher in the externally oriented thought (EOT) subscale of the TAS, which is usually considered a marker of cognitive alexithymia.

A few questions concerning age and alexithymia remain unanswered. For instance, are existing measures of alexithymia assessing the same construct in young and older adults? The EOT subscale of the TAS measures the tendency to avoid introspective thought: it may be wrong to consider this a ‘deficit’ in older adults (Henry et al., 2006). In this study higher levels of EOT were associated with lower anxiety levels and reduced negative affect. These results indicate that adding scores across the different subscales to produce an overall measure of alexithymia may overestimate problems in emotion understanding amongst older adults.

**Emotion perception**

The ability to recognise others’ emotions is an essential skill in social interaction. To effectively engage with others and respond appropriately, we are constantly monitoring cues from their words, voices, faces and bodily posture, which provides information about how they are feeling. There is evidence that good emotion-perception skills predict enhanced quality of life (Phillips et al., 2010).

The most widely used measure of understanding others’ emotions assesses the ability to identify facial expressions of emotions from photographs. Participants are asked to choose which verbal label best describes a facial expression: the most commonly used emotion labels are disgust, anger, fear, surprise, sadness and happiness. This task involves both relatively automatic processes, such as physiological reactions to the valence of emotional information, as well as higher-level cognitive processes, such as weighing up multiple labels to decide which one best matches a face (Phillips, Channon et al., 2008). A meta-analytic review indicated that age differences vary across the six basic emotions (Ruffman et al., 2008). There were strong and clear age-related declines in the ability to label anger, fear and sadness, smaller (but reliable) age impairments in identifying happiness and surprise, and a trend towards age-related improvement in identifying disgust. The age deficits in emotion perception also extended to other modalities, such as auditory expressions.

Studies of age differences in emotion perception have mostly presented stimuli in a single modality (e.g., a voice or a face). This considerably reduces ecological validity because in real settings we tend to get multimodal information about emotions from sounds, gestures and faces together. Hunter and colleagues (2010) provide evidence that older adults particularly benefit from the availability of multimodal information when interpreting emotions. Adding contextual information (such as voices, bodily postures and situational descriptions) to traditional emotion perception tasks can reduce age differences in the ability to recognise emotions. For example, See et al. (2012) show that older adults are better than young at making continuous positive/negative judgements about a protagonist in a video, despite age-related declines in single-modality emotion perception. This evidence indicates that increased context and ecological validity reduces or sometimes reverses the effects of age on emotion perception.

Recent evidence has illustrated that other factors, such as familiarity and motivation, can impact the pattern of age effects in emotion perception. For instance, older adults perform better when their task is to decode the emotion depicted by a familiar romantic partner rather than a same-age stranger, and obtain higher accuracy scores when following high-motivation instructions to defend response choices in the emotion perception task (Stanley & Isaacowitz, 2015). Might this motivational advantage extend more widely to own-age effects?

Older adults are no better at judging emotions from older compared with younger faces.
In other words, might older adults be better at perceiving emotions from own-age peers? Evidence to date does not support this hypothesis: older adults are no better at judging emotions from older compared with younger faces. Instead, it seems that it is more difficult for viewers of all ages to understand emotions from older faces compared with young faces (Folster et al., 2014), possibly because of changes in the morphology of the face or age-stereotypes in emotion attributions.

Above, we outlined older adults' positivity biases in attention. It is therefore important to understand the potential role of positivity biases in emotion perception, particularly because most tasks are dominated by showing the negative ‘basic’ emotional expressions. But the evidence indicates that in traditional ‘labelling’ tasks of emotion perception, where participants must choose which verbal label best describes the facial expression in a photograph, there are no age-related positivity biases in choosing labels (Isaacowitz et al., 2007), even when the number of positive and negative emotions are matched (Lima et al., 2014). Instead, older adults may be biased to choose disgust more often than other negative labels (Isaacowitz et al., 2007). More subtle tasks have probed potential positivity biases in emotion perception by looking at responses to genuine and posed smiles. Older adults are more likely to respond positively to photographs of both types of smile (Slessor et al., 2010), and may be more able to discriminate between posed and genuine dynamic smiles (Murphy et al., 2010).

When we decode and react to the emotional states of others in our everyday lives, we do not always produce a verbal label for the emotion, we are not limited in our choice from a narrow range of labels, and we may indeed have no awareness of the emotion-decoding process. Most of the evidence reviewed indicates that older adults are impaired in explicit verbal labelling of others' emotional expressions. The cognitive ageing literature indicates that automatic and implicit processes are usually less affected by age than the types of complex decision-making tasks involved in emotion-labelling paradigms. Therefore, we might predict smaller age effects on implicit measures. Some evidence supports this: there is age-related preservation of early processes of emotional detection in facial arrays (e.g. Ruffman et al., 2009), and facial muscle response to others' emotions (Bailey & Henry, 2009). Despite difficulty in explicitly labelling expressions of negative emotion, these studies indicate that older adults can demonstrate intact implicit detection of emotions and respond to them appropriately.

### Avenues for research

Important issues have yet to be addressed. For example, can superior emotion-regulation skills explain age differences that have been established in emotional experience? Although some research points to this explanation (Gross et al., 1997; Phillips, Henry et al., 2008) it cannot explain why findings have been inconsistent, with some studies demonstrating no age discrepancies in emotional experience (e.g. Scheibe & Blanchard-Fields, 2009). The fact that such diverse methods have been employed to assess emotional experience, namely measuring emotional responding in a naturalistic context (e.g. Lawton et al., 1992) and to stimuli presented in the laboratory (e.g. Scheibe & Blanchard-Fields, 2009), could explain why mixed results have been obtained. However, further research is required to establish whether this is the case. In addition, it is difficult to establish whether findings from these cross-sectional studies are genuinely age-related or due to cohort effects. Some authors have argued that historical changes in child-rearing practices, diverse cultural values around emotional expression and the desirability to control emotions may be related to some of the findings regarding age differences in emotion regulation (Malatesta-Magai et al., 1992).

Longitudinal studies would help to uncover whether this is the case. Notably, there are a handful of longitudinal studies that demonstrate increases in subjective wellbeing with older age and decreases in negative affect, suggesting the presence of genuine age-related changes in emotion processing (Cacioppo et al., 2008; Charles et al., 2001).

Furthermore, it would be interesting to assess whether older adults are considered more ‘alexithymic’ than young adults when alternative measures (other than the self-report TAS) are used to evaluate awareness of one’s own emotions. This could include more detailed qualitative interviews with old people themselves, as well as asking close relatives whether they have noticed any changes in the way their older relative communicates emotion. Indeed, it would be more beneficial for researchers to adopt a mixed-methods approach, combining both self-report and qualitative interviews, perhaps with psychophysiological data. As mentioned, research has yet to establish the link between alexithymia and emotion perception in older adults. Most ageing studies conducted in the field of cognition and emotion address only one aspect of emotion processing without considering how different emotional skills may be related. For example, could deficits in identifying one’s own emotion (alexithymia) partially explain the difficulties some older adults experience in decoding emotion in other people? Moreover, it is important to determine whether age effects on emotional skills have implications for everyday social interaction and wellbeing among the older generation.
A revolution for the at-risk

Emily J.H. Jones and Mark H. Johnson make the case for investment in early intervention for neurodevelopmental disorders

Around 1 per cent of UK children have autism spectrum disorder (ASD), a condition that fundamentally affects their ability to understand other people. Such children struggle to communicate with others, can have difficulty with change, and may be overwhelmed by new sights and sounds. Many adults with ASD experience a reduced quality of life. Financial costs are also high: supporting a person with ASD across their lifespan is estimated to cost more than £1 million (Buescher et al., 2014).

In this article we will argue that the time is right for a significant increase in investment in early intervention for children with ASD and other neurodevelopmental disorders. Using ASD as an example, we will illustrate how recent research identifies revolutionary new avenues for developing and targeting interventions in early development. We will also highlight how this is applicable beyond ASD by discussing the example of another common childhood-onset disorder, attention deficit hyperactivity disorder (ADHD). We suggest that new approaches may transform current debates on the ethics of early screening and early intervention. Finally, we consider how such approaches may narrow the gap between research and practice. Taken together, we believe that we are poised to make transformational changes in detection and treatment for early emerging neurodevelopmental disorders.

Early intervention offers the greatest potential for optimal outcomes

Early intervention offers the greatest potential for optimal outcomes for children with ASD. In a groundbreaking 2014 study, Pickles and colleagues studied language development in 192 children with autism followed longitudinally from age two to age 19. Between age two and six years, there was substantial variability in language trajectories. Some children made substantial gains and ended with language in the typical range, whilst others remained significantly delayed. After age six, trajectories remained remarkably stable such that children with poor language skills at the age of six still had poor language skills 13 years later. These data indicate that the effects of a supportive environment may be maximal in the first years of life, providing a powerful illustration of early neurodevelopmental plasticity.

Randomised controlled trials have indeed shown that interventions are more successful when started at a younger age (e.g. Dawson et al., 2010; Green et al., 2010).
2010). Early intervention is economically beneficial: a 2012 Dutch study led by Peters-Scheffer estimated the potential lifetime savings as 1.1 million euros per person. However, current intervention models are intensive (often 20 to 40 hours per week), placing a significant burden on individuals and families. A further major challenge is that access to existing interventions typically requires early diagnosis. Jeremy Parr and colleagues recently showed that the average age of diagnosis in the UK has remained stable at 35 months for the last decade (Brett et al., 2016). Even within children diagnosed under age three, the average age of diagnosis was 30 months. Since parents first show concerns at 10 to 16 months (Herlihy et al., 2013), this diagnostic gap is a substantial challenge to the provision of early intervention for children with emerging ASD.

We propose that there is a common solution to the twin challenges of developing better early identification and intervention approaches. Traditional approaches to mental health focus on identifying and targeting the surface symptoms that are used in diagnostic classification systems. Diagnosis is often required before treatment can commence, because the ‘disorder’ has to be identified in order to provide relevant treatments. We contend that we require a revolution in this approach to mental health conditions. Instead of focusing on surface features of the condition, we should be targeting the neurodevelopmental mechanisms that produce troubling symptoms in early development (E.J. Jones et al., 2014).

This approach is comparable to the prescription of statins for those at risk of heart disease, a drastic change in the management of this condition. Such a mechanistic approach would allow infants at heightened risk for particular symptom clusters to be identified prior to emergence of a recognisable clinical syndrome. Intervention could be provided based on the presence of the mechanism, and need not wait for clinical diagnosis. This would significantly reduce the troubling delays experienced by children in accessing intervention services. Early mechanistic interventions may in the long-term ameliorate or even prevent the emergence of troubling symptoms (e.g. lack of language), whilst leaving potential strengths (such as creativity or memory) untouched. Finally, mechanistic approaches are not limited to particular diagnostic categories and may more faithfully ‘carve nature at its joints’. For example, in the latter part of the article, we discuss how attention difficulties may be relevant to both ASD and ADHD risk in early development (Johnson et al., 2015). These revolutionary changes will be made possible through a radical new approach to the study of neurodevelopmental disorders: prospective longitudinal studies of infants at heightened risk.

**Paths to autism: sibs studies**

In 2005 Dr Lonnie Zwaigenbaum and colleagues published a seminal study of infants with older siblings with ASD. Because ASD runs in families, about 20 per cent of such infants are diagnosed with autism by their third birthday (Ozonoff et al., 2011). For the first time, researchers could study the emergence of ASD in real time. Dr Zwaigenbaum’s team showed that babies diagnosed with ASD at 24 months showed subtle developmental problems by 12 months of age. These included unusual eye contact, poor imitation, poor visual tracking, lack of smiling and laughter, and being slow to shift attention between two toys. This groundbreaking study has inspired more than a decade of ‘baby sib’ research that in turn has revolutionised our understanding of the earliest signs and symptoms of autism.

Baby sibs research has shown that by the second year of life, clear behavioural warning signs emerge in infants with later autism. These include failure to respond to name, poor eye contact and slowed language development. Any loss of skills such as walking or talking is of substantial concern. These ‘red flags’ are now widely publicised by charities and other organisations. But what mechanisms underlie these early symptoms? In infants under 12 months, there are few clear behavioural signs of autism that could be used to identify individual children at risk. However, there are subtle differences between groups of infants with later autism and those who develop typically. For example, at six months infants with later autism often struggle to hold their head steady when pulled to sit (Flanagan et al., 2012), and other early motor delays have been observed when large groups are studied (Estes et al., 2015). Brain growth may also be subtly different, with faster expansion of head circumference and brain size in the first year (Shen et al., 2013). These changes suggest that broad changes in brain development precede the emergence of specific autism symptoms.

Contrary to expectations, researchers have identified very few changes in overt social behaviour in young infants with later autism. For example, in 2010 Ozonoff’s team showed that infants with later autism look at people just as much as typically developing infants in the first year of life. However, developmental trajectories may be critical in detecting changes that are not apparent at a single time-point. For example, W. Jones and Klin’s 2013 paper in *Nature* suggested that infant boys with later autism show declining patterns of gaze to eyes between two and six months that can be detected with eye-tracking technology. There may also be differences in how the infants’ brain is responding to the incoming social
The two conditions have substantial ASD and ADHD commonly co-occur. Patterns of performance on many neurocognitive markers of social attention may benefit from early intervention that could support their social engagement. Such low-cost interventions may have broad positive impacts for children across the spectrum of social difficulties.

Attention is another critical neurocognitive domain in infancy. Attention difficulties are common in children with ASD, but are also a diagnostic feature of ADHD. Research groups led by Angelica Ronald (2008) and Nanda Rommelse (2010, 2011) have provided several strands of evidence that attention difficulties in the two conditions may share developmental roots:

- the two conditions have substantial overlap in genetic risk factors;
- ASD and ADHD commonly co-occur within individuals and their families;
- patterns of performance on many neurocognitive tasks are similar in the two conditions; and
- poor attention skills in infancy (such as difficulty sustaining attention) are apparent prior to both ASD and ADHD diagnosis.

Early alterations in attention may thus be a common treatment target for infants at risk of ASD and ADHD. To test this hypothesis, we are currently conducting the first large longitudinal study of infants with older siblings with ASD and/or ADHD (see ‘New studies…’). We will examine attention and other domains in very early development to identify distinct and similar causal paths.

We are currently testing new interventions previously demonstrated to improve attention in low-risk young infants. In 2011 Wass and colleagues reported that attentional control (the ability to move attention at will) can be improved in typically developing infants by playing a series of innovative gaze-contingent games over a short period. In these games, infants watch objects on a screen and can control them by moving their gaze. This can now be achieved with relatively low-cost eye-tracking systems that use infrared light to detect where an infant is looking on the screen. We are currently using these games with infants at high familial risk for ADHD to test whether helping infants to improve their attentional control skills provides significant benefits for learning and development (www.staars.org/interstaars).

In an exciting new collaboration, we are also working with Zwaigenbaum and colleagues at the University of Alberta to test whether this intervention is also beneficial for infants at risk for ASD.

**Ethics of early intervention**

Although early detection and intervention can be effective, concerns remain about widespread implementation of screening and treatment programmes (see ‘Should we screen for autism?’). Overdiagnosis is a concern, particularly for ADHD where
In the UK, the BASIS study [British Autism Study of Infant Siblings] is a UK-wide network dedicated to the study of infants with older siblings with ASD. The BASIS team, led by Professor Mark Johnson at Birkbeck College London and Professor Tony Charman at King’s College London, have recently launched STAARS [Study of Attention and ADHD Risk in Siblings], which will follow both infants with older siblings with ASD and infants with older siblings with ADHD in the same protocol. Infants are studied at 5, 10, 14, 24 and 36 months. Methods used include eye-tracking, electroencephalography (EEG) and near infrared spectroscopy (NIRS), both noninvasive measures of brain activity; eye-tracking, to assess what infants attend to; and measures of behaviour, cognition and arousal. Following both groups of infants in the same protocol will allow us to compare and contrast the early developmental paths to the two disorders. We will be able to ask whether there may be similar or different early markers for ASD and ADHD, and whether there may be core paths that could be targeted by prodromal interventions.

Further information can be found on our website: www.staars.org.
members in the research design process to ensure that all views are represented when designing intervention studies.

**Mind the gap**
Translation of new research findings to improvements for service users remains a significant issue across child psychiatry. Research on early autism and ADHD is in its infancy, and substantial progress is required before some of the newest findings can be translated into practice. For example, many ‘biomarkers’ for ASD actually represent group differences, and are not individually predictive. Although this is a challenge, predicting ASD as a diagnostic category with high accuracy is not the goal. Rather, identifying markers of symptoms of ASD that may be particularly problematic (such as social communication problems, or sensory sensitivities) is critical. Further, markers for screening are usually judged by their sensitivity (the percentage of children identified with the marker) and their positive predictive value (of the children with the marker, the proportion later diagnosed with the condition). However, markers for mechanisms that may be sensitive to intervention may actually have a poor positive predictive value to later diagnosis, because the child’s environment between assessment of the marker and eventual diagnosis would be expected to have a relatively greater effect. Such considerations are important and under-discussed in the field.

Reproducibility is a critical challenge. There have been very few replication studies of neurocognitive markers of later ASD to date. Such efforts are under way – with a team of investigators we are currently running a multi-site study of infants with older siblings with ASD across Europe (www.eurosibs.eu). This study will attempt to replicate several key findings from the baby sib literature. Generalisability is also very important. For example, we recently showed that some early ‘markers’ for later ASD may only be related to later autism symptoms in boys and not girls (Bedford et al., 2016). In addition, findings from baby sibs research will need to be replicated in other populations. We are currently running such studies with infants with known genetic conditions linked to ASD and ADHD, such as tuberous sclerosis; other work should identify infants with early behavioural signs and examine whether neurocognitive markers could enhance individual prediction.

Despite the challenges, new mechanistic interventions hold significant translational potential. Parent-mediated interventions that appear efficacious in baby sibs (Green et al., 2015) are based on existing programmes that are low-cost, manualised and have been used in other populations in the community. Once sufficient evidence of their efficacy in the short and long term accumulates, roll-out would be more straightforward. Other new interventions such as gaze-controlled eye-tracking programmes rely on equipment that is becoming significantly cheaper. In the medium term, such training programmes could be operated remotely by parents, with less need for clinician input. Such advances improve the potential accessibility of interventions, and lower the bar in terms of the cost–benefit ratio of intervention provision.

**Transforming the outlook**
Prospective longitudinal studies of infants at heightened risk of neurodevelopmental disorders provide the potential for developing new interventions that are targeted at the mechanisms that underlie symptom emergence. There is much work to do in improving the quality and replicability of early indicators, and testing new intervention approaches in rigorously controlled trials. However, this new mechanistic approach has significant promise to overcome some of the ethical and translational obstacles to the provision of early intervention to vulnerable children. These advances could therefore transform the outlook for infants at heightened risk for conditions like ASD and ADHD. The resources that need to be devoted to these efforts are not trivial, but the potential economic, societal and personal benefits vastly outweigh the possible costs.

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The trouble with girls?

Gina Rippon asks why plastic brains aren’t breaking through glass ceilings

The global gender gap across health, education, economic opportunity and politics has closed by only 4 per cent in the past 10 years, with the economic gap closing by just 3 per cent, suggesting it will take another 118 years to close this gap completely. (World Economic Forum, Global Gender Gap Report 2015)

Despite continued efforts, the under-representation of women in many key areas of global power and influence is evident. This is, of course, not a new issue. Earlier versions of gender gaps associated them with women’s biological, social and intellectual inferiority (as an 18th-century given) or with women’s ‘natural’ roles as carers, mothers, ‘womanly companions of men’ (as in the 19th-century ‘complementarity’ agenda). ‘Blame the brain’ was the mantra underpinning these essentialist justifications of the status quo – the biologically determined differences between men and women’s brains were viewed as the cause of these imbalances, and, most significantly, these differences were seen as ‘hard wired’, fixed and unchangeable.

A key breakthrough in our knowledge of the brain in this century, fuelled by the stunning technological advances in research, is that brain structure and function is not fixed and unchangeable, and not the same irrespective of context or culture. It is, in fact, exquisitely plastic, mouldable by experience throughout life. It is also ‘permeable’, responding to social attitudes and expectations, as is shown by brain-imaging studies of stereotype threat (Wraga et al., 2006).

Additionally, there is a challenge to the very concept of considering males and females as belonging to two separate, often ‘opposite’ categories. The accepted binary concept of sex needs revisiting. At all levels, biological and behavioural, males and females do not fall into two neat, separable categories, so the quest for differences between them could at best be uninformative and certainly misleading.

You might think that the possibilities offered by these breakthroughs would be seized on as ‘game-changers’ in the arena of research into sex differences and the brain. The development of powerful and sensitive techniques for studying the brain, paired with a new understanding of how the brain reflects the world in which it develops, should be revolutionising the research agenda and galvanising discussion in media outlets. Would that it were so!

My argument in this article is not just that there is a continued emphasis on ‘essentialist’, brain-based explanations in both public communication of, and research into, many forms of gender imbalance (although the appetite for this and the evident ‘confirmation’ bias is part

Where populist media and research findings support the notion that gender gaps arise from fixed, brain-based factors, there is greater endorsement of gender stereotypes

of the problem; see Maney, 2014). The key difficulty is that this essentialist approach remains rooted in the deterministic past, with little or no acknowledgment of the significance that our emerging awareness of brain plasticity could and should have for the understanding of any differences between the sexes. This problem is magnified by a similar backward focus on historical beliefs in stereotyped sex differences, with little or no acknowledgement that previously accepted differences are being shown to be diminishing or disappearing with time (itself a challenge to a biological determinist perspective), or actually not to be differences at all.

An additional concern is that this sustained emphasis on an old-fashioned biological determinist argument can be a self-fulfilling prophecy. Where populist media and research findings support the notion that gender gaps arise from fixed, brain-based factors, there is greater endorsement of gender stereotypes, increased tolerance of the status quo, and belief in the impossibility of change (Brescoli & La France, 2004). It also reinforces the power of stereotype threat, which can itself change brain function (Wraga et al., 2006) but may also drive educational and occupational choices, thereby maintaining gender gaps, undermining determined initiatives to address them.

Let’s look at how those breakthroughs which should be contributing to this revolution in our understanding of sex differences are currently limited, for a range of reasons including basic misunderstanding of the technology, poor public communication of research, questionable scientific practice and the ‘confirmation bias’ that renders entrenched beliefs hard to shift.

**Brain-imaging breakthroughs**

A key aspect in untangling the arguments about male and female brains is to have reliable and valid ways of providing accurate answers to the questions being asked. We need to move on from merely measuring differences in the size of structures or areas of activation, mapping them on to some kind of neophrenological template, feeding misleading concepts such as ‘right-brainedness’ or ‘brainsex’. We need to understand not differences in brains *per se*, but their role in those behavioural, temperamental, or cognitive differences between men and women that might contribute to imbalances in achievement.

Contemporary techniques do allow a much more detailed characterisation of what is going on in the brain, including tracking of structural pathways or connections, and identifying the comings and goings of networked patterns of activity in millisecond timescales (Sporns et al., 2005). Access to pooled datasets from many labs means there are participant cohorts of many hundreds if not thousands (Fordrack & Gorgolewski, 2014). Together with more complex approaches to modelling patterns of brain activity, these advances should allow detailed examination of the claims and counter claims in cognitive neuroscience research, increasing our understanding of the true nature of links between brain and behaviour, and possibly also dispelling many brain-based myths (Jarrett, 2014).

However, the public representation of findings from such techniques is not always accurate. ‘Neotragish’ is a light-hearted term applied to the sometimes bizarre representations (or misrepresentations) of brain-imaging findings that can be found in the popular press. They mainly arise from a journalistic lack of awareness of the complexities and the limitations of brain-imaging techniques, famously characterised in the ‘dead salmon’ study (Kemett et al., 2011), and from a tendency to succumb to the ‘seductive allure’ of the brain images themselves.

Meet the author

‘Alongside my work on the more basic aspects of brain imaging, I have always been interested in what used to be called “biological politics” and has now morphed into “critical neuroscience”. A key focus was critiquing research into sex differences and social inequality and psychology’s contributions (positive and negative) to that debate. My main interests were in women’s mental health, and at that stage I was influenced by researchers such as Janet Sayers and Stephanie Shields.

‘In 2010 I was asked to review the contribution of newly emerging brain-imaging techniques to the concept of the male and the female brain. Exchanging ideas with colleagues such as Cordelia Fine and Rebecca Jordan-Young, it became clear that there were major problems in this field. There were too many examples of the sort of irresponsible reporting that characterises the neurotrash and neurononsense I’m writing about here. 21st-century gender stereotypes about what females and males can and can’t do seem to be more rigid and prescriptive than ever before, much enhanced by the power of many forms of media. Misunderstanding and misrepresentation of brain imaging findings feed into the kind of “blame the brain” beliefs that underpin many such stereotypes and stop people from achieving their potential (or even trying in the first place). Hopefully, this article will alert readers to some of the myths and misconceptions in the area and help them fight back against such negative thinking.’

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neuroscience and gender

(McCabe & Castel, 2008; Rhodes et al., 2014). The impression given that imaging techniques offer instantaneous, real-time access to our brains that can be ‘read back’ by researchers leads to over-hyped claims about the links between brains and just about anything from being a Republican to designing a kitchen. Such ‘neuroflapdoodle’ pieces are often cleverly critiqued within neuroscience circles (e.g. tinyurl.com/9lboz24), but the wider public sense is that imaging insights are continuing to offer support for existing beliefs about the causal links between brain and behaviour.

One of the areas where this problem manifests itself most powerfully is in the reporting of neuroimaging studies of sex differences. There appears to be an insatiable appetite for ‘at last, the truth will out’ stories: research has finally solved the centuries old conundrum of why ‘women can’t read maps and men can’t cry’ (Maney, 2014, 2016). For example, Daily Mail coverage of a recent report on sex differences in brain connectivity (Ingalhalikar et al., 2014) had the headline ‘Men's and women's brains: The truth’ and claimed that researchers had shown that ‘differences between the sexes are profound’. Men generally have more connections within each hemisphere (which) means men are more logical and better at coordination’, the newspaper announced, concluding that ‘the differences between the genders were so profound that men and women might almost be separate species’. As has subsequently been widely reported, there were problems with the research paper itself, including failures to report the (very small) effect sizes in the comparisons they made, but in a detailed science communication case study, tracking reports of this study through press releases, online comments and blogs, it is clear that the take-home message from coverage of the study was of strong support for a biologically determinist perspective (O’Connor & Joffe, 2014).

The media may also ‘insert’ such a perspective where none exists. A recent survey of gender differences in various cognitive skills over different times and places showed some evidence of increased gender differences favouring women in some cognitive functions (like episodic memory) and decreases or elimination of gender differences in other cognitive abilities (Weber et al., 2014). This is what the authors focused on: ‘Our results suggest that these changes take place as a result of women gaining more than men from societal improvements over time, thereby increasing their general cognitive ability more than men.’ There was also evidence of a sustained but diminishing gender gap in favour of males in numeracy. It was the existence of this gap (and not its diminution) that the Daily Mail focused on. The headline read: ‘Female brains really ARE different to male minds with women possessing better recall and men excelling at maths’. Assuming that their readers might not make it back to the original study, they helpfully interpreted this particular finding: ‘It is thought the differing strengths can be explained by differences in the biology of the brain as well as in the way the sexes are treated by society.’

A quick scan of the original text reveals that neither the word ‘brain’ nor the word ‘biology’ appears.

Such claims are associated with populist literature that harnesses neuroscience findings to ‘prove’ genuine differences between men and women and hand out associated advice (e.g. Gray, 1992; Maney, 2016). And they also continue to support the ‘blame the brain’ culture by failing to correct misplaced or outdated beliefs about male and female brains.

Neurosexism

But this is just the Daily Mail, right? We can just sigh and move on, patting ourselves on the back at our own enlightened ways. No: ‘neurosexism’ is an even more serious problem. Cordelia Fine (2010, 2013, and The Psychologist, November 2010: see tinyurl.com/hpto3bu) draws attention to specific practices within the neuroimaging research community itself that serve to create...
a literature biased toward the presentation of sex differences in the brain as extensive, functionally significant, and fixed – and therefore implicitly supportive of a gender essentialist perspective (Fine, 2013, p.369). As discussed above, findings from neuroimaging studies are proving to be attractive sources of support for deterministic belief, so it is important not only that the design and analysis of such studies are reflective of contemporary developments in the area, but also that researchers are sensitive to the potential public interpretation of what they are reporting.

If the purpose of the study is to link the data on sex differences in brain characteristics with sex differences in some aspect of human behaviour, then one would assume that some care would be taken to ensure the reliability of such behavioural differences, with an appropriate choice of task to demonstrate these. However, there are instances of brain-imaging studies where the neuroimaging data are interpreted in terms of behaviour that was not actually measured in the scanner (Ingalhalikar et al., 2014) or at all (Tomasi & Volkov, 2012). In the latter study, for example, findings of some sex differences in resting state connectivity were interpreted thus: ‘…we hypothesize that the men’s lower brain connectivity might reflect optimization of functions that require specialized processing, such as spatial orienting, whereas the women’s higher brain connectivity may optimize functions that require integration and synchronization across large cortical networks such as those supporting language’ (p.7). It does not appear that any measures of spatial orienting or language were obtained from these participants.

Similarly, where the focus is so firmly on proving the existence of brain-based differences as the bases for explaining gender inequalities, it is important to quantify the size of these differences and the extent to which they are meaningful, (i.e. of sufficient size and stability to reliably differentiate the two groups). In a research sphere where the differences being studied are extremely small and the distributions of measured variables almost always closely overlapping, then measures of effect size must be reported (Cohen, 1988). One of the criticisms of the Ingalhalikar et al. paper discussed above was that the ‘profound’ differences reported were actually rather small. No effect sizes were reported by the authors themselves, but subsequent analysis revealed that the largest effect size was small to moderate (0.482). It could also be revealing to report the proportion of possible comparisons in the data that were not significant to provide some sort of context. Jarrett (2015) pointed out that in another recent study on sex differences in functional connectivity, only 178 out of 34,716 measures of a particular aspect of connectivity were significantly different between males and females (effect size 0.32). Yet the authors refer to ‘prominent’ sex differences in their abstract (Satterthwaite et al., 2014).

So do we have the techniques that could allow us to resolve some of the arguments in this arena and really illustrate where any differences, if any, lie, and what these differences might mean. But misunderstanding of what these techniques can do, misuse in a research context and miscommunication of the associated findings currently serve to undermine their potential power to challenge stereotypical beliefs.

**Brain plasticity**

Our brains renew themselves throughout life to an extent previously thought not possible. (Michael S. Gazzaniga)

One key breakthrough in our understanding of brain structure and function in the last 40 years or so is the concept of neuroplasticity – our brains can and do change, and this remains true throughout our lives. Where the biology is destiny-type arguments have stood in the way of progress towards understanding if and why male brains are different from female brains, new insights offered by an understanding of how plastic brains are should bring about greater attention to the factors in addition to biology which might determine a brain’s characteristics.

It has been known for some time that specific events and exposure to specific types of learning experiences, such as taxi-driving, juggling or playing Tetris, can change both structure and function in the human brain (May, 2011; Shors, 2016). In addition, there is accumulating evidence that more intangible experiences – including exposure to social attitudes and expectations such as ‘stereotype threat’ or self-perceptions of status – can change brain structure and function. A study by Wraga and colleagues (2006) demonstrated that carrying out a spatial cognition task under either negative or positive stereotype threat conditions resulted in differences not only in performance but also in brain-activation patterns. The association between objectively measured socio-economic status and brain structure has been demonstrated (Hackman & Farah, 2009), but it has also been shown that perceived socio-economic status, or where you think you are in the pecking order, can affect brain structure, independently of other possible variables, such as ethnicity or psychological health. (Gianaros et al., 2007).

The significance of these findings is that they provide powerful evidence of how ‘entangled’ our brains are with the world (Fausto-Sterling, 2000; Rippon et al., 2014). It can take us beyond the old nature vs. nurture debate and illustrate the truly interactive nature by which our brain characteristics are formed (and can be changed), and how these characteristics then proceed to affect how we interact with the world. Acknowledgment of plasticity has changed thinking in many spheres of behavioural biology but has been strangely slow to feed through into questions of sex differences in the brain, the very research arena where the effect could be powerfully demonstrated (Fine et al., 2013).

With respect to the study of sex differences in the brain, acknowledging

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**neuroscience and gender**
neuroplasticity should have significant consequences for research design and interpretation. The understanding of the potent ‘brain-changing’ effects of social and cultural influences means that a much wider range of factors should be accounted for when researching into this area or when offering explanations for differences. Educational experience, occupation and socio-economic status will need to be measured, or at least acknowledged as a potential source of variance. This will, for example, be important when it comes to looking for differences in the large neuroimaging datasets that are becoming available. If there is only minimal attention paid to the range of possibly relevant independent variables (e.g. just sex and age) in any interrogation of these data, then misleading conclusions could be reached. Currently, examination of many neuroimaging papers reporting evidence of sex differences in the brain shows that little, if any, attempt has been made to take account of the potential effects of neuroplasticity (Biswal et al., 2010; Rippon et al., 2014). This means that reports of alleged sex differences in the brain could continue to contribute to the canon of beliefs about the source of any kind of imbalance between the sexes.

**Sex redefined**

Another more fundamental way of challenging the arguments about male and female brains is to stop searching for differences between two groups that actually turn out not to be separate groups at all.

There is emerging evidence that describing sex as a dichotomous and internally consistent category is flawed. Just thinking in terms of either male or female, XX or XY, ‘Mars or Venus’ is simplistic and not representative of the wider spectrum. This is claimed to be true even at the most fundamental biological level (Ainsworth, 2015) and, most recently, at the level of the brain itself. In a study based on the first whole-brain analyses of ‘male/female’ characteristics in structures and connections, based on over 1400 brains, it is claimed that there is no such thing as a ‘male’ or a ‘female’ brain. All brains, regardless of the biological sex of their owner, are a ‘mosaic’ of different characteristics (Joel et al., 2015) arising from a range of ‘brain altering’ experiences (Joel & Fausto-Sterling, 2016). Looking for differences between brains solely based on the sex of their owners will mask the true sources of variability.

This parallels a long-standing message of previous psychological research demonstrating that there is much greater similarity between the sexes, with greatly overlapping data distributions and tiny effect sizes, challenging long-standing certainties about ‘reliable’ differences between the sexes (Hyde, 2014). More particularly, it has been shown that in many categories of behaviour, cognition, personality and aptitudes that have been assumed to unfailingly distinguish men and women, there really are very few consistent differences between the sexes and that the patterns of such characteristics are more accurately grouped along a single dimension (Carothers & Reis, 2013; Reis & Carothers, 2014). This includes measures such as masculinity/femininity, empathy and science inclination. To paraphrase the title of an excellent paper on this very theme, we are none of us from Mars or Venus; we are all from Earth.

The claims and counter-claims about differences between two groups divided according to their biological sex could thus be dismissed as founded on a fundamental misconception about the very basis of the division. Understanding differences (a) where they genuinely exist and (b) where the differences appear to have negative consequences is clearly important; it is just that we might need to be more open-minded about where those differences came from and not focus solely on biological sex as their source.

**A powerful position**

Gender inequality remains a matter of global concern, in both developed and emerging economies. In order to make full use of our human capital, we need a better understanding of why there are still individual differences in achievement and what we might do to address them. Social cognitive neuroscience now offers potential game-changers to alter our understanding of the role of the brain in any kind of imbalance between groups – in normal or abnormal behaviour, ability, aptitude or achievement. Stunning advances in brain-imaging techniques offer much more detailed and accurate understanding of the role that brain characteristics might play in generating and sustaining inequalities. But the techniques need to be responsibly harnessed and their findings reliably communicated if they are going to provide any kind of genuine insights. When comparing brains, we need to know more than just the sex of their owners, we need to know what kind of brain-altering experiences these owners have been through. And, most radical of all, cognitive neuroscientists have suggested that the very concept of differences between the sexes is not representative of the true state of affairs. Basing research efforts and social policy initiatives on two neat, distinct categories may well be misguided.

We are in a powerful position to challenge beliefs (spoken or unspoken) about the ‘essential’ unchangeability of the human brain and its role in determining gender inequality. It’s time to counter self-fulfilling prophecies of underperformance, to harness the plasticity of all brains and ensure they can break through glass ceilings.
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Pain scales are designed to measure the intensity of our pain, but since pain is a subjective multidimensional concept, we take much more than intensity into account when we try to tell someone how much we hurt; things like the type of pain, its location, its impact on our life, and so on. In short, pain scales oversimplify the pain experience, particularly if you live with chronic pain.

Drawing might help us better express our pain experience. A team headed by Adrianna Loduca at Sao Paulo Catholic University have been successfully using pain portraits plus interviews in their clinical practice. After meeting with Adrianna’s team, I led a service evaluation to explore the feasibility of incorporating the Brazilian protocol into the UK NHS setting.

The images here are part of a set collected during the service evaluation. Before the programme (inset picture) this person called her pain ‘Rot’ and said that the pain wiped out everything that was good. The drawing shows a garden, sodden and struck with lightning with the sun almost completely obliterated. After the programme, the garden and the sun are more visible and most strikingly, she is in the centre of her drawing. Her pain is renamed ‘Arrow’ because she can target it with her newly learned coping skills (symbolised by the umbrella), and in so doing, she can now see a life outside her pain.

We have secured funding to explore the impact of the inclusion of the pain portrait protocol on patient and health professional chronic pain-related communication and embark on data collection in the autumn. Watch this space...

Current Team: Karen Rodham, Amy Burton, Adrianna Loduca, Irene Massaiu, Sue Peacock, Roseanna Brady. For more information, contact Karen.Rodham@staffs.ac.uk
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<th>DATE</th>
<th>VENUE</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Sport &amp; Exercise</td>
<td>12-13 December</td>
<td>Mercure Cardiff Holland House Hotel</td>
<td><a href="http://www.bps.org.uk/dcp2017">www.bps.org.uk/dcp2017</a></td>
</tr>
<tr>
<td>Division of Occupational Psychology</td>
<td>4–6 January</td>
<td>Hilton Liverpool</td>
<td><a href="http://www.bps.org.uk/dop2017">www.bps.org.uk/dop2017</a></td>
</tr>
<tr>
<td>Division of Clinical Psychology</td>
<td>18–20 January</td>
<td>Hilton Liverpool</td>
<td><a href="http://www.bps.org.uk/dcp2017">www.bps.org.uk/dcp2017</a></td>
</tr>
<tr>
<td>Faculty for People with Intellectual Disabilities</td>
<td>29–31 March</td>
<td>Hilton Sheffield</td>
<td><a href="http://www.bps.org.uk/fpid2017">www.bps.org.uk/fpid2017</a></td>
</tr>
<tr>
<td>Annual Conference</td>
<td>3–5 May</td>
<td>Hilton Brighton Metropole</td>
<td><a href="http://www.bps.org.uk/ac2017">www.bps.org.uk/ac2017</a></td>
</tr>
<tr>
<td>Division of Forensic Psychology</td>
<td>13–15 June</td>
<td>Mercure Bristol Grand Hotel</td>
<td><a href="http://www.bps.org.uk/dfp2017">www.bps.org.uk/dfp2017</a></td>
</tr>
<tr>
<td>Qualitative Methods in Psychology Section</td>
<td>5–7 July</td>
<td>Abberystwyth University</td>
<td><a href="http://www.bps.org.uk/qmip2017">www.bps.org.uk/qmip2017</a></td>
</tr>
<tr>
<td>Division of Counselling Psychology</td>
<td>7–8 July</td>
<td>Crowne Plaza, Stratford-upon-Avon</td>
<td><a href="http://www.bps.org.uk/dcop2017">www.bps.org.uk/dcop2017</a></td>
</tr>
<tr>
<td>Division of Health Psychology</td>
<td>6–8 September</td>
<td>Mercure Cardiff Holland House Hotel</td>
<td><a href="http://www.bps.org.uk/dhp2017">www.bps.org.uk/dhp2017</a></td>
</tr>
<tr>
<td>Developmental Psychology Section</td>
<td>13–15 September</td>
<td>Crowne Plaza, Stratford-upon-Avon</td>
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Planned behaviour – stagnation or evolution?

Tom St Quinton looks at the classic theory and alternatives in the latest in our series for budding writers

There it was; I had it. To change behaviour one has to alter a person’s intention. If an individual doesn’t hold an intention to engage in a specific behaviour, then the chances are they will not do it. Furthermore, to change these intentions, we have to ‘motivate’ them, perhaps by offering the advantages or convincing them that it is achievable. When you do this, given the right control conditions, it is likely that an individual will succeed in enacting their originally stated intention.

OK, so perhaps it’s not the most exciting of models. But the theory of planned behaviour (TPB: Ajzen, 1985) has contributed much to psychological advances, none more so than restoring the attitude–behaviour relation. The fact a behavioural scientist can easily highlight and attempt to alter the relevant underlying beliefs is a positive, as are its parsimonious variables.

Despite this, the criticisms have kept on coming. Although some are valid, others seem unfair. As Head and Noar (2014) suggest, it appears that the theory is stuck between issues concerning generalisability and utility. Gollwitzer and Oettingen (2015) offer the analogy of borrowing a newly invented race bike that the creator went to great lengths to produce. After taking it out on the mountains, it breaks. Hence, there is anger both on the side of the creator (for the damage) and the borrower (poor usability). But the creator stressed that it was a general bike, one of the first in fact.

‘Why did you take it up there!’ he bellows. Likening this to health psychology, the theory has been applied to almost all behaviours, ranging from colonoscopy appointments to engaging in physical activity, and the results have been mixed. Surprised that a parsimonious model including only four determinants has failed to successfully change each and every behaviour? Perhaps not. It appears theorists strive for generalisability and practitioners for utility. Nevertheless, accounting for various moderating effects, the theory has proved efficient in explaining a wide range of behaviours (McEachan et al., 2011).

Although interventions based on the theory have shown limited success (Hardeman et al., 2002), it appears that the absence of strategies or techniques for change are attributed to a deficiency in

One could consciously envisage performing physical activity and subsequently plan to do so


the theory. As a model of prediction and explanation rather than change, the theory may indeed lack sufficient belief alteration guidelines, but this evidence in itself isn’t sufficient to critique the theory. It addresses a different concern altogether, that of intervention design. Poor use of the theory, rather than the theory being poor, leads to a large proportion of negative intervention findings.

With falsifiability an imperative of science (Popper, 1959), concerns regarding the TPB’s exploration of analytic truths have been raised (Ogden, 2003). What if it cannot be empirically disproved, and null hypotheses findings are simply attributed to methodological failures? Sniehotta and colleagues (2014) argue this in their paper ‘Time to retire the theory of planned behaviour’ (although oddly they use experimental findings supporting the null hypothesis – e.g Sniehotta, 2009 – to justify these claims).

What does Ajzen himself say? He feels (2015) there are many flaws in the application of the theory that subsequently led to ineffective interventions, and has suggested (1991) that a determinant shouldn’t be introduced unless it offers more variance than the others already included. The inclusion of perceived behavioural control from the theory of reasoned action (Ajzen & Fishbein, 1980) offers a fine example here. He also argues that falsifiability can be achieved by demonstrating a limited effect of a determinant on the outcome variable. The contribution of the determinants has indeed been mixed: for example, attitudes and perceived behavioural control have been found to influence intentions more than the subjective norm (SN) in certain behaviours, whereas in others SN has been more salient. The issue of generality again raises its head. It appears that the TPB’s main strength, its parsimony, is also its major limitation.

But where does that leave the health scientists? Although there has been an enormous amount of literature regarding health behaviours, it is questionable whether there has been progression (Noar & Zimmerman, 2005). Could it be, though, that literature simply gets lost in the plethora of published articles? Head and Noar (2014) suggest that this may result in researchers struggling to keep up with relevant literature and to then conclude that rather than theoretical evolution, stagnation has occurred. Perhaps there is more that can be done other than changing exogenous variables. Such theorising has been conducted in a variety of ways, and may be putting ‘excitement’ back into health psychology.

Models such as the health action process approach (HAPA: Schwarzer, 2008) and the integrated behaviour change model for physical activity (Hagger & Chatzisarantis, 2006) have attempted to overcome the limitations of the TPB. HAPA encompasses self-efficacy from Bandura’s (1998) theorising, as well as planning strategies. The model explicitly states a motivational and volitional stage, with different interventions required for those not intending and intending to perform the behaviour.

This hybrid approach also differentiates further between types of planning and types of self-efficacy that can act as both mediators and moderators. For example, action planning could transfer positive intentions to successful change if a high level of self-efficacy is present. Despite the benefits of distinguishing between intention formation and behavioural enactment, as it stands, specific applications of the model remain sparse, particularly concerning the development and implementation of practical interventions.

**Ego-depletion**

The strength model of self-control attempts to explain why individuals fail to overcome urges and impulses and subsequently engage in behaviours that are detrimental. Baumeister and colleagues (2007) liken one’s inability to self-regulate to a muscle that has become worn out, resulting in ego depletion. During this state, individuals are less likely to perform more productive behaviours that they would have done with a fully resourced muscle. Not only is a muscle offered as a metaphor but a physiological explanation is also given, specifically by relating depletion to a decrease in glucose. Whereby, replenishing levels of glucose is vital, as is ensuring that the finite resource is not drained and that desires are not suppressed. This can be achieved in numerous ways such as using one’s weaker hand, making fewer decisions, and engaging in simpler tasks.

Despite initial support, the model has come under criticism. For example, it has been suggested that a lack of self-control could result from other processes, aside from glucose depletion (Inzlicht & Schmeichel, 2012). Bringing behaviour back to the cognitive, it could be simply that a lack of efficacious beliefs results in the transfer failure of intentions into behaviour. Following a similar subjective perception-behaviour link as found in the theory of locus of control (Rotter, 1966), Job et al. (2013) suggest that rather than the depleted resource itself affecting behaviour, merely believing in a finite resource impairs performance.

Nevertheless, the theory offers an alternative explanation for the intention–behaviour gap, one that is not cognitive. This implicates different strategies for intervention aside from the strength and content of intentions. Despite being in its infancy, research should continue to
examine the moderating variables that highlight the situations where ego depletion is affected.

Motivational cognitive theories view behavioural failure as a resultant of beliefs, attitudes and conscious processes. However, others suggest that behaviour is a result of non-conscious processes, those that the individual is unaware of (Bargh, 1997). Recent approaches have attempted to draw the two apparently separate processes together. Baumeister and Bargh (2014) suggest that the unconscious is the primary contributing factor to behaviour but, nevertheless, relies on consciousness to offer directions and to facilitate in regulation. For example, consciousness can be used to envisage future thoughts, and the unconscious to enact the behaviour. The role played by consciousness is thus increased from that of being just a mere bystander.

The work of Gollwitzer (1999) concerning implementation intentions can be offered as an example. One could consciously envisage performing physical activity and subsequently plan to do so. Following this conscious process, the automated cue then transfers these positive intentions into behaviour. Thus, the activation of the unconscious via the external cue decreases the intention–behaviour gap. Although being the main driver in change, the unconscious cannot operate wholly independently and so it enlists the assistance of the conscious. The automatic effects of planning can also override the self-regulatory effects of ego-depletion (Webb & Sheeran, 2003). Underresearched models following a similar trail of thought could prove fruitful in gaining a better understanding of health behaviour change. For example, interventions applying the recently developed temporal self-regulation theory (Hall & Fong, 2007) should examine the moderating effect of executive function and behavioural prepotency on intention.

**Future directions**

In summary, intentional models such as the TPB have provided the groundwork for potentially more effective interventions. The TPB can and should be used with those who are not motivated, specifically to ‘kick-start’ the change process. The model offers avenues to inform intervention design, but it is crucial that the formative research is undertaken. Although a move away from cross-sectional studies to more experimental research should be encouraged, specifically using randomised control designs, this would only prove effective if the initial work is done.

Despite this, postintentional models offer a further route of research, which doesn’t aim to alter the content of the intention or strengthen the ‘will’. Self-regulatory skills, planning strategies, unconscious pursuits, and phased-specific self-efficacy could all be used to foster change. With all of these different approaches, it is unlikely that psychologists will sing from the same hymn sheet. But it is important to move between different fields and appreciate new ideas. The process of research can be conducted both ‘slow’ and ‘fast’ simultaneously; the former to ensure accuracy and the latter to ultimately reduce mortality and morbidity. Although the relationship between exciting and effective isn’t one of causation, it is possible for research to have both.

**The work of Gollwitzer (1999) concerning implementation intentions can be offered as an example. One could consciously envisage performing physical activity and subsequently plan to do so. Following this conscious process, the automated cue then transfers these positive intentions into behaviour.**

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The Board of Trustees has the responsibility to ensure that there is a candidate for this position. In line with previous practice, a Search Committee has been set up to facilitate this process. Those proposing candidates should, in the first instance, contact the Honorary General Secretary, Dr Carole Allan (e-mail: carole.allan@bps.org.uk) for guidance.

Nominations must reach the Chief Executive’s Office at the Society's Leicester office by 5pm on Friday 27 January 2017. Nominations will only be valid if the standard nomination form, including signatures, is fully completed.

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For Doctorate in Clinical Psychology: 4.00pm Wednesday, 1st February 2017
For Doctorate in Educational, Child and Adolescent Psychology: 4.00pm on Wednesday, 11th January 2017

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We need ethics in research, we value ethical principles; hence we support ethics committees (ECs). Yet, more often than desirable, the requests by ECs, when vetting studies with patients, don’t come across as suggestions aimed at promoting and improving research studies. They are extra bureaucratic hurdles to go through to carry out research. This is alarming as it creates a hiatus between researchers and ECs, rather than a fertile collaboration. This collaboration is hindered by the partial view that some local ECs seem to take on their role. Singer (1979) stated: “The justification of an ethical principle cannot be in terms of any partial or sectorial group… Ethics requires us to go beyond ‘I’ and ‘you’ to the universal law, the universalizable judgement, the standpoint of the impartial spectator or ideal observer or whatever we choose to call it” (p.11). Yet the UK NHS Health Research Authority, the body responsible for NHS Research Ethics Committees, states that its primary role as an organisation is to protect and promote the interests of patients and the public in health research. This implies an implicit contraposition between ‘them’ and the researchers, generating an enduring and unfruitful conflict.

This is not the only aim that ECs should pursue. In the aftermath of the Second World War, ECs have been instituted to implement the principles of the 1948 Universal Declaration of Human Rights. As stated in the Declaration of Helsinki (Fortaleza, Brazil, 2013) and in the 1997 Oviedo Convention on Human Rights and Biomedicine, ECs on one hand should ensure the accretion of scientific knowledge via new empirical evidence; on the other hand they should warrant the human rights and dignity of the participating individuals, both researchers and volunteers. ECs ought to guarantee both the researcher’s right to investigate and the participant’s right to be involved as autonomous agent. ECs should also look after the interests of a third stakeholder, the society at large, which invests human, instrumental and financial resources and demands scientific merit of research aims in terms of enhancement of basic knowledge or potential applications. When these rights and interests conflict, ECs are called to propose solutions mediating between them. Unfavourable outcomes, banning individual studies, should be the exception. ECs and researchers should collaborate towards improving research protocols. This collaboration would allow the different standpoints to meet and gel (Cubelli & Della Sala, 2015).Unfortunately, the interaction between ECs and researchers is not always as

**References**


cooperative as it should be (Baron, 2015). For example, the EC of the West of Scotland Research Ethics Service recently expressed their unfavourable view on an application by a researcher of the University of Edinburgh. He wished to recruit patients with dementia for his funded study on the influence of object congruency within scenes on automatic orienting of attention. The EC invited the researcher to screen for vascular damage to avoid undetermined confounding effects, and at the same time to reduce the sample size to limit the burden on participants. To accept these suggestions would be technically wrong and would undermine the study. Most patients with dementia have some vascular damage; to isolate a specific subgroup would require complex diagnostic procedures and would make recruitment harder by increasing the number of potential participants to be screened. Moreover, the precise aetiology, though important for clinical purposes, is irrelevant in this research addressing a theoretical cognitive question. The sample size had been estimated on the basis of statistical power; reducing it would have made the outcome estimated on the basis of statistical power; questionable. The sample size had been estimated on the basis of statistical power; reducing it would have made the outcome questionable.

The conflict between ECs and researchers is vented quite independently of ethical issues. The interaction between ethics committees and researchers is not always as cooperative as it should be.

One of the major causes of the potential conflict between ECs and researchers resides in the lack of clear demarcation between basic and clinical research. This lack of clarity penalises in particular psychology and neuropsychology studies. To return to the example above, the issue of sample size has different approaches according to the nature and aims of the investigation. All studies need a solid statistical power to be valid and reliable. Therefore, in a research addressing a theoretical cognitive question, it is good practice to recruit a sample large enough to fulfil the statistical demands of the study. However, in a clinical study, like a trial to establish the effects of a drug, given the potential risks embedded in the procedure, it is good practice not to exceed recruiting the minimum number of participants to obtain a clinically significant outcome. That is, all studies need ‘no less than’, but only clinical studies should recruit ‘no more than’. In basic research with patients, it is often impossible to establish a priori the number of participants, as these decisions depend on the initial screening. The EC ruling that all studies should recruit participants according with the ‘no more than’ principle, is hampering basic studies, hence, making them potentially unethical as underpowered, therefore wasted.

Animal research or clinical trials are precisely regulated. Psychology studies recruiting healthy volunteers or children with typical development are usually regulated by university ECs, which in our experience are efficient and helpful as they operate with a clear mandate (although in the experience of others they are not without controversy). Psychology studies on patients instead meet with a normative vacuum. Psychology studies on clinical populations cannot be examined by university ECs. On the other hand, NHS ECs do not seem adequately equipped to evaluate ethical issues connected with non-clinical research projects recruiting patients. This is due to the idiosyncrasies of this kind of study compared to clinical trials.

In cognitive research with patients, it is sound to refine the assessment according to actual findings. In this field, a precise protocol, to be scientifically fruitful and clinically coherent, cannot be fully framed in advance. Moreover, a cognitive symptom may be fleeting, thus time is crucial. These idiosyncrasies require flexibility within an agreed frame; such flexibility is not envisaged by ECs, which conceive it as giving way to low standards rather than the ability to handle discipline specificities. The ECs’ mindset appears to be forged on clinical trials. Basic research is descriptive, it devises theoretical models aimed at explaining observed phenomena; clinical research is...
They should also be prepared to listen to the researchers with the attitude of being convinced by them about their full appreciation of the possible ethical pitfalls of their views. They should be disposed to task researchers by imposing their ethical principles, of interests. ECs configure a conflict partial and it would always be unfeasible as it is rigid. Different research needs call for specific ethical issues. The current operating of ECs is instead to apply a single model to assess each and every issue.

We are not suggesting that, given the apparent low risk for the physical wellbeing of participants, psychology studies should not undergo ethical scrutiny. We maintain that all research should benefit from the advice of an EC, which could improve the study protocol on several aspects, including the adequacy of information offered to participants, ways of using deception, how to handle individual reactions to the proposed tasks and stimuli, ways of applying inclusion and exclusion criteria, the duration of the testing sessions, the availability of first aid, and the relevance of the question posed. All studies carry risks, even seasoned researchers may overlook them when focused on their own target. We all need ethical advice. It is the advice that we currently receive that is sometimes inadequate. The outcome is the risk that researchers consider ECs not as part of their team but as a barrier to overcome, jeopardising the ideals of the founding elements of ethical principles and procedures as established in the wake of the Second World War.

We do not expect omniscience from ECs, not even familiarity with each specific project topic; indeed, a committee of experts in each discipline is unfeasible as it would always be partial and it would configure a conflict of interests. ECs should implement ethical principles, avoiding taking to task researchers by imposing their own views. They should be disposed to explain and convince the researchers of the reasons for their demands. In turn, they should also be prepared to listen to the researchers with the attitude of being convinced by them about their full appreciation of the possible ethical pitfalls in their experimental design and procedures. If the EC’s ruling is debatable, the researcher should have the opportunity of openly challenging the EC’s deliberation, and this hearing should be handled by the same EC. The EC’s deliberation should be accountable, not undisputable; the relation is akin to a knowledge exchange, even in a setting whereby one party is called to approve the other party’s application.

On the specific issue of psychology studies with clinical populations, ECs should be open to the possibility of establishing procedures addressing the needs of such studies, which vary in terms of response promptness, methodology and aims. NHS ECs might take advantage of a formal interaction with university ECs, which seem to have forged more efficient and less contentious procedures addressing ethical issues within psychology research, complying with the needs of both the participants and the researchers.

Finally, not only should ethical issues be part of the formal training of students and researchers, but they must also enter the public debate exactly as any other scientific matter holding societal relevance.

A defeat of ethics

Korotkov, the main character of Mikhail Bulgakov’s Diabolik, in his quest for an answer, finds himself entangled in the maze of Soviet bureaucracy inculcating in him the feeling of guilt for predestined misdeeds. Eager to share his reasons, he was sent to the Grievances Office, on the ‘Seventh floor, Corridor Nine, Apartment Forty-one, Room 302’ but failed to locate it. Researchers dealing with ECs share his feelings. A beautifully crafted example is told by Dorothy Bishop on her blog. Within such a context, in the absence of cooperation, the researcher has little choice: either accept his or her fate and comply with arbitrary requests or try to cheat the system. Either solution would be a defeat of ethics. Researchers delegate their own responsibilities to the ECs, missing the opportunity to become more aware of ethical concerns in their studies. ECs, taking only a partial view and adopting rigid mental algorithms, miss the opportunity to appreciate the diversity inherent in individual projects, hence ignoring important and specific issues of research ethics.

In conclusion, researchers should be more aware of ethical matters involved in their own studies and should welcome the advice offered by ECs. ECs should conceive of the relationship with researchers as a way to facilitate research and better study protocols. Good ethical principles spring from the collaboration between all parties concerned. We know that the view we have expressed is partial and does not apply to all ECs. However, the current impermeable operating modes of some ECs and the intricate bureaucracy entailed by the application procedures is endangering this collaboration, hence hampering ethical principles. We would invite ECs to open a discussion to find a shared solution that would restate ethics at the centre of basic research with vulnerable populations.

We all need ethical advice. It is the advice we currently receive that is sometimes inadequate.

Sergio Della Sala is Professor of Human Cognitive Neuroscience, Psychology, University of Edinburgh, editor of Cortex, member of the board of The Future in Science and Ethics

Roberto Cubelli is Professor of General Psychology at the University of Trento, Italy, and a former member of the Ethical Committee for Experiments with Humans of the University of Trento
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‘Find your dyslexic people and nurture them’

We sent Debbie Gordon, Assistant to the Managing Editor and who has been diagnosed with dyslexia, to talk to Professor Rod Nicolson about his approach.

Let’s talk about ‘positive dyslexia’, where does that idea come from?

Back in 1987 I got sucked in, as so many academics have been over the years, to this very strange and baffling difference. Since then I have been working with Angela Fawcett on the causes of dyslexia, but also what to do about it. I was brought up in the Applied Psychology Unit in Cambridge. Donald Broadbent, the Director of the Unit, said, ‘You must always apply your theories in the real world – the real world keeps you honest.’

It became clear to me, in the early 1990s, that branding dyslexia as a disability was not the way to go. That particular approach had run out of steam – I had come across a lot of dyslexic adults and they were not getting any benefits from it at all. Although the DDA should apply to dyslexia in the workplace, you have to be pretty robust to declare it at interview.

One of the biggest developments at the time was the positive psychology approach, where a focus on strengths leads to very different insights, and that was the basis of my approach. Everyone had said for years that dyslexia can be associated with strengths, so I thought, ‘Why don’t we find out what they are, and make sure that everybody knows about them?’

So what are they?

It’s been known for many years from the work of people like Tom West that there are some dyslexic people who have fantastic strengths in visualisation and creativity, and there is a dyslexia ‘hall of fame’ where such people are paraded. But of course it might be that they had those strengths anyway, and they also happen to be dyslexic, and for every one person who shows fantastic strengths there could be thousands who fail, and get into dead end jobs, offending and everything else. So it has always been controversial whether the strengths that are being found are characteristic of dyslexic people or not, and indeed the literature tends to suggest that it is difficult to find characteristic strengths.

Our first effort, with my PhD student Sara Agahi, was about dyslexic adults… school is not a place where dyslexic people develop their strengths, they are forced to work with their weaknesses. But when you get out, to university and beyond, that is where the strengths can come. And so we found a range of strengths, and I categorised them into work, mental and social strengths.

In terms of work strengths, there was resilience, proactivity (you need to plan to get things done on time more), and flexible coping. If things have not gone well, finding a solution to it. This seemed to be something that dyslexic people were really good at, arguably through experience of on-the-spot coping. The mental strengths are more well established in the literature, so ‘big picture thinking’: being able to see the wood for the trees is absolutely crucial for any form of planning; creativity and innovation; and communication, where you’re able to explain things to people in terms they understand.

The third pillar is more unusual I think – the social strengths. Empathy, obviously acquired through experience. A dyslexic person can see very early on that there are huge individual differences in the way people do things, not least in terms of reading, so you quickly see people as individuals. You also become good at seeing what people are good at. If you are dyslexic at school, it is very useful to be able to identify people who can support you. And that leads into the teamwork. Because most people build a team of clones of themselves, which means that all of their strengths are slightly increased, but all of their weaknesses are hugely magnified.

Underpinning all those is the tenth strength, what I call the capstone strength, and that’s unconventional thinking. Doing things from a different perspective.

Why is there so little research evidence for strengths, compared to weaknesses?

First, all the money to drive the research has been in the United States, and that has come from the educational perspective. The educationalists are very concerned about the reading and the arithmetic, so that has been the driver for the research. And second, research has been equivocal because tests, for example of creativity, have not always been grounded in the problems people with dyslexia are confronting. It’s when you do the qualitative stuff with an individual you can really see where there strengths lie. When you try to get the population stuff it just washes out, but that doesn’t mean there aren’t strengths, it just means that the strengths are related to the experience.

Are the strengths the same across cultures, even though, for example, the neurological deficits of Chinese dyslexics seem to be very different from in Western cultures?

It’s very difficult to be sure. In the English-speaking world, the orthography and phonology of the language are killers, so the problems will show up very early. In the German language, much more transparent and regular, children might learn to read perfectly well, but slowly.

Professor Rod Nicolson, University of Sheffield
Chinese dyslexics, that’s a different language system altogether, a picture-based one. So overall there will be similarities, but there will also be differences.

There are clear parallels between your approach and a strengths-based approach to autism. Do you think some of those diagnosed with either condition could find these approaches frustrating if they don’t reflect their day-to-day experiences? The underlying question is whether you can get by without looking at your weaknesses. In dyslexia, almost all the work is on weaknesses, so positive dyslexia is the antidote, the other side of the coin. I’m not so sure about autism… you do need to work on your weaknesses, for example the socialisation issues, so that you get through to a position to use your strengths, so an approach based entirely on either strengths or weaknesses is not sufficient by itself. You need a blend.

When you show the ‘dyslexia hall of fame’, the child may say ‘Well, I don’t have any of those strengths, so I have all the weaknesses’. But everyone has their own personal strengths, whether they’re world-leading or not, so the mantra is ‘Find your own personal best strengths, and try to develop those and live your life by those’. It’s a very inclusive and non-directive approach. I fully appreciate, though, that if you’re there at the age of eight, really struggling with lots of phonology practice that you’re not very good at, and doing books that are at a very low level compared to those of your mates, then the idea of strengths can seem so far away.

I do think the ‘hall of fame’ is a really good idea, and if someone had sat me down and gone through that when I was at school, it would have been amazing for me, it would have really encouraged me. I’m not sure it would have helped my mum though. I’ve tried to address that in my book [Positive Dyslexia, 2015, Rodin Books]—what can be done at different ages. In my view, one of the key opportunities for children with dyslexia—and others—is apps. To give you targeted practice with immediate feedback in an enjoyable format. Everybody needs to build things from within, you can’t learn things in an organic form unless it’s building on what you know already. When you’re learning to read, that letter ‘A’, it’s not an object, it’s a two-dimensional representation, and that’s really quite a bizarre concept for a young learner. Then the fact that the bizarre two-dimensional concept actually has a sound associated with it, which is even more strange. A lot of children, dyslexic or not, have difficulty with that. But that can actually be ‘scaffolded’, by having apps which make this straightforward. How to actually draw that letter, again you can do that on a touch-sensitive tablet. So all these skills can be learned without making mistakes, and I’m convinced that’s the way forward— that you make sure children learn without trauma, without those toxic learning experiences. The apps transform the playing field.

In fact, technology can help everywhere. Apps can give you personalised stuff, software can spell check for you, you can organise your time and groups of dyslexic people can interact a lot more effectively. The world is actually getting to the stage where dyslexia is going to be perceived as not a disability at all.

So to what extent is dyslexia currently socially constructed, only disabling due to the way we educate our children and work in our society? It has been socially constructed as a disability, deliberately, because that is the way that one can release the funds for support, and raise the profile. It is also, unfortunately, educationally constructed, because of the clear need for children to learn to read, because so much more information is now available in a written form.

I think the focus on ‘one size fits all’ in our education system, in which we force all to learn to read in the same way and at the same age, has proved very disadvantageous to dyslexic children. In a sense one has two issues: one theoretical, i.e. what’s the underlying brain and cognitive difference; and the other more applied, if dyslexia is a reading disability how do we get dyslexic children to read better? I think people have tried to attack both questions with just one approach. Finding the cause may not actually help us with practice, but forcing children to read earlier and earlier is causing difficulties, not just with reading but also with attentional and behavioural problems.

If they’re struggling with something, they’re going to do everything they can to avoid it. That is my key point. As soon as stress and anxiety come into a child’s life, in the school environment, then it forces you onto your flight, flight or freeze responses. The fighting leads to behavioural disruption, the flight leads to truancy, the freeze leads to no learning. None of these is at all satisfactory, so you must avoid causing this stress and catastrophic toxic learning in the first place. This is not difficult to understand, and I cannot understand why we are going in exactly the opposite way with our school system.

And this has knock-on effects— the incidence of dyslexia in prisons, for example, is very high. This is a big picture approach, absolutely. People have completely underestimated the costs to society, to schools and to individuals, of school failure for whatever reason. We will save money; in the long term, by doing this in a different way.

It certainly was with me when I was growing up. I still don’t particularly read books now. That’s common… I was at a dyslexia conference once and the guest of honour was Sir Steve Redgrave. We gave him a book, and he said, ‘Terrific, thanks, I have another one, I’ll put it on the shelf next to it!’

It’s a learned thing to avoid. I don’t get pleasure from books. You need to be able to read fluently to benefit from books, and most dyslexic adults, even if they read pretty well, don’t read fluently. If it’s not as fast as listening, then sod it! I do rapid reading, so I can do a thousand words a minute if I want.

Now you’re just showing off! No, this is a serious point, because I think dyslexics could actually learn to rapid read. Dyslexic people are good at whole-word reading, rather than phonics-based reading. There’s no evidence that phonics-based is better. The basis for rapid reading is being able to identify single words. If you can take a whole sentence in quickly, you don’t even need to look at the individual words.

Actually, I’m as close as dammit to dyslexic. My main explanation for the underlying problem is that the cerebellum is not working as well as it should be. The cerebellum is the brain structure that coordinates all of your mental and physical skills. When I first went to school in Sheffield, first day back at school, the teacher asked for a story
about what we did over the summer, and I had no idea how to write. I just drew a picture of a boat. I was put with the headmistress every Friday, for phonics-based support. I hated going. She would say ‘C-A-T spells cat’, and I would think, ‘Well alright then, but to my mind C-A-T spells C-A-T. Nothing like cat.’ I just couldn’t do it. It made no sense to me at all. I persevered, and got to the stage where I could read whole words, I didn’t need to bother with this C-A-T. For a lot of dyslexic people it’s the other way round, learning to read scaffolds the phonics.

I had other difficulties at school – speech, tying my shoelaces, so I showed all of the classic motor coordination issues. When I got to the age of 40 I was supervising my PhD student on a brain-imaging study and she said, ‘Can you just lie in the scanner for a bit while we check everything’s working properly?’, and then she didn’t speak to me for about two weeks, she was terribly worried. I finally asked her, ‘What’s the matter?’, and she said, ‘Well, I think you’re going to be dead soon… your cerebellum appears to be just melting away.’ My cerebellum is shot, basically, which explains why I had all the difficulties.

In your book you say that if dyslexic people designed the education system, it would be a much better fit. Can you expand?

Yes. I use the analogy of the pit canary – I think dyslexic people are very sensitive to poor-quality education, so they will very quickly pick up any areas that will be difficult for children. People who have succeeded at all stages of education, who are typically those who get to design education, have no insight as to how they got there.

The education system should be focusing on getting children to improve their strengths. The first step on the ‘dyslexia journey’ is to get a diagnosis, but not just in terms of weaknesses, in terms of strengths too. The next is to inspire people to develop those strengths. We have successful dyslexic entrepreneurs, scientists, actors, and so on. What I would truly love to have is a 10-minute video from many of these people saying, ‘On the one hand I’m dyslexic, but on the other that allowed me to do this.’ Then of course we hope to get you into a job that suits those strengths, and that you are able to craft that job to work to your strengths rather than your weaknesses. We need to make the whole work environment not just dyslexia friendly, but dyslexia welcoming. It’s turning the whole perception of dyslexia around… we need the captains of industry to say, ‘We need more dyslexic workers in our organisation if we are to keep up with the innovators’.

So how do we spread the word, how do we get to these company bosses?

I think one of my key insights in writing the book was that if you’re trying to persuade bosses they have an untapped resource, then you need to see it from their perspective. What are the problems of a 21st-century boss? I was influenced by Neil Rackham, who says, ‘First understand the situation of the person you are trying to sell something to.’ Imagine if you said to company bosses ‘I’m aware that what they really need is to be more creative, do things differently, and that they have the 10 per cent of more creative people in their workforce already – they just need to put them on their talent management system – they would be amazed. And that just is the truth. You need to find your dyslexic people and nurture them.

How do you strike a balance between disability and strengths when faced with the legal context – the need to define dyslexia as a disability in order to provide assistance?

This is a core issue. There’s a statutory requirement, which is based upon weaknesses, and a real-world requirement, which is based on strengths. How do we move from one to the other? I think there’s a complete disjunct in our current system, which has of course been picked up by Julian Elliot, who has been influential in furthering the dyslexia debate. His basic point is that when he was an educational psychologist he had to diagnose a child for dyslexia, and then provide the support, but that he would have provided the support anyway. But I think he’s missed the point – he should be doing the diagnosis to find the strengths, teaching that child in a way that suited that child. That was always the role of an educational psychologist, to bring in some smarts. Yes, it’s important to do a statutory diagnosis, because these are state funds that can be used to support, but we need to find the way the child learns and develop a method that is specifically tailored to their requirements. We’re wasting the expertise of the educational psychologist by just getting them to do a statutory report – there should be a strengths report and a learning report which looks at how we can specifically help. This is so obvious that I cannot understand for a moment why we are not doing it.

Because the support isn’t available in schools, and they have to buy it in, it does seem to me that there’s little incentive for the schools and it’s the parents that tend to be pushing for it. I think there’s no doubt that the school system is currently underfunded. There is no additional pot of money that the school gets for diagnosing dyslexia, so if the school is required to buy in extra support, some other area is losing out. This is a catastrophic situation. There are not enough resources. There’s not an easy solution, using any method in the current educational system. That’s why I say that we need to think outside the box, we need smarter dyslexic people designing the system – we shouldn’t be forcing children to learn so fast, delay the start of formal teaching so that all children have the necessary cognitive development to be able to benefit from it. Fill that extra year with a lot of executive function development, which actually costs nothing and means that rather than failing in their early school life they see school as a place to enjoy, they get out of this toxic cycle.

If you can say to the government that delaying the start of formal teaching will not disadvantage anyone and will save you money, then it’s a no-brainer. If you try to find the big picture, it comes up with surprising but obvious solutions. That’s my idea anyway, but that’s because I’m dyslexic!

You don’t say that in the book, and that would be nice to know!

I see myself as an honorary dyslexic person, and that’s not quite the same is it? Maybe I could do a preface to the book. I think it’s interesting, about the cerebellum. All these issues that I had… I had no idea why the little lad down the road could tie his shoelaces and I couldn’t. My interest in dyslexia was sparked by a PhD student, but then you reflect… a whole bunch of stuff from my early life became clear when I found my cerebellum was shot.

Funnily enough, in my teens, my mother got me to do a balance training programme. I had no idea that was what she was doing. I then got into the soccer team, because my coordination got so much better. I didn’t notice it, but the teachers did! That’s the time when your brain is changing… if you can just get this stuff in.

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Postgraduate Training in Paediatric Neuropsychology

Applications are now open for the professional training programme in paediatric neuropsychology starting in September 2017 delivered by University College London and Great Ormond Street Hospital for Children.

The Masters/PG Diploma in Applied Paediatric Neuropsychology is open to all professional psychologists and psychology graduates. The Masters/PG Diploma in Clinical Paediatric Neuropsychology is open to Clinical Psychologists and Educational Psychologists.

In addition to the accredited training routes, there is an opportunity to attend the International Spring Symposium in 2017: Assessment and Intervention of Cognition and Behaviour in the Developing Brain*

Programme Director: Professor Faranaz Vergha-Khadem

*Further details will soon be available on the website: www.ucl.ac.uk/neuropsych
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As a graduate aiming for a career in clinical psychology, my search for relevant experience has taken me far and wide. From working as an Autism Support Worker, to entering data for a counselling charity, to completing a person-centred listening course, I’ve been getting familiar with the mental health field in the UK for a couple of years. My latest venture plunged me into a foreign culture in the developing world and exposed me to a diverse range of professionals and clients as I joined SLV on their Graduate Mental Health Volunteer Placement in Sri Lanka.

Prior to this placement I was largely aware of Sri Lanka in relation to two major tragedies in recent history: the bloody civil war between the Sri Lankan government and Tamil separatists, ending in 2009 after 26 years; and the 2004 Indian Ocean tsunami which killed around 35,000 and displaced more than 800,000 Sri Lankans. Whilst I, of course, knew that there would be far more to this island nation of 20 million inhabitants than the sorrow and misery of these two events, I did expect that my volunteering experience would be largely coloured by their repercussions. What I encountered was a diverse range of people and situations that were not limited to the trauma of war and disaster. I expected the challenges posed to mental health in this developing nation to differ from those in the UK but found that the most prominent issues were, in fact, similar. Yes, the scale of the challenge here was certainly magnified, but in general the issues of stigma, lack of understanding and an extreme lack of funding, resources and care-availability were the main barriers to improving mental health.

**Stigma and awareness**

Stigma around mental illness is a global challenge and has been described as the main obstacle to provision of care for people with mental illness. Sri Lanka is no different, and countless professionals I spoke to identified stigma as a major problem in society. Religious and cultural beliefs permeate public attitudes, and the concept of karma – that there is a causal relationship between someone’s present circumstances and their actions in a previous life – seems to justify blaming victims for their mental illness. Yet contrary to my expectations, more rural communities in which traditional beliefs were strongest actually appeared to display more acceptance of their mentally ill than industrialised communities.

In an urban suburb I saw a culture of abandonment on a weekly basis at the psychiatric institute and rehabilitation centres we worked in. Owing to some archaic legislation the female patients here can only be discharged by the family member who signed them in. Often these family members are not easily traced and so societal reintegration following admittance is generally low, prompting one psychiatrist I spoke with to quip: ‘Half Way Home is a misnomer; it’s Forever Home.’ Indeed, whilst we were working there, the institute was officially full. Despite this, over one third of the patients leave the facility to work each day, returning in the evening, and with no intensive security there is not a feeling of detainment, only one of hopelessness.

Contrast this with the support and acceptance I witnessed on a field trip to a psychiatric outreach clinic in the rural north. Here it seemed that the traditional family unit was stronger than in urban centres where life has taken on a more Westernised, individualistic flavour. Whereas those in cities seemed excluded from the fast-paced lifestyle, the rural mentally ill enjoyed greater social integration. Many had been medicated for years, but maintained their roles as farmers, shepherds and mechanics. It seemed the simple, manual nature of their work had some remedial quality that allowed them to maintain their routines in spite of their conditions. This seems to chime with Waxler’s findings some 40 years ago (tinyurl.com/hapjxaa), of better reintegration for the mentally ill in non-industrialised Sri Lanka. This urban–rural dichotomy suggests, perhaps, something inherent in Western industrial culture that is geared towards exclusion of the mentally ill.

Another common issue was a lack of

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<th>Role</th>
<th>Location</th>
<th>Salary</th>
<th>Deadline</th>
</tr>
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<td>21/11/2016</td>
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<td>Forensic Psychologists</td>
<td>Nationwide</td>
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**Beyond ‘voluntourism’**

Thomas Campbell on mental health and volunteering in Sri Lanka
Awareness and understanding around the concept of mental health, and of what support is available. Again, related to traditional beliefs, people would often attribute a person’s poor mental health to a vengeful god or possession by a spirit. In one outreach clinic a war victim who had lost his sight in an explosion presented with panic attacks and vivid, intrusive memories. This was his first contact with any mental health service, a full seven years after the war had finished. It seemed that, after trying traditional healing to no avail, he was visiting the clinic as a last resort.

The psychiatrist, a minority in his staunch atheism, let us know in no uncertain terms his feelings about the traditional religious healers who often charge high rates for their rituals: ‘They prey on vulnerable, simple people and their practice stands in the way of meeting people on their level, and to be sensitive to their personal convictions whilst encouraging them to use the service he provided.’

**Making a difference?**

One of my biggest concerns was whether the work I did would make any difference or merely serve as token ‘experience’ for my CV. I expected that a major limiting factor here would be the language barrier. Whilst SLV’s staff comprises 90 per cent Sri Lankan nationals, they are generally there to coordinate logistics and not to interpret attempted interventions. Perhaps my attempts to support patients in introspection and emotional expression were over-ambitious. I would privately despair when my ‘emotions wheel’, complete with painstakingly transcribed English to Sinhala instructions, became yet another colouring template, or when our planned drama session to encourage ‘perspective taking’ at a boys detention centre descended into a free-for-all. At times I questioned the point of it all.

Doing arts and crafts, or leading a stretching routine, seemed somewhat shallow and redundant when patients were suffering from chronic depression or schizophrenia. However, I came to realise that the point of it all is that we are dealing with fellow human beings, and that we can make connections and share experiences that transcend spoken-language barriers. Of course we are not going to cure schizophrenia by throwing a ball around, but by going in with warmth, empathy and acceptance – core conditions that are essential to any therapeutic alliance – we can create the right environment to have fundamental human experiences such as sharing a laugh, a smile or simply a quiet moment sitting together.

I don’t know the reality of living in an institution in Sri Lanka, but I can see that it is not a fulfilling existence. Volunteers coming in with enthusiasm and energy may go some way to brightening the otherwise colourless week for these patients. From the feedback we received via nurses and psychiatrists, the patients loved the sessions run by the ‘white people’ and looked forward to those few hours where people tried to connect with them as humans.

I also had initial concerns about ‘voluntourism’. There is a whole industry composed of organisations offering short-term breaks combining exotic travel and a minor volunteering role. In theory these represent a win-win situation: contributing to local communities; personal development and experience for volunteers. However, there have been many flaws highlighted in this type of enterprise, such as unethical ‘for-profit operators’; skills-gap between volunteers and community needs; and importing neo-colonial attitudes.

SLV seem to address these issues well. Volunteers are selected on the basis of their background skills and experience (only one in six applicants are selected, according to their statistics) and their respect for local culture was stringent. Furthermore, at between one and three months, SLV’s placements are longer than most voluntourism organisations’ one- to two-week placements, which reinforces the continuity and consistency of the support they offer to communities. Different batches of volunteers come and go, but the projects run year-round, and with each new batch comes a replenished source of ideas and enthusiasm.

**Final reflections**

I gained both an interesting insight into mental health in a foreign culture, and the opportunity to develop my personal skills and qualities. Being challenged to provide support for vulnerable people with language barriers has broadened my understanding of basic human connection. SLV provided a reasonable platform for volunteers to make a difference here, both for themselves and for the communities they work with. Beyond this it is up to the individual to put in the effort to learn from, and reflect on, the situation they are in.

Despite being separated by over 5000 miles, cultural differences and a socio-economic chasm, the challenges facing mental health are similar between Sri Lanka and the UK. Stigma, awareness and availability. Motivated, dedicated people who have the skills and personal qualities necessary to make a range of mental health interventions widely available. I hope that through this experience I have taken some valuable steps on my journey towards being one of those people.
A cautionary tale
Megan Prowse presents her personal reflections on overseas placements

Working towards a goal such as a career in psychology – as any graduate or on-the-ball undergrad knows – can be difficult and at times frustrating. Getting good work experience on your CV is one of the most suggested ways to start working towards that goal, but this can be a job in itself. As an undergrad, I wrote to many NHS departments offering shadowing and assistance within departments, but for the most part to no avail. I found it hard to get good-quality work experience and with the ever-growing competition for admission onto doctorate training I was naturally attracted to a UK-based organisation offering oversees psychology placements. With the promise of exposure to hospitals and working closely with patients, they understandably said it was an opportunity hard to come by in the UK. I understood all too well how challenging working towards being on a training course can be, but I now offer this cautionary tale.

Volunteering abroad may fill a gap in the CV but it is paramount that placements are responsibly and ethically organised. I also wish to suggest to the psychology community ways that we as practitioners can assist those wanting to work psychologically towards being on a training course can be, but I now offer this cautionary tale. As I arrived and we became orientated to the placement and what would be involved, confusion set in quickly followed by a heart sinking feeling that I had been ill-informed and ultimately misled the experience. With the addition of being thousands of miles away from home, I felt utterly disappointed.

In reality, the organisation offered psychology placements that entailed a variety of volunteering projects working on rotation. Although having signed up for a psychology placement you can, in fact, find yourself doing many different voluntary projects completely unrelated to psychology. The amount of time spent in a psychologically related institution was once, maybe twice in the week with the rest of the time spent teaching children to swim (without the request of qualification from the organisation and no lifeguard), or watching children playing. When finally in an institution and on a ward, there was no information given about the service, no notes or information given about patients, and neither the staff nor patients were able to communicate in English.

Volunteers often asked the organisation if they could implement more meaningful activities, but the feedback was consistent that volunteers shouldn’t question the organisation. The tagline quickly became clear: we ‘wouldn’t get this experience anywhere else’ and therefore needed to be grateful.

It quickly became apparent that there were safety issues on the placement. For example, alarm bells were raised as my questions around risk management for volunteers on forensic wards were met with the vague response that we ‘didn’t need to think about that’ as we were not in the UK. The safety concerns continued, as I observed the project’s organisational staff knowingly encouraging volunteers to enter unpredictable wards where nurses were absent. Incidents did occur, where volunteers were being grabbed, pulled and scratched. Volunteers felt that they were unable to report this to the project’s organisational staff, due to their ‘lucky to be here’ defensive attitude to the feedback from volunteers.

This apparent disregard for the safety of patients and volunteers alike left me questioning the awareness of the organisation’s staff, with regard to psychological institutions and the necessary ethical considerations for working with vulnerable adults. I was also saddened by the lack of consideration for ethical and psychological factors for patients. For example, the organisation were not concerned with the potential disruption caused to patients by a regular presence of new people who were not staying long, who didn’t speak their language and were not permitted to provide them with any real support. We were encouraged to walk onto the ward without any introduction or warning. Yes, there is value in basic contact for certain patients who may be left for long periods of time without visitors, but I wondered if sending us in to sit on the ward, simply looking at patients, was helpful for them and the best use of volunteers’ time and money.

The organisation may have started out with good intentions, but the obvious lack of awareness for a safe and ethical placement is deeply concerning. I felt the organisation had a huge responsibility to provide something meaningful for patients and volunteers but to me there was an exploitative feel to the placement. I made the decision to end the placement early and do my best to speak up so that others wouldn’t be in the same position. I do feel the organisation provided an experience: of another country, living with families and being immersed in a different culture. So why not sell it this way? Instead, the organisation promised a chance to work psychologically with patients for a fee, which turned out to be a promise left very much unfulfilled.

At every turn the staff batted away constructive feedback and I couldn’t help but feel that the organisation exploited the censorship in the country to defend against their failings.

So what could and should be done?
Firstly, in terms of safety, offering some risk-awareness training to enable staff to be more on board and aware when volunteers are around. Improvements in the placements could include activities that are more useful to patients and
psychologically related for volunteers, properly liaising with the hospitals so that placements are integrated into the hospital services and that staff are aware of the volunteers’ presence. Observations of doctors and professionals working with patients could also be provided if the placement was more integrated into services. Ultimately, providing a psychological placement should include some psychological elements, and if this is not feasible then the experience should be sold as it really is: at best, a cultural one.

Volunteering in mental health should be rewarding for those doing the work but more importantly should be meaningful for patients. Why should volunteers sign up and pay for these projects that are unsafe and do not provide any real psychological work? I believe mental health providers here in the UK need to consider how to include volunteers in departments. Often confidentiality is the reason for not offering volunteers a placement. However, there are ways to respect confidentiality whilst offering psychological work. For example, I was lucky enough to be offered observations of clinical psychologists providing psychoeducational groups (where disclosure of information and confidentiality constraints are limited), in exchange for providing administrative duties. Such an arrangement meant that I was contributing to the service and gaining meaningful experience. Departments can often overlook the contribution graduates with knowledge of IT and research skills can make. Offering up graduates, or eager undergrads, to help in departments is a key resource to be thought about, and in return a chance for eager psychologists in the making to be learning their profession.

I therefore urge professionals in the field to truly consider the value of volunteers. If we could offer more opportunities in the UK then perhaps these organisations will not have the chance to hold out the promise of things that they cannot deliver on. In sum, I write this cautionary tale, not to deter any good intentions of those trying to offer volunteers placements abroad, but as a warning to graduates to be aware of what is out there. Ethical and safety considerations aside, there can be a vast discrepancy between what is sold and what is provided in reality. Check what you’re paying for, and whether you should be paying at all.

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Megan Prowse is a CBT therapist: see www.citypsychchick.com

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CPL has been appointed by the British Psychological Society and we are very excited to be your point of contact for all advertising. CPL is an award-winning full service agency that was established in 1996.

In early 2017 we will be launching a new appointments website. It will be accessible on mobiles and desktops, with increased search functionality, greater ease of use and navigation. It will also have many more targeted options to allow you to promote your roles to members and other visitors to www.jobsinpsychology.co.uk.

You will be happy to hear that all recruitment advertisers in the print edition of The Psychologist will continue to have their adverts included on the new appointments site.

To discuss the opportunities for advertising and promotion in The Psychologist, www.jobsinpsychology.co.uk and Research Digest, please contact Matt Styrka on 01223 378005 or email matt.styrka@cpl.co.uk.

<table>
<thead>
<tr>
<th>Upcoming issues</th>
<th>Display advert deadline</th>
<th>Appointment section deadline</th>
<th>Publication date</th>
</tr>
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<tbody>
<tr>
<td>January</td>
<td>23 November</td>
<td>30 November</td>
<td>15 December</td>
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<tr>
<td>February</td>
<td>03 January</td>
<td>04 January</td>
<td>19 January</td>
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“Our patients make the work enjoyable and rewarding. It’s sometimes challenging but they make it all worthwhile,” says Lynn McGhee, Senior Nursing Officer in Adult In-Patient Mental Health.

These roles are part of a new initiative which meets the huge need for first degree psychologists to get clinical experience before going on to further clinical study. “My manager worked at a private hospital where they recruited first degree psychologists into certain support worker roles. He feels that means you get fabulous, highly motivated support workers and the successful candidates get rare and much-valued hands-on experience. It’s thus a win-win. The successful candidates will do day-to-day ward work as well as some basic group sessions, one-to-one therapeutic work and leisure activities – playing board games and the equivalent. The latter give you a real chance to get to know a client, to learn good listening and empathetic skills, to work on treating people as just that, people rather than cases. The successful applicants will do our mandatory training then get the critical experience of working with a multidisciplinary team. They’ll work for a ward manager and with a variety of other nurses, as well as support workers who are not psychologists. Then there’s the invaluable experience of observing consultants, junior consultants, occupational therapists and physios on the job. And, of course, they will be in a good position to observe our qualified psychologists at work, which will be invaluable for their future development.”

The role involves shift work and each shift is quite long. “It’s a three-day week for three weeks then four days in the fourth week rota. Day sessions are 7am till 7.30pm; nights from 7pm till 7.30am. Because of this we need people who can get to their work fairly easily.”

What are you looking for in a successful candidate? “Certain personal qualities. They’ll need to be energetic, empathetic and have naturally good listening skills. They must want to learn rather than be know-it-alls, particularly with their colleagues from different disciplines. And they must have a real commitment to putting patients first. In return we give them what I believe will be really invaluable practical experience of working with people.”
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This vacancy forms part of HF’s Psychological Assessment Team (PAT). PAT applies psychological and behavioural expertise to inform the human narrative of the intelligence picture. With a global remit, the team produces timely, cogent and robust psychological assessments at the strategic and operational levels in support of crisis and conflicts in areas of priority to Her Majesty’s Government and the Ministry of Defence.

The post holder will be responsible for the production of focused intelligence assessments in support of understanding those at the heart of high profile conflicts and areas of interest including Daesh, Iraq, Syria, the wider Middle East and Northern Africa, Gulf regions and Russia.

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The Department is based in modern accommodation at New Craigs Hospital, Inverness and the successful candidate will have overall professional responsibility for Clinical and Counselling Psychologists who deliver services for patients referred from Highland and Argyll and Bute. The post carries responsibility for providing professional leadership for those staff and also for our Cognitive Behavioural Therapists and who provide general psychology services to that population. In addition to the professional leadership role, the post holder will be expected to carry their own clinical caseload.

All general psychologists work in specialist multi-disciplinary teams each of which serves a defined number of GP practices from which referrals are accepted of patients with moderate to severe mental health problems or psychological disorders. The person appointed will join the service at a particularly interesting and challenging time as NHS Highland prepares for the implementation of the forthcoming National Mental Health Strategy and the desire to improve access to Psychological Therapies for all ages. The successful candidate will be expected to take a lead role in offering advice to service planners and managers on the implications of proposed changes for applied psychologists working in services and for supporting their colleagues through the inevitable processes of change which lie ahead.

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It is anticipated therefore that candidates applying for this post will have considerable experience of working in secondary care adult mental health services delivering psychology services for a broad range of moderate to severe mental health problems. Evidence of professional leadership experience will be expected together with a demonstrated involvement in offering advice at a senior level on professional issues to managers and service planners. Previous leadership training will also be an advantage as will evidence of ability to deliver and supervise in a range of psychological therapy modalities. In addition, a proven record of involvement in significant quality improvement work and in research of publishable quality is highly desirable.

The applied psychologists within our service have a range of clinical interests reflecting a variety of theoretical and therapeutic orientations, and an emphasis is placed on good practice. A commitment to research of publishable quality is highly desirable.

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The MOD is an Equal Opportunities employer and seeks to reflect the diverse community it serves. Applications are welcome from anyone who meets the stated requirements.
(Contains plot spoilers.)

National Treasure is a timely piece of drama, a response to the scale and shock of the abuse uncovered by Operation Yewtree. Rooted in the real world, it references the Jimmy Savile case within the storyline. But here we are drawn into the world of the fictional character Paul Finchley (Robbie Coltrane), a much-loved celebrity, and the unfolding narrative that surrounds him after several women come forward to make allegations that he sexually abused them in the past.

Not only does the drama focus on Finchley’s interior world, but there is skilful switching into multiple perspectives of other characters, notably Marie, Finchley’s wife (Julie Walters) and their daughter Dee (Andrea Risborough). The quality of the drama is unquestionable – there are astounding performances from the cast, particularly Coltrane, Walters and Risborough. It is beautifully filmed, with downbeat blue tones, lingering shots of facial expressions and repeated motifs. The haunting soundtrack heightens the intensity and sense of entrapment, conjured by images of long corridors, and people partially obscured in doorways.

As psychologists, we were concerned with whether this drama was psychologically informed, whether it was authentic and researched.

At its conclusion, the writer, Jack Thorne, has achieved an immense feat of compelling and disturbing drama. He has created characters who are human and flawed, particularly Paul Finchley, a man who Marie describes as having ‘layers’ where he plays different roles, one of which she thinks is ‘capable of anything.’ Thorne has taken some of the stereotypes that exist in society, the most distasteful of which is the ‘Lolita’ concept, and holds them in a space which is full of ambiguity. The viewer is left not knowing what or who to believe. We are left uncertain, in a zone of discomfort.

In that space, we are confronted with unsettling questions about truth, knowing, memory, abusive attitudes and sexism, mental ‘illness’ and society’s response to abuse cases in the media. Paul is not a panto baddie. He is believable: he is ‘innocent’ and suffering, hung out to dry by the media. Victims are ‘opportunistic’, ‘confused’ or ‘lying’. Marie fiercely defends Paul, ‘choosing to believe’ to the point of shutting down Dee’s doubts about whether she may have been abused. However, as the drama progresses, we flashback into the past; we start to see through a different lens, where some stereotypes are questioned. We learn more about the complexity of memory. We walk alongside Marie, as reality dawns and she starts to shift her position about Paul’s behaviour.

Many portrayals of victims have called into question their credibility and their ability to remember. But here, we focus on the abuser too – his denial, his ability to distort what has happened and tell himself a different narrative. Paul hides from himself and fails to take responsibility for his actions. Other characters also have flaws in their memory. There are references to the passing of time throughout the drama – main characters can’t or won’t remember details accurately, ‘It was a long time ago’ is a repeating line. But there are significant events that are remembered, and there are agendas that sway people, as with his comedy partner’s decision not to speak out in order to protect the legacy of their work.

The victims are at the edges of this narrative, until we see their distress in court. Thorne captures how Paul is powerful: rich and well known with the means to buy himself hefty legal support. The emotional distress of the women testifying is painful to watch.

The viewer is still left with uncertainty until the interweaving of flashback about the truth against the jury’s decision. The conclusion contains a depressing acknowledgement – that victims are often not getting justice.

National Treasure is the latest in a series of high-profile dramas and documentaries that address the issue of historical abuse, including the Oscar-winning film Spotlight and the Louis Theroux documentary Savile. Society is asking itself searching questions about why it didn’t know and couldn’t see in the wake of high-profile cases. However, while these features aim to treat victims’ experiences compassionately, the survivors themselves have not yet been placed centre stage. What is missing here is that survivors of abuse are often more than able to shine the light where it is needed and to articulate clearly the hypocrisies of both perpetrators and the systems that hide them. It seems a great pity that in this series as in other parts of modern life we are unable to see or listen to them properly. For all of the nuance present in this excellent series, it is this sidelining of survivors of sexual abuse for dramatic tension or aesthetic acceptability that is the most glaring. When will their story be bearable?

Reviewed by Dr Khadj Rouf and Dr Danny Taggart

Dr Khadj Rouf is a consultant clinical psychologist; member of the BPS Safeguarding Children and Young People’s Group; and co-author of the BPS (2016) guidance document on the management of disclosures of non-recent (historic) child sexual abuse. She is also a survivor of child abuse and has published resources from a personal perspective.

Dr Danny Taggart is Academic Director, Doctorate in Clinical Psychology, University of Essex. Author of the recent Clinical Psychology Forum paper ‘Notes from the underground’, a response to the BPS guidance, which details his experience of psychosis resulting from institutional sexual abuse in childhood.
Neural Plasticity Across the Lifespan: How the Brain Can Change
Gianfranco Denes

Written by neurologist Gianfranco Denes, *Neural Plasticity Across the Lifespan* is a concise, yet detailed overview of neural plasticity from all conceivable angles. Neural plasticity is a popular theme amongst scientists ranging from cell biologists to social psychologists; Denes has managed to cater to a wide audience without omitting important, field-specific details or overcomplicating concepts.

Denes covers neural plasticity from its role in the classic nature/nurture debate through to the genetic underpinnings of human evolution. This book provides a fascinating read both for those working in neural networks and those with a general interest in how the human brain changes over time.

Although some parts are very biological in nature, and may not appeal or be clear to non-biologists, the book is broken down into several easy-to-digest chapters. Useful summary boxes and figures to provide easy visualisation of complex ideas that may be alien to some readers (e.g. neural network structure). These aspects are well thought out and particularly advantageous due to the multidisciplinary nature of neural plasticity. The addition of a glossary of terms adds a further aspect of accessibility to readers from all fields. Each chapter includes references to recent ground-breaking research as well as big names in psychology and neuroscience history, including Piaget and Hebb. Denes provides an excellent review of a vast amount of experimental results, sure to strike many debates amongst readers.

Adolescence: A Very Short Introduction
Peter K. Smith

Adolescence is a time of storm and stress, as Stanley Hall suggested in 1904, a time of developments, explorations, and changes, and it can be a challenge to summarise the main research findings, evidence and theories related to this area. A challenge that Peter K. Smith has addressed brilliantly in his succinct yet original book *Adolescence: A Very Short Introduction*. Smith has provided an effective, straightforward and useful account on this difficult and cumbersome time of an individual’s life. Starting with a brief historical and psychological background on the topic, he then explores the onset of adolescence (i.e. puberty) from a biological perspective, including recent evidence-based findings on brain developments and hormonal changes in boys and girls.

An interesting chapter is then dedicated to moral development and identity search in which Smith describes the main theories behind these concepts. Erickson’s concept of identity crisis and Kohlberg’s idea of moral reasoning are very relevant to this area and could be potentially used as a frame of reference for understanding the behaviours of many teenagers. Relationships with parents, peers of same and opposite sex, siblings and other individuals are also covered in this short guide. Smith has included a compelling chapter on the massive influence of the technological progress in shaping the lifestyle and choices of today’s adolescents alongside the increasingly reported influence of information and communication technology, the pronounced overuse of social media and social networking sites, which have deeply affected the relational dimension of teenagers. Other relevant topics of interest such as risky behaviours, peer pressure and romantic relationships are further covered as part of this stressful yet crucial time in people’s lives.

Through a clear and fairly accessible language, Smith has created a concise and useful vade mecum on adolescence. As the title itself suggests, this is not meant to be a self-help book or a manual on how to survive teenage years, but it is a brief explanatory guide on the main developments and areas affected by both biological changes, environmental and social influences.

Oxford University Press; 2016; Pb £7.99
Reviewed by Sara Pisani who is an MSc student at King’s College London

Of great use to educators

Observing Adolescents with Attachment Difficulties in Educational Settings
Kim S. Golding, Mary T. Turner, Helen Worrall, Jennifer Roberts & Ann E. Cadman

This book centres on the use and applications of a comprehensive checklist for the titular adolescents, as well as an exploration first of the various difficulties these adolescents may face and further how the educational setting can use the checklist to identify and finally meet these needs. The book provides thorough examples of how the checklist can be used for this purpose leaving the reader with a foolproof understanding of how the checklist should be administered and interpreted.

Throughout, the author takes the wise step of introducing attachment theory but consistently relates it to the educational setting, while providing more information on these theories in the appendix section for the curious reader, which helps which prevents the book from feeling too theoretical and straying too far from its focus. Everything the author discusses, quite rightly, is in the context of attachment in educational settings and the observation checklist the book disseminates.

Summarily, this book is a worthy addition to Golding and colleagues’ previous work on observing infants with attachment difficulties and would be of great use to educators and associated professionals even if they were to never use the checklist, such is the quality of the information provided.

Jessica Kingsley Publishers; 2016; Pb £24.99
Reviewed by Gareth Newman who is a Developmental Psychology and SEN MA student at Liverpool Hope University

www.thepsychologist.org.uk
The why of the why

Mastering the Clinical Conversation: Language As Intervention
Matthieu Villatte, Jennifer L. Villatte & Steven C. Hayes

Relational frame theory (RFT) is a behavioural account of how language and its effects are governed by operant principles. The effects are profound: whereas non-human animals are thought to learn only by interacting with their environment, the human ability to be influenced by language leads to learning that is both extraordinarily efficient and not restricted to direct experiential contact. The benefits of this are all around us, but so are the inevitable downsides – these same verbal processes lead us to ruminate over the past, worry about the future, and raise mental barriers that separate us from our present.

The authors have written a book that has made RFT accessible like never before and that patiently shows how verbal language can be used to produce therapeutic change. Although closely associated with acceptance and commitment therapy, this is distinctly not an ACT book, and indeed some of each chapter shows how many different talking therapy models and traditions make similar assumptions about the processes of change.

Each chapter includes annotated excerpts from therapy sessions, explaining in RFT terms why particular exchanges might be expected to lead to therapeutic gains. Although the authors take pains to distinguish this from an ACT text, inevitably if you formulate problems in a particular way, you will reach consistent conclusions about the kind of interventions that would be appropriate, and as someone who needs no persuasion about the utility of ACT/RFT I found myself wondering what therapists from other traditions would make of it.

All therapy books will describe how to do something, and all will tell you why. Mastering... will appeal to those clinicians who want to go to the why of the why, to the elemental level where words become verbal operators, with infinite power for positive change.

Reviewed by Dr Mark Oliver, a clinical psychologist with the Community Team for People with Learning Disabilities, Northumberland, Tyne & Wear NHS Foundation Trust

Explaining online behaviour

Psychology of the Digital Age
John Suler

The internet is becoming increasingly integrated into our daily lives – we can communicate with loved ones, order groceries, turn on our home heating and even monitor our pets online. The rise of the internet has seen the emergence of supportive online communities and the democratisation of media, but also cyberbullying, widespread online misogyny and cybercrime. What causes people to act the way they do online, and why is it often so different to how they would act in person? How can we understand our relationships with technology and with each other online?

These are some of the questions tackled in John Suler’s sequel to his ground-breaking online book The Psychology of Cyberspace. Psychology of the Digital Age presents Suler’s transdisciplinary theory of cyberspace architecture, a unifying framework that he applies to online identity, online disinhibition, intimacy in online relationships, the boundary between normal and abnormal online behaviour, and host of other topics.

Psychology of the Digital Age is a pleasure to read, written in an accessible style without being oversimplified. Each chapter begins with a thoughtfully chosen anecdote. Suler’s examples of being banned from online communities and getting drawn into email conversations with conspiracy theorists are humorous and self-deprecating, normalising the pitfalls and ambiguities inherent in online communication.

Although the text draws on a range of psychological theories to explain online behaviour, Suler approaches the subject primarily from humanistic and psychodynamic perspectives, using concepts such as transference, regression and the human need to self-actualise. The emphasis on unconscious processes may alienate readers of a more cognitive-behavioural bent, or readers who favour quantitative over qualitative research methodologies.

Psychology of the Digital Age is a profound and thought-provoking book which will be of interest to anyone wishing to understand our rapidly evolving interactions with technology, and what it means to be human in the digital age.

Reviewed by Chris O’Mahon who is a cyberpsychology enthusiast and trainee clinical psychologist at the University of East London

Challenging myths

Surviving Brain Damage After Assault: From Vegetative State to Meaningful Life
Barbara A. Wilson, Samira Kashinath Dhamapurkar & Anita Rose

Vegetative states are not commonly associated with recovery. This book challenges those preconceptions by telling the story of Gary, who was assaulted by a gang at the age of 28. He was left with multiple skull fractures and severe brain damage, and remained in a vegetative state for 15 months. Gary’s remarkable recovery is documented through the detailed and thought-provoking accounts from a range of professionals, as well as Gary and his family.

It was interesting to read about anthroposoph medicine, which the authors explain is a method of rehabilitation that complements and is integrated in mainstream medicine. This meant Gary received less traditional types of therapy, including massage, exercise, art therapy and music therapy, alongside more traditional interventions. One particular therapy, entitled neuro-functional reorganisation (NFR), involved the therapist singing to Gary whilst they engaged him in exercises, such as rolling. It was fascinating that Gary remembered these songs lyrics when he gained more awareness, despite only hearing them for the first time whilst in a vegetative state.

A touching feature of the care provided was the integral role that the family played in Gary’s recovery. His mother monitored his behaviour and intervened when Gary became aggressive, and his father’s voice was recorded and used as a communication aid. These responsibilities could serve an important function in empowering families and reducing feelings of helplessness.

The authors lead us to wonder how many other people would have recovered more fully if they were fortunate enough to have received the same intensive rehabilitation. An important debate is raised: is it ethical to send someone in a vegetative state to a nursing home, knowing that there is still a chance of a late recovery if they are given appropriate treatment?

Reviewed by Natalie Jones who is an Assistant Psychologist, St Andrew’s Healthcare

Reviewed by Dr Mark Oliver, a clinical psychologist with the Community Team for People with Learning Disabilities, Northumberland, Tyne & Wear NHS Foundation Trust

Reviewed by Chris O’Mahon who is a cyberpsychology enthusiast and trainee clinical psychologist at the University of East London

Reviewed by Natalie Jones who is an Assistant Psychologist, St Andrew’s Healthcare
The morality of drone warfare

Eye in the Sky
Gavin Hood (Director)

The movie *Eye in the Sky* focuses on a political, legal and moral predicament in which a hardened British colonel is the commander of an international mission to capture Shabaab terrorists in Nairobi, Kenya. The mission is complicated when terrorists are discovered in a safe house preparing suicide bombers, and the occupants include radicalised converts from two countries, Britain and the US. To further complicate matters, bombing suspected terrorists in countries with which one is not at war violates national sovereignty and international law. To manage these legal and politically charged issues required the participation of officials dispersed internationally.

The discovery in the safe house changed the mission from capturing terrorists to killing them. Seeking approval to launch the drone strike was widely diffused internationally across multiple bureaucratic chains of command. The commander of the mission was in London. The drone operator was in Las Vegas. The facial recognition official was located in Pearl Harbor. Mindful of the legal and politically charged issues, officials in the Defense Department and Whitehall and their legal counsels got involved, as did US and British top officials managing foreign affairs. A good share of the movie was devoted to displacement of decisional responsibility up the bureaucratic kill chain. At each level officials ‘refer up’ to higher echelon officials on the grounds that they lack the authority to make the decision.

The movie humanises ‘collateral damage’ that strips humanity from innocent people who are killed. As they were about to launch the missile, a winsome little girl sets up a table in front of the safe house selling bread. The perturbed drone pilot asked for a brief delay until she leaves the ‘kill zone’, only to be commanded twice to fire. In an act of moral courage, he asserts that as commander of the missiles, he has the right for new clearance with a new ‘CD’ (collateral damage).

The drone program was conducted on a peculiar operational ethic that decides who dies. A risk assessor rates the probability of civilian deaths. In this metric, a civilian kill ratio below 50 per cent gives licence to deploy missiles. Human lives are reduced to probabilities. The commander, whose agent was recently killed by terrorists, is eager to receive authorisation to target the safe house. She complains that she cannot find anyone who is not ‘trying hard not to make a decision’. The risk assessor offers a range of probabilities. The commander sends the lower-risk value up the ‘kill chain’ to the Lt. General presiding over the panel that issues the clearance to launch missiles. However, a trenchant member challenges their authority to do so on the grounds that the mission was approved to capture terrorists, not to kill them. They consult the senior legal adviser at the US Security Council. She explains that they have a point system that determines what constitutes a legal strike. She goes on to criticise the panel for putting the mission on hold ‘for one collateral damage’. If they allow these terrorists at the top of the kill list to blow up a shopping mall, she warns, it will anger the White House and the Pentagon.

Because of further objections within the panel, the request was referred to the British Foreign Secretary. He explains that he cannot grant the clearance because one of the terrorists has an American passport. On referral, the United States Secretary of State rules that because she declared herself an enemy of the US she is not protected. He approves the missile strikes with a critique of the Brits as a bunch of equivocators.

Reassessment of the risk of civilian casualties was the remaining obstacle. The risk assessor repeatedly reported high risk of civilian deaths regardless of where the bomb hits. The commander manipulates him to provide a lower risk with appeals that it will save many civilian lives. Under continued social pressure he reluctantly lowers the risk factor to 45 per cent. However, to ease concern over the effects of his acquiescence, he tells her that the figure is ‘only an estimate’ while she is walking away ignoring his qualms.

Having received clearance throughout the kill chain, the panel argues about the legitimacy of different actions and voices concerns over the political and diplomatic repercussions of killing civilians in a foreign country. The trenchant member framed the issue in terms of the morality of killing an innocent human being: ‘If they kill 80 people, we win the propaganda war. If we kill one child, they do.’ They eventually settle on the consequential utilitarian ethic. A few are sacrificed to save many. One of the members even quantifies the benefits. Sacrificing the child, he explains, will save up to 80 lives. Given the moral justification and claimed low risk of civilian casualties they granted clearance to fire the missiles.

The missile demolishes the safe house and injures the young girl. The high-priority British terrorist, who has been the commander’s nemesis, is still alive but severely injured. They fire another missile that flattens the remainder of the safe house but also kills the girl. The commander declares ‘Mission Accomplished’. To support the legitimacy of their actions, she instructs the risk assessor to file the report with the risk at 45 per cent.

In the concluding scene, the trenchant member confronts the presiding Lt. General, condemning what they had done: ‘That was disgraceful. All done from the safety of your chair.’ She was silenced by the General’s doleful rejoinder, in which he recounts the horrors he personally experienced on the ground in the immediate aftermath of the terrorist attacks. He advises her, ‘Never tell a soldier that he does not know the cost of war.’

As a movie, of course, there is artistic leeway in the portrayal of many of the events. For melodramatic purpose, an engaging child was cast as the sole representation of civilian casualties. In actual drone warfare, the human toll is much larger; more diverse in wider radius. The nature and size of the comparative toll between civilians and militants can affect moral judgement. The drone pilot was deeply distraught by the prospect of injuring or killing the child. In real drone warfare, drone pilots would not last long if they could not dehumanise and distance themselves psychologically from their victims. The authors subscribed uniformly to the consequential utilitarian ethic. It remains a question whether, in viewers’ debates, the uniformity of the moral principle governing the actors’ judgement foreclosed or elicited consideration of alternative moral principles.

Reviewed by Albert Bandura, who is David Starr Jordan Professor of Social Science in Psychology / Emeritus at Stanford University. An article from him on drone warfare is in the pipeline for a future edition. Also find a chapter from his book Moral Disengagement on our website.
Important notice for BPS Chartered members working in forensic settings

31 December 2016 will mark the closure of the grandparenting process for BPS Chartered members to apply for the BPS forensic contexts testing qualifications.

The qualifications, which have been developed for practitioners who use tests in forensic settings such as prisons, secure hospitals, courts or probation services, can be gained at two levels – Assistant Test User: Forensic (Test Administration) and Test User: Forensic.

Chartered members working in forensic settings who wish to apply for the qualifications via the two grandparenting routes can find further information in the ‘How to Apply and Packs’ section of the Psychological Testing Centre website www.psychtesting.org.uk

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From the first beginnings of my contact with God up to the present day my body has continuously been the object of divine miracles. If I wanted to describe all these miracles in detail I could fill a whole book with them alone. I may say that hardly a single limb or organ in my body escaped being temporarily damaged by miracles, nor a single muscle being pulled by miracles, either moving or paralyzing it according to the respective purpose. Even now the miracles which I experience hourly are still of a nature as to frighten every other human being to death; only by getting used to them through the years have I been able to disregard most of what happens as trivialities. But in the first year of my stay at Sonnenstein the miracles were of such a threatening nature that I thought I had to fear almost incessantly for my life, my health or my reason.

D.P. Schreber, Memoirs of My Nervous Illness (1903/2000)

Since its publication, the German jurist Daniel Paul Schreber's Memoirs of My Nervous Illness – according to Rosemary Dinnage ‘the most written about document in all psychiatric literature’ – has been emmeshed in a complicated set of textual, intellectual and historical webs, and has been misread in any number of important and interesting ways. If you try to read Schreber's dense, contradictory, and often disturbing writings on the nature of God, and one man’s relationship with him, you’ll misread it, too.

Picking up this book in its most recent edition will cause us, if we follow the blurb on the back, to misread it as an account of the experiences of a man suffering from what we would now call schizophrenia. It is, it’s written, ‘a revealing dispatch…from the far side of madness’. It would be tempting to allow this interpretation to stand. If we skip the introduction and prefaces, ignore the appendices, and enjoy the Memoirs for the bizarre and arresting details of Schreber’s ‘crisis in God’s realms’, the miracles directed at him with the aim of transforming him into a woman, and the post-apocalyptic world he creates of ‘fleeting-improvised-men’, it would certainly make for fascinating reading. We would learn of the posterior and anterior realms of God, the forecourts of heaven, the systems of writing-down and tying-to-celestial-bodies, the soul-language, and play-with-human beings. There are little men who live on Schreber’s eyelids, lesser-Satans, and talking birds. We would find much to shock, entertain and educate us in this record of a man’s delusions. But the content of Memoirs was not written as a record of a man’s delusions. Schreber did keep a diary, but this is not it. If we ignore the blurb and proceed to the introduction we will find that it’s a ‘cloudy divine revelation’, but it wasn’t written as that either. Nor was it written as a clinical study, despite how often it is interpreted as such in the psychiatric literature. Memoirs of My Nervous Illness had a more specific purpose, once we ‘disregard the trivialities’, one that pitched his story into the real world of mental illness, rather than these (perhaps) more enjoyable fantasies – it was written to free Schreber from imprisonment in an asylum. In 1900 Schreber lost the legal right to manage his own life, lost the right to return home from Sonnenstein.
Asylum where he was being treated, and entered the tutelage of the state. Control of his financial affairs was removed from him, and any eventual release was at the discretion of his doctors. As a lawyer and judge, Schreber knew his best hope of freedom was a legal challenge to the order placing him under state control, and he began an appeal. The primary audience of Schreber's Memoirs (in its early drafts) was the appeal court. The contents of Memoirs (including many of the appendices we might be tempted to ignore) were written for, and included with, this appeal. They were constructed in order to demonstrate a legal point, namely that he was not in possession of a 'clouded intellect'. Schreber writes in rational, academic, legal prose, specifically to demonstrate the clarity of his thought. Schreber was not writing to establish that he was different from us, some prophet of a new religion, chosen to bear a new race of men, he was trying to show that he was the same. When we read him, we need to bear this in mind.

The content of Memoirs is nonetheless bizarre, but even here we need to be careful. Schreber calls on what he considers unquestionable intellectual authorities to support the objective accuracy of his experience of the world, and to demonstrate his sanity to the appeals court. The writing is suffused throughout with borrowings from popular religious and scientific books that would have informed the everyday dinner table conversations of the German middle classes. Much of this material – on eugenics, hypnosis and spiritualism, for example – is considered now to be nonsensical, and reads as something only a sufferer of delusions might believe, but this was not the case at the time. There is a difficult task awaiting the reader of Memoirs to identify elements that are hallucinated, those that were used to contribute at hallucinated, those that were used to any treatment of psychosis. In Érits (A. Sheridan, Trans.). London: Routledge.


family authors dating back centuries, all the way to Martin Luther.

Around the same time, popular interest in psychosis flourished with the success of Sybil – Flora Rheta Schreiber's book on dissociative personality disorder. Tales of abusive authority figures, pathogenic family structures, sexual torture, and dictatorial control of children found purchase in those who read Schreber, whose relationship with God – the ultimate domineering patriarch – was taken as emblematic of everything that was wrong in mainstream culture. Plays were written taking Memoirs and their reception as source material. Burt Lancaster and Anthony Burgess met to discuss a proposed film (never made) of Schreber's life story, influenced heavily by the bestselling Soul Murder, by Morton Schatzman, scripted by Burgess, and helmed by the director of Moses the Lawgiver for ITV.

Whatever Schreber experienced, whatever his illness was on a strictly human level, was never further from us. Perhaps it was never available in the first place. Instead there was the moulding of Schreber into whatever position we wished him to fit, and the use of him for whatever purposes were required – progressive or regressive.

There was a backlash in the late eighties and early nineties: two enormous and rigorously researched doorstops by Han Israëls and Zvi Lothane addressed every attempt to co-opt Schreber's story with facts that refuted them: defences of Schreber's father's reputation, the rubbishng of the work of those who went before them, and, eventually, the denial that Schreber ever suffered paranoia, or schizophrenia, but rather a mood disorder.

Towards the end of the 20th century Eric Santner took Schreber's book as a 'nerve-bible' of the 19th century preoccupations that eventually coalesced into National Socialism, and Schreber was read as a Nazi avant la lettre.

And the story continues. In my most recent novel, Playthings, I use Schreber in different ways. I use him as means of making the experience of mental illness understandable to an audience for whom it is too often made mysterious, couched in medical terms, or given to us as a means of engendering shock, fear and disgust. I use him to allegorise the reactions of the state to those things that it is threatened by. I use him to explore our relationship with our own memories, with our own histories, and to demonstrate how tenuously we exist in the present. I use him to look at the mechanics of the family, and to edge us towards understanding our obligations and the power we exert over each other. And I use him to quietly expose the traumas of my own life, and so allow myself to face them, in part.

None of these things – not the things that I have done, nor that my predecessors did, nor that Freud did, nor that Schreber himself did, can be seen as getting to the truth of anything – they do not allow for accurate readings. They are things that we write for ourselves, in complex contexts, about ourselves. They allow us to work at understanding ourselves whether it's personally, or on the level of the state. This is how and why Schreber's Memoirs are important and useful to us – they combine and catalyse all these experiences and contexts whether we recognise them or not, and allow us to play them through.

And it's not a trivial occupation.

Under the Action T4 plan from 1939 to 1941 Sonnenstein, the asylum Schreber was held in during the writing of Memoirs of My Nervous Illness, and Dösen, the asylum where he eventually died, were used to house and then execute thousands of the mentally ill, and those with developmental and intellectual disabilities. They were considered by the right-wing state 'ballast existences': a drain on the overstretched welfare budget. Schreber, had he been alive, would certainly have been euthanised. Now, when even the most basic provision for each other's wellbeing is increasingly considered unaffordable in an age of 'austerity', this work of understanding ourselves and our contexts is essential. Our stories, like Schreber's, intersect with politics, with the law, with history, with philosophy, with medicine, with genocide, with the arts, with everything, and we must continue to read and misread them, or repeat the mistakes of the past.

I Alex Pheby is a writer and academic based in Greenwich, London A.Pheby@greenwich.ac.uk
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**One inspiration**
Frère Roger, of Taizé, a neo-monastic community in France. Not only because he displayed true courage in hiding Jews in occupied France during the Holocaust, but because, following the war, he cultivated a community of reconciliation, in spite of the divisions in the Church and the world. Taizé is, for me, a still and beautiful place. And God, as Fr. Roger said, speaks in silence.

**One book**
*Cat’s Eye* by Margaret Atwood is a must-read for anyone who wants to look at the psychology of bullying. Without ever mentioning the b---- word, it captures the terror that can be girls’ friendships. In Atwood’s words, ‘little girls are cute and small only to adults. To one another they are not cute. They are life-sized.’

**One final thought**
Sometimes not getting what you want is a wonderful stroke of luck. Success feels great, but not succeeding has led me to unusual opportunities. Some of the most fruitful, fun collaborations and projects can be serendipitous, coming about while not working on the project I had been hoping for.

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SOCIETY NOTICES

Psychology in the Pub (South West of England Branch), Bath, 8 December 2016 See p.894
Transpersonal Psychology Section seminar: Thriving from Trauma, London, 21 December 2016 See p.903
Professional Development Centre 2017 workshops See p.918
BPS Annual Conference 2017, Brighton, 3–5 May See p.i
BPS conferences and events See p.923
Division of Forensic Psychology Annual Conference 2017, Bristol, 13–15 June See p.937
Psychological Testing Centre – notice to BPS Chartered members working in forensic settings See p.955

Society vacancies

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