

...with Barbara Wilson

Founder of the Oliver Zangwill Centre, Honorary Consultant Psychologist

One moment that changed the course of your career

Once qualified as a clinical psychologist, I worked for two years with children who had severe developmental learning difficulties, and then I moved to Rivermead Rehabilitation Centre in Oxford. On my first day there I knew that brain injury rehabilitation was my field and I would stay there for the rest of my career.

One patient who has changed your way of thinking

A patient I first saw in 1999 changed the way I view life and death decisions for people with prolonged periods of unconsciousness. The patient was in a vegetative state for between five and six months. She regained consciousness (when only about 9 per cent of patients

do after this period of time) and her cognitive functioning remained intact. She is severely physically impaired and communicates with a



Barbara Wilson
Barbara.Wilson@mrc-cbu.cam.ac.uk

letter board and a computer. She is strongly opposed to allowing vegetative patients to die, and is adamant that this should not happen. I have

been involved in assessing people referred to the courts for permission to die. I have also been involved in some of the imaging studies showing that a few vegetative patients have some, albeit limited, awareness. I used to think perhaps it was best if these patients died, but the patient I saw and her views made me change my mind and I am now far less sure that this is the right thing to do.

One book

The Man with a Shattered World by A.R Luria. It's about a Russian soldier who sustained a severe brain injury in World War II. The effort, hope and commitment shown by this man had a big impact on me.

One inspiration

One of my teachers, Bill Yule, said two things in his lectures that I have tried to follow ever since. First, 'No patient is untestable. Saying such a thing says more about the psychologist than the patient.' Second, 'Every patient you see should be capable of being written up for a journal.' This, is perhaps, a little too ambitious, but by trying to follow this advice, we are likely to prepare more

carefully, keep data and design our therapy sessions in order to determine whether it is our treatment that is effective or whether the change would have occurred anyway.

One cultural recommendation

I am a big fan of the music of Bob Dylan. He cut his first record the year I married (1962). I love his lyrics, his willingness to innovate, his refusal to be stereotyped and his wonderful, strange voice that gets under one's skin.

One surprising thing about traumatic brain injury

The mixture of normality and abnormality always surprises me. However impaired brain injured people are, they retain their essential characteristics. They are unlike people with developmental learning difficulties or severe psychiatric disorders, having a combination of major problems in some areas while retaining perfectly normal characteristics in other areas.

One final thought

As someone who can remember the days before the NHS, when my mother used to worry about taking me to the doctor because of the costs, I fear that the NHS will no longer be a national health service but a patchwork of provisions. I fear for the future of brain injury rehabilitation services. Most GPs neither understand brain injury nor recognise the importance of the long-term resources required to ensure that survivors will achieve their maximum potential.

More answers online at www.thepsychologist.org.uk

resource

The Oliver Zangwill Centre for Neuropsychological Rehabilitation, www.ozc.nhs.uk 'The OZC has gone from strength to strength since I founded it in 1996, and I am particularly proud of the client-centred, holistic approach, the combination of clinical practice and research and the questioning approach of the staff. If any of my nearest and dearest needed rehabilitation after acquired brain injury, this is the kind of rehabilitation I would want for them.'

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