

The reality of life and death decisions

Kitzinger and Wilkinson ('A matter of life and death', December 2015) argue that the use of advanced decisions rather than relying on surrogate decisions ensures that end-of-life care reflects our wishes and values. But painting surrogate decisions as errorful and advanced decisions as relatively error-free does not reflect the reality of human decision-making.

As Kitzinger and Wilkinson point out, surrogate decision-making by next of kin is often inaccurate. Systematic research reveals 69 per cent accuracy in predicting hypothetical medical scenarios (e.g. Shalowitz et al., 2006) and chance level for predicting a partner's end-of-life choices (Suhl et al., 1994). Advance directives, however, are effective neither in improving this accuracy (Ditto et al., 2001) nor in ensuring that patient's wishes are followed in their end-of-life care (Coppola et al., 2001).

Advance decisions or directives are a form of inter-temporal choice, in which we discount the consequences of outcomes in the remote future more than the immediate future. The rate at which we discount future consequences varies systematically across the lifespan, making it highly relevant to advance directives. Older adults discount future consequences much less than younger adults; therefore the earlier in life the directive is made the less likely it is to reflect the wishes of the older person. Perceived closeness to death affects impulsivity in discounting (Kelley & Schmeichel, 2015), but this mortality salience doesn't affect everyone in the same way. Whereas wealthier people become more future-oriented and value time they have left more, less well-off people become more impulsive (Griskevicius et al., 2011). Discount rates are generally steeper

in people who are less wealthy, educated or healthy (Reimers et al., 2009). The advance directives of some sections of society might therefore be even less likely to accurately reflect their wishes when the hypothetical becomes reality. Notably in the examples of successful advance directives cited by Kitzinger and Wilkinson, there was little time between the directive being made and its coming into effect; this short temporal frame is likely to be the most successful in making accurate predictions, but is still subject to distortions.

Whilst we intuitively feel an authority on our own values and preferences, research shows that we are not good at predicting our long-term preferences (Loewenstein, 2005b) and consequently, advance directives don't always reflect what we would choose in the reality of the situation (Winter et al., 2010). For example, only 10 per cent of healthy people predict they would undergo chemotherapy as cancer treatment to gain a short increase in life expectancy, but that figure increases to 47 per cent in current cancer patients. This prospective empathy gap is caused when we try to predict our own future preferences in an affective state different from the one we are in; when in acute medical distress we are likely to experience intense fear, anxiety, pain and discomfort, but we make advance decisions about the situation whilst experiencing none of these affective states and are likely to underestimate the influence they will have on motivating any decision we make (Loewenstein, 2005a, 2005b).

Although not immediately apparent, advance decisions might be very similar to surrogate decisions and thus facing the same problems and inaccuracies. Our research into the cognitive processes that people use to make surrogate decisions suggests

Over-optimistic about attachment?

The article by Antigonos Sochos ('Attachment – beyond interpersonal relationships', December 2015) is both interesting and illuminating. The author very aptly emphasises the significance of attachment theory in relation to the child development, adult relationships and mental health.

Attachment theory is an offspring of psychoanalysis, and has been neglected for a long time by the main proponents of Freud and Klein. Fonagy (2001) has attempted to integrate the overlapping areas of attachment theory and psychoanalysis, and is responsible for reawakening interest in Bowlby's work.

Although some of the criticisms of attachment theory are not unfounded, there is evidence that concepts of the theory can be used in making significant predictions regarding relationships, styles of coping with stressful situations, and communication between couples (Brennan & Shaver, 1994). Similarly,

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Robert Sternberg, Oklahoma State University

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that people engage in a form of perspective-taking when making decisions on behalf of others (Tunney & Ziegler, 2015b). We tend to make more rational decisions for other people than we make for ourselves, and we discount future consequences less for other people (Ziegler & Tunney, 2012).

Two principal reasons for this are the hot-cold empathy gaps (Loewenstein, 2005a, 2005b) and the construal or temporal distance between a decision made about an abstract hypothetical scenario and a concrete situation (Trope & Liberman, 2010).

We think that advance decisions should be treated with caution because the processes used to make an advance decision may be the same as those we use to make surrogate decisions. One of the most common errors in surrogate decision-making is the assumption that other people have preferences that are similar to our own (Marks & Arkes, 2008; Tunney & Ziegler, 2015a), and we are also likely to assume that our future selves are similar to our present self. This assumption is almost certainly wrong (Loewenstein, 2005b; Winter et al., 2010), and may be even more inaccurate than the decision made by our next of kin because our future identities often turn out to be quite different from our younger identity (Parfit, 1984). There are a number of reasons why the decisions that we make on behalf of our future selves might be inaccurate. Personal ethics and values



are not fixed. People often become more conservative with age (Truett, 1993), and certainly become less impulsive (Reimers et al., 2009). More importantly those religious values that often are considered important in the refusal of medical treatment are not fixed (McCullough et al., 2005). Of course, religiosity is not the causal variable here and may result from qualitative changes over time in the attribution of personal trust

and loyalty towards what Fowler (1991) calls Centres of Value that may include religion but may also include an entirely secular humanism (Fowler, 1991, 2001). Thus a decision to decline treatment that is informed by a religious or personal belief or at one point in time may not be relevant at another point in time as the person's faith and commitment to those values waxes and wanes over the lifespan (McCullough et al., 2009).

The critical assumption of living wills and advance directives is that we can accurately predict our own long-term preferences, but evidence suggests that this is not the case.

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Editor's note: The references list for this letter is available with the online version via <https://thepsychologist.bps.org.uk/debates>.

Holmes (2000) has suggested that attachment theory can help with clinical listening and identifying, and intervening with different narrative styles in therapy.

However, it is essential that we guard ourselves against becoming over-optimistic about attachment theory. We need to remind ourselves that, although important, Bowlby's

observations were based on children who had been separated from their primary caregivers during the Second World War (Lemma, 2003). In other words, attachment theory was based on behaviours that occurred during stressful situations rather than under normal circumstances. Field (1996) has highlighted the limitations of attachment theory and pointed out that a wider and in-depth understanding of attachment



requires observation of interactions between mother and infant during natural and non-stressful situations.

It is certainly true that many people may turn to God in difficult times or crisis.

However, contrary to what Sophos has written, even when

people have secure and strong attachments with

other human beings, they are still attached to God.

The points highlighted in Sophos' article are indeed important for discovering the potential of attachment theory in providing links between interpersonal and sociocultural relationships. However, the idea that the quoted research will help us to gain insight into our 'quest for protection and irrefutable certainty', seems to us

questionable and perhaps overambitious.

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Does it matter if psychologists are unrepresentative?

We wrote to *The Psychologist* (May 2015) about the demographics of those who apply to our educational psychology (EP) training programme and enter the profession: there is an apparent skew towards white females.

Looking at the responses to our query one major theme emerged, that of female/male stereotyping and early experiences of psychology. Introductions to psychology (particularly A-level) appear to be more likely to attract women than men. Respondents suggested females may opt for choices that can lead to 'caring profession' careers. Other issues of

equality and diversity were also mentioned (e.g. race and sexuality), but respondents in the main focused as indicated above.

There were for us three other telling responses: First, from a sole male trainee on an EP training programme, to the effect that male experience and voice may be lost in the training experience where there is a significant gender imbalance in the cohort; second, from a clinical psychologist, that this imbalance seems present in at least one other applied branch of the discipline; and third, one respondent's candid confession that '...how to attract more males to study

psychology in the first place is beyond me'.

As scientists we are aware of the need for caution. We have a sense that issues of demographic imbalance may increasingly pervade psychology, but believe this needs further exploration. Consequently, we are asking the British Psychological Society to consider this issue to establish:

- | whether our suspicions are grounded in evidence;
- | whether or not this possible demographic imbalance is found more widely;
- | whether it matters if the members of a profession are unrepresentative of the

population it seeks to serve;

- | the extent to which this is of concern to them; and as a consequence
- | whether and what actions may be necessary in response.

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Editor's note: We have sought a response to this letter, which we hope to publish in the next issue.

Conversing about antibiotics

It is good news that the ESRC's new Antimicrobial Resistance Champion has highlighted the importance of social scientific research in combating the rise of antibiotic misuse ('Tackling the antibiotics problem', December 2015), and I was pleased to see that the British Psychological Society's Division of Health Psychology is stepping up to the mark.



Another piece of the jigsaw is provided by analysing doctor-patient interaction. Systematic, detailed analysis of recorded consultations can expose how patients can put covert pressure on doctors to prescribe antibiotics and how doctors either succumb, or resist. The findings of conversation analysis have been used to provide doctors with strategies for managing patient pressure for antibiotics.

In a study of video-recorded paediatric encounters, Tanya Stivers (2007) shows that when parents bring children to the doctor and provide 'symptom-only problem presentations' (e.g. 'He has a runny nose and a sore throat'), doctors are less likely to provide antibiotics compared with 'candidate diagnosis problem presentations' (e.g. 'He has a terrible sore throat so I thought maybe it was strep').

One way in which doctors can manage patient pressure for antibiotics is via 'online commentary' (Heritage & Stivers, 1999). As doctors conduct a physical examination of the patient, they can simultaneously describe what they are seeing and evaluate its diagnostic significance. In one of their examples, a patient who has already received an antibiotic treatment (augmentin) is back for another appointment, complaining about continuing symptoms. The online commentary (p.1509) runs like this (transcription simplified):

Doctor: Well, let's check your sinuses and see how they look today. (pause) That looks a lot better. I don't see any inflammation today. (pause) Good. That's done the trick. (pause) So you should be just about over it. I don't - I'm not really convinced you have an ongoing infection. It seems like the augmentin really kicked it.

Patient: Good.

In this case, and in all other instances in their data, doctors' use of online commentary resulted in the absence of patient resistance to the subsequent diagnosis of (comparative) wellness. By overcoming patients' resistance to a 'no problem' finding, doctors also succeed in avoiding complying with patients' expectations that they will prescribe medication for whatever it is that patients

think is wrong with them. Online commentary, according to Heritage and Stivers may be 'a simple but powerful communication resource with which physicians can resist implicit or explicit patient pressure for antibiotic medication' (p.1516).

This is just one example of the way in which micro-analysis of conversation can help to solve a large-scale public health problem. Conversation analysis can be an invaluable tool in the field of healthcare communication - and other applied domains.

If you are intrigued, why not sign up via the British Psychological Society's Learning Centre for a new one-day introductory course ('Conversation Analysis') in London, and/or join us in York for one or more of the new short courses we will be running in 2016 (see <http://uoy sociology.blogspot.co.uk/2015/12/conversation-analysis-short-courses-how.html>).

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Morals and harm

Schein et al. ('The uncensored truth about morality', December 2015) claim too much in presenting their theory of dyadic morality as universally applicable. They argue that intentional harm inflicted by one person on another 'is the very core of a universal moral template', but fail to demonstrate this. Indeed, one of their early examples serves only to illustrate the limitations of the theory. This is the statement that 'debates about abortion hinge on whether fetuses are capable of feeling pain...'. This is simply untrue: abortion debates are overwhelmingly disagreements on matters of principle, not reducible to harm or not harm: the rights of the woman versus those of the foetus, the question when a foetus becomes a person, and the sanctity of human life. Then, in attempting to show that the theory applies across cultures, they argue that a particular Hindu dietary rule can be reduced to preventing harm to a relative. Perhaps so, but that does not show that all rules concerning spiritual purity can be similarly reduced.

They criticise the theory of Haidt (2012), who shows how, across the American political spectrum, people differ in their attachments to five moral dimensions or modules: care, fairness, loyalty, authority and sanctity. Schein et al. describe evidence that judgements about harm underpin all of these, thus supporting their claim that the dyadic theory is all that is needed. However, even if harm can be shown to be the sole basis for Americans' moral judgements

(which is unlikely, given the abortion example, for instance), this does not demonstrate the universal applicability of dyadic morality.

Americans on both the political left and right inhabit the culture of Western liberalism, within which the individual person has ultimate moral worth and in which the values of freedom, equality and tolerance are assumed. Hence the moral importance

of harm to the individual. Siedentop (2014) traces the roots and spread of this culture. The point here is that these assumptions are not shared by most of the world's population. For most people, ultimate moral worth is accorded to deities, nations, or spiritual or national leaders. Similarly, the

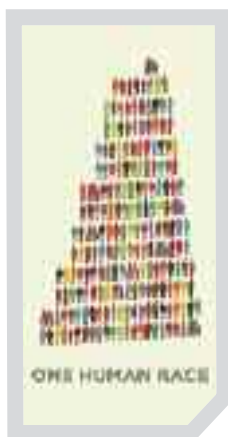
Western assumption of equality between the sexes and between people of different social ranks is clearly not accepted universally. Fukuyama (1992) foresaw the end of history, with Western liberal capitalist democracy about to become the global norm. How wrong he turned out to be. The aim of Schein et al. – to produce a universally applicable account of moral reasoning – is hugely important, but remains to be achieved.

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PRESIDENT'S LETTER

My 'Presidential theme' for this month is that of relationships, so I am pleased to see the article by Karen Fingerman on parent-child ties.

Relationships are key to most, if not all, of us working as, or studying to be, psychologists – with the people we work with or serve (amongst them those whom some describe as patients or clients), with our peers, with our teachers and mentors, with the organisations that we work in or alongside. Outside our lives as psychologists, our relationships with our partners, families and friends are of course central to our lives.

And relationships are key for the British Psychological Society too. Over the past year we have worked very hard to form or maintain relationships with National Assemblies and Parliaments, with Government Departments, and with our Commissioners and Regulators. We've also strengthened our relationships with a number of national organisations and professional associations and have worked closely with them on a number of national campaigns and initiatives, such as the Mental Health Taskforce, and through letters to the press. It had been my hope for my presidency that we should be present, visible, vocal and impactful – and, to my great delight, we have been!

On an international basis, we have been active members of the European Federation of Psychology Associations (EFPA) and the International Union of Psychological Science (IUPSyS) and have signed Memoranda of Understanding (MOUs) with one of the first psychological societies, the RPS (Russian Psychological Society), and with one of the newest, the PSI (Psychological Society of Ireland). We're also poised to enter similar agreements with the psychological societies of Iceland, New Zealand and Sweden later this year.

What about within our Society? What are our relationships like here? There are two main definitions of the word 'society'. One is that of an organisation or club formed for a particular purpose or activity – and we are certainly that, and our Royal Charter, Rules and Statutes set out the detail. But the other talks about a group of people who are engaged in persistent social interaction – and we are certainly not that any more, at least not across the whole Society. When there were only 12 people in the Society in 1901 then that might have been much simpler to attain but now that there are nearly 55,000 of us it is much less so. We have become siloed into Divisions (which divide) and Sections (which cut one group off from another). Only in Branches, I would contest, is the 'society' function of our Society readily visible.

Hence the Structural Review, due to be signed off by Trustees in March, the aims of which are to create a democratic, proportionally representative, decision making, policy making structure and to encourage much greater coworking, cooperation and collaboration between and across our Divisions and Sections. This, together with the reordering of the form and function of our Trustee body, will be the greatest change that our Society has ever seen and could also allow Divisions and others to group together into Colleges for the purpose of bringing greater collective strength, backed by the power and authority of the Society, for certain outward facing functions.

Which sort of society do you think that ours should be? I believe that we can become both.



Jamie Hacker Hughes is President of the British Psychological Society. Contact him at PresidentsOffice@bps.org.uk or follow on Twitter: @profjamiehh.

Keep looking for biological causes

I wonder if a group exists within our profession, increasingly uncompromising in its opposition to possible biological bases of 'functional' mental health difficulties, that would advocate the abandonment of broad-based research into such factors.

I also wonder if the view would be shared by the proportion of young people who become severely unwell and go on to receive diagnoses of schizophrenia but who actually have a form of autoimmune encephalitis, an inflammatory illness of the brain, treatable with immunotherapy (Lennox et al., 2012). It is now thought that perhaps 5 to 10 per cent of cases of first episode psychosis may be caused by antibodies identifiable by current methods (Zandi et al., 2011) (encephalitis has historically been recognised as classically neurological: headaches, seizures, cognitive and language disturbance, even coma and death).

For the benefit of our patients/clients, and for professional credibility, it is important to be tolerant of the potentially diverse origins of future advances in mental health care.

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Storm Desmond and social capital

Scrolling through Facebook on Saturday 5 and Sunday 6 December 2015 my newsfeed was full of posts such as 'I can't quite believe it's happening again' and 'oh not again...stay safe'. These were in response to Storm Desmond, which resulted in 4881 homes in Cumbria being flooded and 6455 being affected, and my thoughts immediately went back to the floods of 2009.

Living in West Cumbria at the time of the 2009 November floods and West Cumbria shootings in 2010, I observed that the community appeared to respond remarkably to these shared traumas. Whilst studying my Master's in Psychological Research Methods at Lancaster University I chose to focus my dissertation on this issue. Through semi-structured interviews with those affected, evidence of community resilience as defined by Hawkins and Maurer (2010) was reported (through utilising bonding, bridging and linking social capital). Examples of bonding emerged in relation to the immediate response to the floods; for example, offering neighbours accommodation immediately. The response to the floods presented examples of bridging through different communities (e.g. neighbouring pubs supporting one another in clearing out flooded cellars), and the way in which different elements of a community linked was also notable (e.g. a local housing association working with Age UK to ensure that older people were receiving the information and care they needed). However, there were fewer examples of linking social capital, and these were mainly top-down activities.

Following Storm Desmond, it has been interesting to reflect on how the community is responding, particularly in how social media is being used. In the 2009 floods I recall people sharing their thoughts and photos, but this time people are utilising social media to harness their

community resources. On Saturday several Facebook groups were created as an information source, which was keeping people up-to-date with the flood defence levels, and later with what roads were closed. People who were stranded outside West Cumbria were posting in these groups, and strangers were opening their homes for people to seek shelter. There are now several groups organising support for those affected, coordinating the collection and distribution of physical resources. Along with bonding and bridging capital, the responses of Storm Desmond provided examples of linking social capital, in the form of social media groups, where individuals from a range of backgrounds were mobilised to support those affected.

The above provide examples of key developments in the way social platforms such as Facebook and Twitter have helped people join together in the face of adversity, galvanising strength and utilising resources, both in and beyond the community. As the community embarks on the clean-up following the floods, it would be useful to consider how social media might provide opportunities for linking social capital, to promote optimal response, and as the response to Storm Desmond provided opportunities to coordinate rescue efforts through social media, how these platforms could be used to support longer-term recovery work.

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Reference

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Loose talk of gender differences

How very disappointing and ironic. A piece entitled 'Opening doors for girls in science' (December 2015) started so positively, rightly citing the Institute of Physics' suggestion that schools avoid sexist language and culture. I can only applaud this as a lone female physics A-level student in the 1980s, whose male teacher started every lesson with a leering 'Good afternoon gentlemen – and lady!'.

Yet then, disastrously, your article (and apparently the Institute of Physics report's launch event) simply propagated common gender myths and misunderstandings. For instance, as experts such as Cordelia Fine (*Delusions of Gender*) and Janet Shibley Hyde (*The Gender Similarities Hypothesis*) have pointed out, the quoted 'gap in female spatial abilities' (like similar 'gaps' in male language aptitudes) is actually a near-complete overlap of two normal curves. Even in mental rotation, where differences are largest, almost half of all females perform better than the average male. When using more complex real-world spatial problems, rather than bizarre geometric figures, the

differences tend to disappear altogether.

Similarly in neuroscience, the wannabe 'hard-wired' believers' desperate fishing for minor anatomical differences is frankly comical, set beside the general variability in those structures. Again, the main picture is of overwhelming gender similarity. Yet the public, understandably, can't know that we are not putting boys and girls in entirely separate brain/aptitude boxes, when they hear loose talk of a 'gap'.

This matters, a lot. All the while that our two disciplines over-dramatise these often pathetically small effect sizes, how can we expect the many girls with above-average potential in science and maths (or boys similarly talented in humanities or languages) to already possess more statistical literacy than many PhD-qualified psychologists, and challenge the stereotypes they read? How much potential scientific talent gets wasted through this misrepresentation of science itself?

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Genome common sense?

My first reaction to Oliver James's letter ('Not in your genes', December 2015) was to think 'Oh. No. Not again'... and to dismiss the thought of making yet another attempt to instil some common sense into the nature-nurture 'debate'. But there are two good reasons for not letting it pass.

The first is that James's extreme 'nurture' position leads to policies that are every bit as dangerous and Draconian, even fascist, as the misuse of the hereditarian data. For example, the Scottish Government is in the process of introducing the Children and Young People (Scotland) Bill. Justified on the basis of offering every family a 'first point of contact' with the plethora of 'care' agencies nominally available to 'help' families and children, this Bill actually provides for extraordinary state intervention into the lives of every child and family. A state servant appointed to ensure a child's 'well-being' will have access to all family health, criminality, and educational records. They will visit the family for hour-and-a-half long assessments 11 times, eight of them in the child's first year to monitor not only the health and development of the baby, but also a range of aspects of parental attitudes and family life, including finances and mental health. The assessments include two sets of tightly-printed 16-page questionnaires, permeated by 'middle-class' biases and values, unquestioningly endorsing the doubtful benefits for all children of the so-called 'educational' system, and accepting the misleading popularised interpretations of

the (actually meagre and mostly seriously flawed) research into the 'importance of the first three years'. The 'named person' will have the right to initiate procedures to compel parents to attend parent-'education' courses and, in the last resort, have them sent them to prison for failing to follow state-prescribed guidelines.

Unfortunately, we, as psychologists, must accept some responsibility for this disturbing development because, by and large, we have not promoted awareness of the detrimental effects that our current 'educational' system has on many children or research into the multiple talents or the nature of the developmental environments required to nurture them. This is partly because they have accepted one or other of the positions in this polarised debate about 'ability' (AKA 'intelligence') and environment. These positions have become embedded in successive swings of 'educational' policy. But it is mainly because – and here is my second point – psychologists have, without much protest, accepted current funding arrangements that, by-and-large, corrupt 'evidence-based policy' into 'policy-based evidence'. Furthermore, the seemingly ultra-scientific stance of the genome research project has syphoned off virtually all the research funds and it is nigh impossible to obtain funding for research that challenges the dominant zeitgeist and, particularly, the current 'measurement' paradigm, especially the 'g and not much else' image of human abilities.

We ought to be conducting research using a more descriptive, biology-and-

ecology-like framework to document the range of human talents, abilities, and other characteristics and their complex interactions with their ecological settings. Grow the seeds from a number of strains of wheat in different environments, and those that are tallest in one environment may not be the tallest in another. The correlations between height, yield, and other characteristics all change. What is 'best' in one environment is not 'best' in another... but the differences between them are still genetically determined.

Without better frameworks for thinking about the diversity of human characteristics and the environments in which they develop, the dominant hopes and expectations of the genome project are indeed dangerous. Yet the funds needed to develop such frameworks – so urgently needed in schools – have in part been swallowed by the vast, seemingly unarguably 'scientific', genome project.

Now here's a thought: What are the genetic and environmental bases of the variance in scores on (improved versions of) the 'f' (fascism) scale? What lies behind 'totalitarianism', 'fundamentalism', and the tendency to criminalise all behaviours which are currently regarded as objectionable?

John Raven

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Editor's note: The debate between Oliver James and Stuart Ritchie (January 2016) continued online, with additional contributions from Richard Bentall. Read it at tinyurl.com/jamesritchie

Discipline in schools

I am writing in response to the letter titled 'Negative effects of reward systems in classrooms' (December 2015). I read with interest the concept of a sad list being used in the classroom for primary school age children. Before I studied psychology I taught in a primary school for four years. The disciplinary system that ran through the school was that if a child misbehaved their name was written on the board, if their name appeared on the board three times they received a negative consequence.

As a new teacher I was appalled by the idea of shaming a child in public, and I refused to comply with this system; instead I would write the child's name in my own book making sure the 'naughty' child knew what I was doing, I then followed the same disciplinary procedure. I was rewarded with six months of havoc in my classroom. In despair I started writing the 'naughty' children's name on the board and, wonders of wonders, the children started to comply and behave.

Unfortunately my nine-year-old students had been conditioned from a young age to modify their behaviour when they saw their name on the board. However, if a more discreet method had

been used to control the children's behaviour from the beginning, I believe that my students would still have responded. I actually found that having a private list of my student's names in a book and putting a tick beside their name every time they behaved well, and rewarding them with weekly treats, pushed my students to act in lots of positive ways. Such as helping out their classmates, being respectful to the teacher, and following classroom instructions. Hence I don't see why similar methods could not be used for negative behaviour, thus preserving the child's dignity in the classroom.

I wholeheartedly agree with the writer that often the children who repeatedly end up on the sad list, or on the board, are often the children who need the most help and encouragement. Hence they need to feel that they are worthy persons, rather than feeling that they are once again the bad one by seeing their name glaring at them through out the school day. Negativity is cyclical, and often once children feel that they are naughty, which they could easily interpret as bad, they will continue to act up, hence getting themselves into trouble at school and then

at home, which repeated year after year can ultimately affect a child's wellbeing.

I believe that as teachers cannot control what happens to children whilst they are at home, utmost care should be taken to make schools a safe haven, and we should sensitively encourage children to behave. Private disciplinary charts could be used when necessary, a joint classroom reward system, or a good old-fashioned talk with a child/children explaining to them the repercussions of their behaviour (which should be conducted in a way that builds the student rather than breaks them). From my own experience I have found that children really grasp ethical and moral concepts, and all they really want to do is please their teacher and act appropriately. It is the teacher's job to uncover that potential.

Let us remember, as teachers, to treat our students as we would like to be treated. None of us would want our names written on a sad list that's taped to the staff room wall every time we made a mistake!

Esther Ebbing

Community Mental Health Advocate – City and Hackney Mind

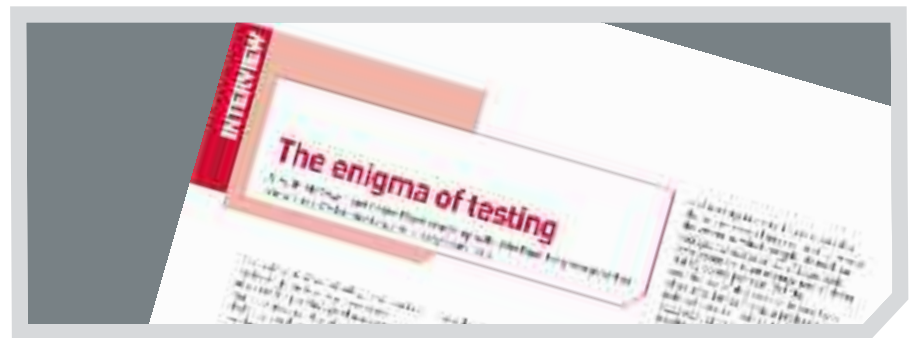
Testing times

I was very interested to read the John Rust interview by Almuth McDowall and Céline Rojon, with its focus on psychometrics.

Readers might be interested to know that the BPS's Psychological Testing Centre (PTC) provides a wide range of resources on psychometric and psychological testing, including nationally recognised qualifications in test use and independent reviews of psychological tests. In addition, the PTC website, www.psychtesting.org.uk contains a great deal of information about testing and test use, including numerous guidelines.

The work of the Psychological Testing Centre is driven by the BPS Committee on Test Standards, whose role is to set, promote and maintain standards in testing, leading initiatives to promote high technical standards in the design and development of tests and their use by psychologists and non-psychologists.

The BPS qualifications in test use are currently available in occupational, educational and forensic contexts, and are designed for professionals who use psychometric or psychological tests as



part of their role. The qualifications are recognised by employers throughout the UK, and increasingly internationally.

The BPS test review and registration process helps test users identify a psychological test suitable for their needs. Over 150 tests have been reviewed by our Test Reviews editorial team, who are all BPS Chartered Psychologists and experts in the field of testing and test use. Full reviews of tests are available for free to BPS members.

If you would like more information about any of the above, please visit the Psychological Testing Centre website at www.psychtesting.org.uk.

Martin Fisher

Chair of the Committee on Test Standards

What a pity that John Rust's interviewers 'The enigma of testing' (January 2016) did not ask any probing questions about cultural and other potential biases in psychometric testing. A real enigma about testing is why and how it is asserted to be one of the most important fields of applied psychology when it says nothing about the real needs of society, those who currently inhabit and will inhabit the world. Instead it is too often used to categorise (and, maybe thereby stigmatise) people – especially young people. In the face of endemic inter- and intra-national strife something else is required.

Dr Simon Gibbs

University of Newcastle

What about the 'other mother'?

I was delighted to see that the January 2016 issue of *The Psychologist* was a fertility special, as my partner and I are hoping to start our own family through fertility treatment. I am interested in the psychology of this and was excited to read the contemporary views of colleagues. I was particularly pleased to see a helpful 'bitesize' guide included ('The Psychologist guide to... you and your baby'), so valuable in this day and age when time is at a premium.

I found the article 'Reproductive health matters' thought-provoking, particularly the phrase 'a new kind of biopower is... in the hands of sufficiently wealthy...lesbian...women...who can afford it'. I agree there is a financial element to many lesbian couples accessing fertility treatment; however, I think it's important for readers to know that there exists an unfair 'postcode lottery' on fertility treatment for lesbian couples (in addition to 'non-white couples' as stated on in the article), with some lesbian couples able to access fertility treatment on the NHS. The notion of 'power' is also likely far from the minds of lesbian couples going through the experience; fertility treatment can be a stressful journey, rendering couples 'powerless' rather than having 'biopower in their hands' as so eloquently but simplistically reported in the article.

Distressingly, there remains a lack of awareness of issues facing lesbian couples amongst the very centres claiming to provide equal treatment, even in a metropolitan city. For example, in an uncomfortable mandatory pre-treatment session with our 'fertility counsellor' we became aware, through her use of heteronormative language and inappropriate jokes, that the 'other mother' is not considered equal in status to a father, or even to the donor! This, of course, is the type of experience that prompts action to support change, inspired by friends who recently took responsibility for sensitively educating the leaders of their antenatal class regarding marginalising comments. I understand the world is still catching up to the reality that lesbian couples exist and are starting families of their own. However, I felt deeply unsettled by point 4 in the 'guide'; 'Dads matter too'. I don't dispute this; in families with dads, it is important for them to be as involved as possible. But what about families without dads?

Applying research

As a highly practical and pragmatic person, I get frustrated daily by the research/practice gap. It was refreshing therefore to read a number of articles in January's edition of *The Psychologist* showing the world's best psychologists doing everything they can to bridge this gap.

First I read Eiko I. Fried's 'Depression – more than the sum of its symptoms'. His argument is so elegant, it seems almost ridiculous in hindsight that such homogeneity has been presumed when studying depression. Work such as his

and his colleagues' gives me great hope that the next decade of research will lead to breakthroughs for sufferers of this most debilitating of afflictions.

Then I read the summary of practical advice from psychologists around the world to the US government as reported in 'Memo to the President...'. Today's problems aren't going to be solved with simple interventions, and I hope that governments across the world will read and consider carefully the vast psychological knowledge encapsulated in the advice on

Particularly lesbian families; does the 'other mother' not matter too? Women can also 'encourage their children to run, climb and jump!' A penis is not a prerequisite for this, unless there is some research I have missed.

In 'The other mother: An exploration of non-biological lesbian mothers' unique parenting experience', Paldron (2014) describes the 'other mother' as: 'the connection of being one of two mothers, but as the non-biological parent of the child...in a position where she potentially faces another type of invisibility within an already marginalized population'. This is sadly evident in the world of fertility treatment, but I expected better representation for the LGBTQ community in *The Psychologist* and hope to see more inclusive language in future articles.

Psychology is about celebrating individual differences and is a field in which sexuality is neither a taboo nor dated subject. Equality is about equal access to opportunities, which involves recognising and respecting differences rather than assuming everyone is the same, or some people less important than others. The 'other mother' matters too. I look forward to hopefully attending one of the seminars you advertised in 'Beyond the nuclear family' and sharing what I learn with others. Education is key to overcoming prejudice and inequality. Let's all model this.

Dawn Thorley

Trainee Educational Psychologist, University of Exeter, Dorset County Council

Reference

Paldron, M.F. (2014). *The other mother: An exploration of non-biological lesbian mothers' unique parenting experience*. University of Minnesota doctoral dissertation. Retrieved from the University of Minnesota Digital Conservancy. Available at <http://hdl.handle.net/11299/167423>

Editor's note: I take your point, although we did try to include tips general to the parent-infant interaction, rather than to any specific family make-up.

Incidentally, we have had considerable interest in the guide since publication – please help us share the online version (tinyurl.com/psychguide1) far and wide.

topics as broad and vital as obesity and education.

The final article I read however reminded me how far we still have to go in applying psychology practically in parenting and education. Kitrina Douglas shares a heartwarming story of her father clearly making her feel valued for herself, rather than her achievements. As a parent, I do my best to encourage my daughters to enjoy learning for its own sake, and reward effort and enthusiasm, not grades (Carol Dweck would be proud of me), but I fear that this approach is not typical. The

constant changes in the UK education system and the seemingly endless focus on frequent measurement seem to suggest that the system is doing quite the opposite. I just hope we don't lose too many of our excellent, but exhausted and disheartened teachers before someone in power finally realises that they are trying to achieve the noble aim of supporting learning for all, in almost entirely the wrong way.

Aime Armstrong

Mum, HR manager and part-time PhD student (De Montfort University)

obituary

Peter Pumfrey (1928–2015)

Professor Peter Pumfrey, Formerly Dean of the Faculty of Education at the University of Manchester, died on 14 December 2015, aged 87. Peter was a Fellow of the British Psychological Society and a member of the Council of Dyslexia Action (The Dyslexia Institute) and a Vice-President of the British Dyslexia Association. He was also an active member of the BPS and served on the DECP committee for several years in the 1980s.

Peter's wide-ranging research and teaching interests included the nature, identification and alleviation of developmental dyslexia, attention deficit/hyperactivity disorder and the education of 'looked-after' children. However, psychologists, teachers and related professionals will probably remember him chiefly for his outstanding contribution to the field of specific learning difficulties/dyslexia, an area in which he was a prolific author with over 91 papers in peer-reviewed and professional journals and 31 single or co-authored books. His most influential and widely read book, co-authored with Dr Rea Reason, entitled *Specific Learning Difficulties (Dyslexia): Challenges and Responses* published in 1991 by NFER-Nelson, was a key text for students all over the world for many years.

Peter had a razor-sharp mind coupled with meticulous attention to detail, and this, together with the nature of his penetrating questions, kept all his students and colleagues on their toes. Indeed, in the early stages of their studies, many of his students felt in awe of him. But gradually they began to appreciate his concern for their welfare, his commitment to providing high-quality teaching and the hours of support that he willingly gave to helping them through their programme.



As a colleague at the University of Manchester and a member of the DECP committee, I also appreciated his commitment to maintaining the highest standards of teaching and research and the support he willingly provided to us all.

Two other aspects of Peter's life will, I am sure, be remembered by his friends, former students and colleagues.

The first was his insatiable desire for hard work. He was normally the first to arrive at the university in the morning and the last to leave, and it was not uncommon for him to book appointments as early as 8am or as late as 7.30pm. More often than not he would come into the university at weekends and rumour has it that he also there one Boxing Day! The second was the unbelievably untidy state of his office. Several times when I knocked on his door I would receive a brief response 'Come' and, on opening the door, I was confronted by mounds and mounds of papers and files – indeed that was all I could see! However, if I stood on tiptoe, I could just about make out Peter's thinning grey hair peeping up between two mounds of box files. I would then

carefully negotiate my way around the debris to find him sat at his desk in the far corner of his office.

After retiring from Manchester University Peter moved to Worcestershire when he became Honorary and Visiting Professor at the University of Worcester Institute of Education Centre for Education and Inclusion, where he continued to pursue his academic and research interests.

Peter Farrell

*Professor Emeritus in Educational Psychology
Manchester Institute of Education*

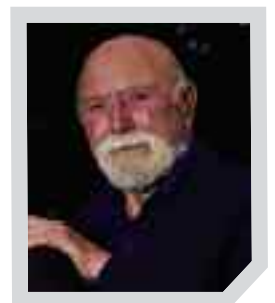
obituary

Derek William Forrest (1926–2015)

It is with great sadness that we learned that Derek Forrest, former Professor of Psychology at Trinity College Dublin, died following a stroke in September 2015, at the age of 89. He is survived by his wife, Pam, and daughter, Tansy.

Derek Forrest was born in Liverpool, the son of a cotton salesman. From his earliest years Derek stood out from the crowd: he attended Birkenhead School on the Wirral, where he became head boy. He went from school up to Cambridge University, where he started a degree in German, but he was called up for naval service before it was complete. In the Royal Navy he spent time on *HMS Implacable*, and worked in radar. Following his naval service, Derek returned to his academic studies and took a degree in Psychology, Philosophy, and Physiology (PPP) at Keble College, Oxford. Always a good athlete, he represented Oxford University in both swimming and athletics. After graduating from Oxford he worked at the Aircraft Research Laboratory in Farnborough for a year, before being appointed lecturer at

Bedford College, London, where he subsequently obtained his PhD, before coming to Trinity College Dublin. His academic interests were broad and eclectic; he had a detailed knowledge of psychoanalysis and an abiding interest in important figures and events in the history of psychology. He is probably best known for his books *Francis Galton: The Life and Work of a Victorian Genius* (1974), and *The Evolution of Hypnotism* (1999), though he also wrote *Defy Your Age* (2008) for a more general audience. Regrettably he was unable to complete his book on the Tichborne affair (the longest running court case in Victorian England) before he died. He was a Fellow of Trinity College Dublin, the Psychological Society of Ireland, the British Psychological Society and the Royal College of Psychiatrists.



obituary

Lynn Myers (1954–2015)

Derek Forrest founded the Psychology Department at Trinity singlehandedly. Initially he was appointed in 1962 as a Reader in Psychology in the School of Mental and Moral Science. Within a short time he was given responsibility for developing a Psychology Department of his own and by 1965 the first students were admitted to an honours degree programme in which it was possible to take psychology as a major subject in a conjoint course with philosophy. He was appointed as the first Professor of Psychology at Trinity College Dublin in 1968. At first in his department he had only two lecturers working with him to offer not only the honours course but also to provide additional teaching in general studies and social studies. Subsequently Derek guided the migration of the department through the Faculty of Natural Science into the Faculty of Arts (Humanities), where it was able to offer a single honour degree in psychology. Under Derek's headship the department started to train clinical psychologists at postgraduate level and he also developed proposals for the training of counselling psychologists – initiatives which eventually led to the current doctoral courses offered by the School of Psychology in those two disciplines. Derek's public talks and demonstrations of hypnosis were hugely popular, and he also pioneered the offering of an evening course for the public, an initiative which has gone on to be a very popular and successful annual event.

The world was a very different place from today when Derek was first appointed to Trinity College Dublin. The profession of clinical psychology barely existed in Ireland. The original department was established in a fairly dilapidated terraced house in Westland Row, and Derek and his wife, Pam, decorated some of the offices themselves. Funds for running the department were very limited; the departmental budget was so tight that even phone calls were regarded as a luxury. Sophisticated equipment was almost unobtainable, and that needed for research and teaching was made in-house by the very able technicians. In those early days research funding was very scarce, but Derek obtained a significant research grant in the late 1960s that allowed the appointment of a new staff member.

Derek presided over a department that was happy and stimulating for both staff and students. He was in some ways quite a shy person, but to those whom he knew well he was the most charming and engaging companion. He encouraged his colleagues to follow their own interests and was also inspirational in his questioning and the generation of provocative ideas. His easy-going style and interesting lectures and tutorials were very popular with students, and fellow members of staff delighted in his company. They would head towards the staff room at coffee and lunch time attracted by his big booming laugh. Over lunch or coffee, he would typically introduce some controversial topic which would lead to animated discussion all round. Staff would come in to the department on weekends, not because they were overwhelmed with work but because the whole experience was such a pleasure.

He was a charismatic figure who cannot possibly be adequately described in a few short paragraphs. Derek Forrest represented the essence of an academic of his time. Although he retired in 1996, he is still remembered with great affection by those who were members of his department.

Howard Smith
Trinity College Dublin

Health psychology has lost a bright and imaginative personality in Professor Lynn Myers. Lynn died peacefully at the Lister Hospital at the age of 61 after battling valiantly for the past 40 years of her life with a rare neurological condition called chronic inflammatory demyelinating polyneuropathy (CIDP), which caused her to lose her mobility gradually over the years.

Lynn started her career as a pharmacist but pursued her interest in psychology because this entailed a better balance between physical and non-physical duties. As a mature student, she began her psychology career with a first class BSc honours degree at Hatfield Polytechnic and an impressive PhD with no corrections from the Institute of Psychiatry. Lynn held posts at Reading University, Royal Holloway, UCL and then Brunel University. Just two of her notable contributions to students reading health psychology were creating the highly respected MSc in Health Psychology (UCL) and the eminently popular MSc in Psychology, Health & Behaviour (Brunel University).

Despite her chronic illness, Lynn rose to the rank of Professor and was an international expert in the field of the repressive coping style. She published extensively in the field of health psychology and will still be present in many studies as a posthumous author.

Owing to her neurological condition, Lynn was in constant pain over the past 40 years, but never let this stop her living her life to the fullest. She persevered with her career and personal life, demonstrating outstanding resilience. Lynn was a strong character and displayed a fighting spirit when needed. A stout supporter of her students, she always encouraged them to develop their skills and own resilience, both professionally and personally. Lynn worked with an open door policy and was always welcoming – she would always raise her arms in the air and exclaim your name as you would walk through the door.

Lynn was a very well-liked Head of Department at Brunel University. She encouraged her colleagues to reach their potential and additionally helped them to achieve a healthier work-life balance. Whether it was a student or colleague, Lynn would always defend the underdog and speak for those who could not speak up for themselves. Lynn would reassure students even when she was in hospital and was the one really in need of support.

Lynn was always smiling and loved vibrant hues and would often dye her hair in different colours and wear multicoloured nail varnish. She was an avid science fiction fan and a self-confessed Trekkie and would devour sci-fi novels on her Kindle. With her husband Mark, Lynn also loved travelling to different countries and closer to home, she loved to visit Brighton. A passionate fan of live music, Lynn frequented concerts and festivals. She also sang in a rock choir.

I once asked Lynn what was the biggest lesson she had learnt from the difficulties in her life. After a pensive pause, she replied 'to be true to yourself'. That is something we should all remember: to be true to ourselves.

Dr Parminder S. K. Dhiman
Brunel University

