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## VISIBLE DIFFERENCE AND RELATIONSHIPS

CHANGING Faces – the national disfigurement charity – has launched a new *Guide to Intimacy and Relationships*, written by counselling psychologist Bernadette Castle. The guide explores some of the concerns that people who have disfigurements have around intimacy and developing relationships, and introduces a cognitive-behavioural approach to address them. Although aimed at adults with disfigurements, it is also a relevant resource for health professionals.

☐ To download the guide for free, see the *Adults and Families* section of [www.changingfaces.org.uk](http://www.changingfaces.org.uk).

## STEADY AS YOU GO

PARTICIPANTS moving during functional magnetic resonance imaging can cause real problems; and researchers at the Fraunhofer Institute for Computer Graphics believe they may have the answer. Their PROMO technique monitors head position 60 times a second and so allows any 'motion artefacts' to be compensated for immediately. Before now, such artefacts could only be compensated after a delay, or even after the scan. The system requires participants to bite onto a bar with reflective markers, the position of which is automatically determined by an optical recognition system (see [www.igd.fhg.de](http://www.igd.fhg.de)).

## LOST CHILDHOOD?

THE Conservative Party has announced a formal inquiry into lost childhood in Britain. Advisers will include Sir Richard Bowlby, president of the Centre for Child Mental Health (and John Bowlby's son). The group will look at advertising, the decline of extended families, and the relationship between fathers and sons. It will also examine 'stranger danger' and 'growing up in a flat world' in which children are given little chance to play unsupervised due to health and safety fears of teachers and the threat of litigation. The review will report in October 2007.

# Evaluating substance abuse

**L**EADING scientists have proposed a new system for categorising recreational drugs, based on 'scientific evidence' rather than 'prejudice and assumptions'. Writing in *The Lancet* medical journal, the group, including psychopharmacologist David Nutt and MRC chief executive Colin Blakemore, said the government's current system, which categorises drugs into three classes according to the harm they cause, had 'evolved from somewhat arbitrary foundations with seemingly little scientific basis' (see [tinyurl.com/2tlrne](http://tinyurl.com/2tlrne)).

The scientists' proposed system assesses drugs according to the physical harm they cause (acute, chronic, and intravenous), how addictive they are (intensity of pleasure, psychological and physical dependence), and the harm they cause to society (via intoxication, other social harms and healthcare costs). To test the system, David Nutt and colleagues asked 29 consultant psychiatrists, as well as a separate group of experts including chemists and legal professionals, to apply the new criteria to 20 substances.

The results, which were in broad agreement between the two groups, contrasted strikingly with the government's official classification system. For example, alcohol and tobacco, which don't even feature in the government's current system, were ranked as the fifth and ninth most dangerous drugs, respectively. Ecstasy, which is grouped in the most dangerous 'A' category by the government system, was only ranked 18th out of 20 according to the scientists' criteria.

In a press statement,

Professor Blakemore said: 'At present there is no rational, evidence-based method for assessing the harm of drugs. We have tried to develop such a method.' Professor Nutt added: 'Our methodology offers a systematic framework and process that could be used by national and international regulatory bodies to assess the harm of current and future drugs of abuse.'

However, some commentators have raised concerns about the conclusions of the *Lancet* paper. Psychologist Dr Philip Murphy (Edge Hill University), an expert on Ecstasy, told us there is a complex literature on the potential cognitive deficits caused by taking Ecstasy (e.g. [tinyurl.com/2upaa7](http://tinyurl.com/2upaa7)), which under the proposed classification system would be measured against a four-point scale under the subcategory of 'physical harm: chronic'. He said: 'You have to ask: Is that robust enough to serve as a measure for such a complex body of literature, and such a complex set of variables?'

The *Lancet* paper says that the experts who tested the new classification system were provided with 'recent review articles' to help them. However, Dr Murphy pointed out that some of these were slightly dated, with one published in 1983 and another from 1993. Crucially, the groups were not given two recent reviews on mortality figures, which report a death a fortnight, on average, related to Ecstasy use (e.g. [tinyurl.com/39bcxh](http://tinyurl.com/39bcxh)).

Dr Murphy told us that while the *Lancet* paper was an interesting and potentially useful step, 'it is not an end point'. He said it was important that all perspectives were taken on board, 'rather than approaching a complex multidisciplinary problem from just one perspective, here predominantly a medical one'.

In related news, the National Institute for Health and Clinical Excellence has just published new guidance on reducing substance misuse among children and young people (<http://guidance.nice.org.uk/PH14>). CJ

# Virtual war therapy

**A** NEW form of virtual exposure therapy for traumatised soldiers is being taken to the next level by researchers at the University of Reading. The 'Virtual Iraq' project was developed in the US by Professor Albert 'Skip' Rizzo of the University of Southern California and colleagues, and involves traumatised troops gradually being exposed to the sights, sounds and smells of the Iraq War via virtual reality (VR).

VR provides an ideal way of gradually re-exposing troops to traumatising stimuli. Stimulation can start out unrealistic and non-threatening and then gradually more visual and multisensory realism can be introduced. Psychologists are on hand to ensure participants are not exposed too rapidly. So far a handful of people have been treated in this way and Rizzo reports initial results have been promising.

However, there are concerns that the VR goggles used to display the virtual environment might remind troops of the night-vision goggles they use for combat operations, thus causing heightened anxiety too early in the exposure programme. It is hoped the solution could lie with the

University of Reading's Visualisation Centre which has a 3m x 3m 'virtual room' – a kind of 'mini Imax'.

'The VR goggles resemble night-vision goggles and they also block the participant's view of their own body, which can cause heightened anxiety,' says Professor Paul Sharkey, Director of the Visualisation Centre. 'Our VR room provides an immersive, 3D environment, filling 270 degrees of a participant's view, but they don't have to wear glasses or any other equipment.'

Professor Rizzo adds: 'Our collaboration will provide us with new information as to how best to deliver virtual worlds that maximise the therapeutic effects of virtual Iraq for those in need. Our aim here is not to re-traumatise people, but rather to re-expose them to relevant traumatic events in a graduated way that they can handle.'

The virtual room at the University of Reading is also being used for other psychological applications, for example to investigate how people shop and to experiment with different ways of displaying statistical data (see [www.rvc.reading.ac.uk](http://www.rvc.reading.ac.uk)).

CJ

# Mental Health Bill concern

**T**HE Mental Health Bill had its second reading in the House of Commons in April, with the British Psychological Society remaining concerned about recent amendments and their effect on the work of clinical and forensic psychologists.

Following two draft Mental Health Bills in the past five years, the Department of Health last year decided to go for a direct amendment of the 1983 Act and published a proposed Bill (see [tinyurl.com/2qd3bt](http://tinyurl.com/2qd3bt)). During its earlier passage through the House of Lords, the Bill was substantially amended. The Society supported certain changes, such as the presence of the guiding principles on the face of the Bill, safeguarding exclusions related to the definition of mental disorder, and the inclusion of the 'impaired judgement' and 'therapeutic benefit' criteria.

However, the Society was extremely concerned that the Lords voted to require that the responsible clinician consults with a registered medical practitioner, if they

themselves are not one, before renewal, extension or revocation of compulsory powers. Peter Kinderman, Chair of the Society's Mental Health Legislation Working Party, said: 'The proposed amendments undermine the professional ability of psychologists and other members of the multidisciplinary teams in mental health services to carry out clinical assessments and duties which are clearly within their competence. We recognise and welcome the requirement to consult other professionals concerned with the patient's care. Such a requirement already exists in the 1983 Act. However, the differentiation between classes or types of mental health professionals explicit in the proposed additional amendment is unjustified.'

Following its Commons second reading, the Bill goes to committee to be debated and possibly amended. The Society continues to brief government; for more information and a lobbying letter, see [www.bps.org.uk/polpar](http://www.bps.org.uk/polpar) and [www.bps.org.uk/mhb](http://www.bps.org.uk/mhb).

JS

## IN BRIEF FROM BPS JOURNALS

**Jon Sutton on the latest batch of Society journals. See [www.bpsjournals.co.uk](http://www.bpsjournals.co.uk) for more.**

Did boys perform better in the 1999 SAT comprehension test because it was about a 'boy friendly' subject – spiders? To find out, Jane Oakhill and Alison Petrides (University of Sussex) gave 9- to 10-year-old boys and girls that test, and the previous year's test about leaving home in wartime. The boys expressed a greater interest in reading the spider test, and showed significantly better comprehension of it. The girls showed superior comprehension for 'Leaving home', again in line with their stated preference. Although both boys and girls benefited from reading the text they thought they would find more interesting, the effect was considerably larger for the boys. (BJP, May)

In a pilot study, Lion Shahab (Institute of Psychiatry) and colleagues gave smokers attending a cardiovascular outpatient clinic either a print-out of an ultrasound image of their carotid artery showing atherosclerotic plaque alongside an image of a disease-free artery, or routine verbal feedback. The image led to increases both in engagement in smoking cessation behaviours and intentions to stop smoking (the latter only in people with higher levels of self-efficacy in stopping smoking). (BJHP, May)

A study of parents and adolescents from 173 Swiss families found that aches and pains are reported most in the morning and evening and least in the middle of the day. On weekends, participants reported fewer complaints in the evening. Women reported more symptoms throughout the day. Adolescents show an earlier and more pronounced increase in symptom reporting towards the evening. (BJHP, May)

People's willingness to incur a significant genuine cost (pain) for the direct benefit of others is a direct function of biological relatedness. According to Elainie Madsen (University College London) and colleagues, their studies provide 'the first unequivocal experimental evidence that kinship plays a role in moderating altruistic behaviour'. The researchers also found evidence to suggest that, in deciding whether to behave altruistically, women may rely less on kinship cues than men do. They suggest that this may be because, in traditional societies, males form patrilineally related groups that exchange women. As a result, in such societies, women spend most of their reproductive lives in groups where they have few genetic relatives (other than their own children). (BJP, May)

## RESEARCH FUNDING

The National Endowment for Science, Technology and the Arts (NESTA) has launched the Innovation in Mental Health scheme to support **local ideas for improving mental health services** in the UK. It aims to find and develop innovations that have the potential to grow into national projects. Applications for the £500,000 fund are welcome from frontline workers, carers or people with direct experience of mental distress. The deadline for applications is 18 May 2007.

□ Further details: [www.nesta.org.uk/mentalhealth](http://www.nesta.org.uk/mentalhealth)

The Department of International Development and the ESRC have issued the third call for funding to support scientific research on issues relating to **economic development and quality of life in less developed countries**. Projects should have the potential to impact on policy and practice that leads to poverty reduction. The closing date for nominations is 5 June 2007.

□ Further details: [tinyurl.com/lypkrlm](http://tinyurl.com/lypkrlm)

The Nuffield Foundation offer a Social Science Small Grants Scheme; up to £7500 to cover social science research expenses. Priority is given to applications that **develop research capacity and advance social well-being**. Applications, from those working at a UK institution, can be made at any time.

□ Further details: [tinyurl.com/3d3v2x](http://tinyurl.com/3d3v2x)

NC3Rs (National Centre for the Replacement, Refinement and Reduction of Animals in Research) are offering Small Grant Awards (up to £2000) to support the acquisition of new 3R or **animal welfare information and skills**. Assistance for the developing training resources, attending training courses and exchange visits is available. The closing date for applications is 26 October 2007.

□ Further details: [www.nc3rs.org.uk/page.asp?id=51](http://www.nc3rs.org.uk/page.asp?id=51)

The Caledonian Research Foundation is offering European Visiting Research Fellowships in the area of Arts, Humanities and Social Sciences between **Scotland and Europe**. Fellowships are available to academic, or academic-related staff in Scottish HEI, to enable them to spend a period of up to six months, doing research and participating in seminars in both the host institution and elsewhere. The deadline for applications is 2 November 2007

□ Further details: [www.calres.co.uk/european.htm](http://www.calres.co.uk/european.htm)

**For more funding opportunities go to [www.bps.org.uk/funds](http://www.bps.org.uk/funds)**  
**Funding bodies should e-mail news to [Elizabeth Beech on elibee@bps.org.uk](mailto:Elizabeth.Beech@bps.org.uk).**

# Pay attention – new consciousness finding

**H**ERE'S how you probably think your brain works: You've got a limited amount of attentional resources, so if your brain is busy doing other things, irrelevant stimuli won't be processed and you won't be conscious of them. By contrast, if your brain isn't so busy and has spare capacity, the irrelevant stimuli will be processed and you will be conscious of them. The basic underlying idea is that attention and consciousness go hand in hand.

Think again. Bahador Bahrami and colleagues at UCL have now shown the brain doesn't work like that. In a nutshell, whether irrelevant information gets processed does indeed depend on whether you have spare attentional capacity, but just because you do, and the information gets processed, doesn't mean you will be conscious of it. The finding is a clear refutation of the claim by pioneering American psychologist William James that 'We are conscious of what we attend to – and not conscious of what we do not attend to.'

The researchers scanned the brains of seven participants who performed easy and difficult (more attentionally demanding) versions of a task that involved spotting target letters in a stream of irrelevant letters. At the same time, special glasses were used to present participants with two faint drawings of household tools to one eye, while bold flashing images were presented to their other eye. Throughout the experiment, these continuously flashing images rendered the drawings of the household tools invisible – a technique known as 'continuous flash suppression' – as confirmed by the participants' inability to say where the household tools were located.

Although the household tools, such as

an iron or spanners, were always invisible to participants, the crucial finding is that whether or not they triggered associated activity in primary visual cortex (V1) depended on the version of the letter-spotting task the participants were concurrently occupied with. If they were engaged with the easy, less attentionally demanding version, then the invisible

household items triggered related brain activity in visual cortex (without a conscious percept). But if they were performing the harder version, greatly reduced or zero neural activity was observed in visual cortex.

Writing in the journal *Current Biology*, the researchers concluded: 'The present findings are the first to show that neural processes involved in retinotopic registration of stimulus presence in V1 depend on availability of attentional capacity, even

when they do not evoke any conscious experience. These findings challenge the previous suggestions that attention and awareness are one and the same, or that attention acts as the gate-keeper to awareness.'

The findings also have implications for the effectiveness of subliminal advertising, which is banned in the UK but still permitted in the USA. The effect of a subliminal message may depend on how occupied a viewer's brain is – that is how much attentional capacity they have left. Presumably television viewers or cinema visitors could protect themselves by engaging in a demanding mental activity during advertising breaks. 'These findings point to the sort of impact subliminal advertising may have on the brain', says Dr Bahrami. 'What our study doesn't address is whether this would then influence you to go out and buy a product. I believe that it's likely that subliminal advertising may affect our decisions but that is just speculation at this point.'

CJ

# Bullying – lack of data?

**A** HOUSE of Commons Education and Skills Select Committee report published in March calls for more long-term studies of bullying in schools. A concern is that schools are failing to record instances of bullying because they want to protect their reputations, and that this is impeding the development of anti-bullying policy. The report, which features comprehensive input from the Society, states: 'We have become convinced that a lack of accurate reliable data on bullying is one barrier to more effective anti-bullying work.'

But can it really be the case, that after so many decades of bullying research, we still don't know which anti-bullying measures work? According to Dr Tiny Arora, a bullying expert

and contributor to the Society's submission to the Select Committee's report, there is plenty of evidence about which anti-bullying policies work. Rather, the crucial problem is how to implement and maintain these policies.

'What matters is that a school gives its anti-bullying

policy a high priority, as part of a caring approach to staff and pupils, and maintains that policy through a process of year-on-year reviews,' Dr Arora told us. 'In that case, bullying is

likely to be reduced substantially. Such a policy would need to include the monitoring and recording that is mentioned in the committee's report, as well as all the other elements outlined in the Society's submission. We know from our data that anything less will not have a lasting effect.'

The report also says that schools should ensure staff are comfortable dealing with 'disability-related, faith-based and homophobic bullying', and it highlights the worrying tendency for schools to focus too much on changing the behaviour of bullying victims rather than bullies. *CJ*

## CAMPAIGN TO TACKLE FUNDING CRISIS

**T**HE British Psychological Society has called on the government to tackle a funding crisis in the training of Educational Psychologists.

A funding distribution error by the Local Government Association (LGA) has meant that currently only 79 out of the 150 training places for this coming year can be paid for.

The Society wrote to Ministers, urging the government to underwrite the shortfall. Professor Pam Maras, President of the Society, said: 'If the money is not available then sufficient numbers of professionals will not be able to begin their training. This would mean there was not enough trained staff coming through the system to meet the needs of vulnerable children and young people. That is why we hope that some appropriate 'joined up' response from the relevant government departments to this serious situation can quickly be identified.'

The Local Government Employers' Steering Group for Educational Psychology Training, of which the Society is part, has already passed a vote of no confidence in the LGA's management of the funding scheme. So the Society is joining with the Steering Group to ask the government to identify a coherent set of future funding arrangements to provide the secure supply of educational psychologists the country needs. *SH*

## Dyscalculia findings

**A** NEW study has linked dyscalculia – a problem processing numbers – with abnormal functioning in the right-hand parietal cortex, a finding that has implications for diagnosis and management of the condition ([tinyurl.com/yogrvh](http://tinyurl.com/yogrvh)).

Roi Kadosh and colleagues at UCL presented participants with dyscalculia, and control participants, with several pairs of numbers that differed in physical and numerical size. Their task was to indicate as quickly as possible which was the larger number in each pair, based either on physical or numerical size, depending on the trial.

Because magnitude processing is typically so quick and instantaneous, people usually find this task easier when one of the numbers is both physically and numerically bigger, rather than being bigger physically but smaller numerically or vice versa.

Crucially, however, this all changed when transcranial magnetic stimulation (TMS) was applied to the right intraparietal sulcus of the control participants, thus disrupting neural activity in that region. In this case, the control participants' reaction times no longer benefited from the numerical and physical size of a given number being congruent – that is, TMS caused their performance to resemble that of the participants with dyscalculia.

Dr Kadosh said: 'This provides strong evidence that dyscalculia is caused by malformations in the right parietal lobe and provides solid grounds for further study on the physical abnormalities present in dyscalculics' brains. It's an important step to the ultimate goal of early diagnosis through analysis of neural tissue, which in turn will lead to earlier treatments and more effective remedial teaching.' *CJ*

## New learning curriculum – too much too young?

**T**HE Department for Skills and Education has published a new framework, coming into effect in September 2008, that sets out early learning goals and standards for children in England from birth through to age five. Announcing publication of the new Early Years Foundation Stage (EYFS), Minister of State for Children, Beverley Hughes said: 'We want to make sure that whatever setting parents choose, they can be confident their child will get the best possible start in their learning and development.'

The EYFS will require by law that all providers of care for young children, including schools, nurseries and childminders, provide a suitable learning environment and that they assess the progress made by children under their care. The stated aim of the EYFS is 'to help young children achieve the five Every Child Matters outcomes of 'staying safe, being healthy, enjoying and achieving, making a positive contribution, and achieving economic well-being'.

A detailed 112-page guidance document for practitioners is organised according to learning goals, and directs carers to 'look, listen and note' how children in their care behave. It states this guidance 'should not be used as checklists' but is intended to support 'the continuous assessment that practitioners must undertake'.

For example, to progress under the 'Self-care' category, the guidance states that between birth and age 11 months, babies should 'express discomfort, hunger or thirst'. Under 'Language for communication', it states babies up to 11 months should 'communicate in a variety of ways including crying, gurgling, babbling and squealing.' For progress in reading, children aged 40 to 60 months and older need to be able to 'read a range of familiar and common words and simple sentences independently.' In the framework's final year, when children are aged five, carers and teachers are expected

to record each child's level of development against 13 assessment scales derived from the early learning goals.

The prescriptive nature of the framework has provoked criticism from some quarters in the media (*The Guardian* newspaper counted 69 early learning goals and over 500 developmental milestones). Dr Sylvain Sirois, director of the Babylab at the University of Manchester, told us that the EYFS guidance was unhelpful when the behaviour of babies and children is so varied. 'What's the point of setting targets that children don't need to meet – and many won't – to grow up normally? What good would that do? Probably more harm than good,' he said.

However, John Oates of the Open University, who wrote some of the EYFS

framework, defended the detailed guidance. 'The EYFS states that "every child is a unique individual" and that "babies and young children mature at different rates", so there is explicit attention drawn to the importance of individual variations in development,' he said. 'At the same time, there is a need for those responsible for the care and education of young children to be aware of the significant steps that mark developmental progress, and to be alert to delays that might mean that extra support would be beneficial.'

We also spoke to chartered psychologist Professor Donald Christie, Director of the Applied Education Research Centre at the University of Strathclyde. He told us he

saw no problem with the guidance document, which he said was helpful, informative and sound, but he raised concerns about the emphasis of the EYFS on assessment. 'The statutory guidance is couched in terms that might push early years providers towards more formal elements of learning too soon.' He explained that while some children will be capable of handling this, other children won't be developmentally ready, especially boys and children from socially disadvantaged backgrounds. 'Emphasising formal elements can effectively introduce failure into the regime, which for some children is hard to recover from,' he said.

Professor Christie also pointed out the contrast between the EYFS, and the moves in Scotland and Wales to relax the first two years of the school curriculum.

It is expected that five- and six-year-olds in Scotland and Wales will be taught the use of sounds, phonetic awareness and will engage in practical activities involving, for example, counting, but there will be less emphasis on formal recording of literacy and numeracy and more emphasis on learning through play. 'In Scandinavian countries, where they wait until children are aged six or seven before introducing formal elements of reading and writing, those children who could have learned earlier are not disadvantaged. They learn really quickly and smoothly and their subsequent skills compare very favourably with standards in other nations.'

However, John Oates said assessing children's progress was not an end in itself and is not to do with success or failure. Rather the emphasis is on understanding each child's specific developmental needs. 'The detailed descriptions of developmental steps in the EYFS help practitioners to understand how literacy and numeracy are based on a whole variety of prior experiences with materials and in the acquisition of 'cultural tools', to use Bruner's term, within relationships that foster development and learning. Assessing children's progress needs to be seen in this context.' *CJ*

## IN BRIEF FROM YORK 2007

Around 90 per cent of prison inmates suffer mental health problems, and depression is often considered the norm in prison life. But a study by Lesley Maunder and colleagues (Northumberland, Tyne and Wear NHS Trust) suggests that anxiety is more prevalent than depression amongst male prisoners, by a ratio of 5:1.

A questionnaire study suggests that UK teachers are less satisfied with their jobs today than they were 45 years ago. Colin Anderson (independent researcher) and Robert Klassen (University of Alberta) surveyed 152 teachers and compared their responses to data collected from a similar sample in 1962. As well as giving lower ratings of job satisfaction, present-day teachers reported different reasons for dissatisfaction than their 1962 colleagues. Forty-five years ago, the most pressing concerns were material matters like salaries and inadequate buildings. The most common complaints of teachers in 2006 are lack of time, teaching load, and pupils' behaviour.

Agency or official support following the 2004 Indian Ocean tsunami was perceived as poor by British survivors. That's according to Vivien Norris (The Zito Trust) and colleagues, who surveyed survivors using a range of qualitative and quantitative methods. They concluded that there is a need for improved planning of coordinated, flexible, multi-agency responses to traumatic events.

The aroma of the essential oil of rosemary could lead to an enhancement in everyday prospective memory (roughly speaking, remembering to remember). Bryony Vallance (Northumbria University) and colleagues found that ambient rosemary aroma led to significantly better performance on prospective memory tasks than ambient basil aroma or no-odour control conditions.

Preferences for social engagement can be modulated by apparent health of faces, and there is systematic variation among individuals in the extent to which this modulation occurs. Claire Conway (University of Aberdeen) and colleagues found that low-anxiety individuals showed a preference for facial cues associated with social engagement (viewer-directed smiles) for healthy but not unhealthy faces. In contrast, high-anxiety individuals preferred social engagement with both healthy and unhealthy faces.

# Annual Conference reports



## Fit for the future?

**S**OCIETY President Ray Miller has had a busy year in office, as he explained in his Presidential Address. When he wasn't speaking at subsystem meetings, or representing the Society at the conferences of allied organisations (such as the Psychological Society of Ireland), Ray had a few small jobs to do at home. Just little things, like an overhaul of the Society's day-to-day operations. Or lobbying the government on statutory regulation of UK psychologists.

But before tackling such thorny issues, and speculating about future challenges for the Society, Ray began by taking stock of where we are right now. With around 45,000 members, the Society is larger than ever, and perhaps a victim of its own success. Rapid growth (in terms of both membership and its range of activities) is putting the organisation under considerable structural and financial strain. More

money will be needed if the Society is to fulfil its objective of 'promoting the efficiency and usefulness of members'.

So what of the future? Ray turns his attention to three issues. The first is a more effective relationship between the Society and its members. A programme of development and incentives is in the pipeline to make the Society more attractive to the many psychologists who have not yet joined. Ray hopes that these developments will turn the Leicester headquarters from an 'anonymous bureaucracy' into a 'personally tailored, one-stop shop for CPD, advice and support'.

Ray's second vision of the future is for a more streamlined structure for applied psychology, which is sometimes in danger of looking more like a dysfunctional family of professions than a coherent discipline. On a related note, Ray was

impressed by the way in which psychologists pulled together on issues of statutory regulation this year. All parties agree that psychological services offered to the public should be monitored. But ultimately Ray was disappointed that the government did not recognise the case for an independent Psychological Professions

Council, opting instead for a proposal based on regulation via the Health Professions Council. The Society's view is that this body is too health-focused and fails to recognise the range of settings in which psychologists do their work. He predicts that legislation relating to statutory regulation will be in place by

next year's Annual Conference in Dublin. Only time will tell whether the Society can work successfully alongside the government to properly achieve better public protection.

You can read Ray Miller's Presidential Address in full at [www.bps.org.uk/pres2007](http://www.bps.org.uk/pres2007). SH

## Putting neuropsychological theory into practice

**T**HE field of neuropsychology developed from the study of patients with brain damage or dysfunction. Patient data has helped to reveal the inner workings of complex cognitive processes, such as memory, language and problem-solving. Now advances in cognitive neuropsychology are allowing researchers to give something back to clinicians and their patients, through theory-driven approaches to assessment and rehabilitation.

Four speakers talked about putting neuropsychological theory into practice, in a symposium organised by Dr Ashok Jansari (University of East London). Dr Barbara Wilson (MRC Cognition and Brain Sciences Unit) described clinical mysteries that were solved by applying Baddeley and Hitch's working memory theory to two unusual cases (TB and LE). In both cases, the patients' symptoms would have been misdiagnosed if the theoretical model had not given clues to underlying cognitive deficits.

Continuing the theme of assessment, Ashok Jansari described a virtual reality (VR) tool for screening people with dysexecutive syndrome. These patients have problems with planning and organisation following damage to frontal regions of the brain. Standard clinical tests (such as the Wisconsin Card Sort task) do not always predict patients' real-world performance, so ecologically valid tests are badly needed.

Jansari and colleagues extended a paradigm originally developed by researchers in Aberdeen, in which participants are given a list of errands to perform in a VR office environment. The original study involved just five patients. Jansari and colleagues have studied a larger sample in the UK, and another in Australia, and confirmed that the VR task is a sensitive measure of patients' cognitive strengths and weaknesses.

So much for assessment – what about treatment? Dr Catherine Haslam (Exeter University) discussed the rehabilitation technique of 'errorless learning' (EL), or not allowing people to make mistakes while they learn material to be remembered later. Typically this involves the clinician or experimenter giving the correct answer along with a memory cue. For example, a photograph of a face (the cue) is presented with the correct name printed underneath (the to-be-memorised information).

Previous research has shown that EL helps people with memory problems (compared to a control condition in which they guess the correct answer from a partial cue during learning). But there has been little systematic research on whether errorless learning is the best technique for improving memory. Dr Haslam's study pitted EL against two other rehabilitation techniques. The findings suggest that 'spaced retrieval' (asking participants to remember test material for periods of time that get progressively longer) may be a more effective mnemonic technique for brain-injured patients.

Dr Emma Berry (Addenbrooke's Hospital and Microsoft Research, Cambridge) also works with severely memory-impaired people, some of whom have been testing a new gadget called SenseCam. SenseCam is a wearable

camera, or 'human black box', that automatically takes photographs in response to movement, light and changes in ambient temperature and body heat. These photos can be downloaded and viewed as a slide show at the end of the day.

Dr Berry and colleagues used SenseCam as a way for memory-impaired people to consolidate important autobiographical memories. Participants recorded and then reviewed day-to-day events every two days. The results were striking: within two days of recording an event in a traditional written diary, participants could no longer remember it. But using SenseCam as a visual diary, they could remember similar events up to 10 months later. In some cases they recalled details of these events even better than loved ones who were with them at the time.

How does it work? Dr Berry does not yet know for sure, but suggests that SenseCam's images might act as a powerful reminder of private thoughts experienced at a particular moment in time. On top of improving memory, participants using SenseCam are reported to be more confident and less anxious than they were before the intervention. Technology is likely to play a bigger role in rehabilitation in the future, and SenseCam shows what an impact such gadgets can have on patients' quality of life. SH

## Finding hope and meaning

**S**TORIES abound of the human spirit's triumph against adversity, but it's only relatively recently that psychologists have attempted to untangle how and why people are able to find hope and meaning when all about them is so bleak.

Professor Susan Folkman, Director of the University of California-San Francisco Osher Centre for Integrative Medicine, is a

pioneer in the field. She and her colleagues have studied homosexual men caring for partners with AIDS; in some cases the carers themselves were also HIV positive. As you'd expect, they found the carers experienced high levels of depressive symptoms after losing their loved one, but remarkably, levels of positive emotions were as high or even higher. Similar observations have been made regarding

patients with advanced AIDS or cancer, patients with spinal cord injury, and mothers caring for children with HIV or other illnesses.

'This isn't denial or Pollyanna [our tendency to agree with positive statements]', Folkman said in her keynote presentation. 'It's the co-occurrence of positive and negative emotions.' In the words of one bereaved participant: 'There's a duality in my life. Both aspects are there.'

Folkman has found that 'meaning-based coping' is key to positive emotions occurring at times of great stress. In particular, people who show positive emotions tend to employ one or more of four strategies. These are: goal revision – substituting untenable goals for goals that are both realistic and meaningful; infusing

ordinary events with positive meaning (for example, just enjoying being together with one's suffering partner); 'benefit finding' – reflecting on one's growth in personal strengths and resources; and focusing on what really matters and re-ordering one's priorities.

Folkman said meaning-focused coping leads to positive emotions, which then feed back, sustaining coping and restoring a person's emotional resources. Indeed, a ten-year study of older participants aged 65 to 105 years at the start of the research, found that positive emotions, but not negative emotions, were a significant predictor of mortality. New data collected by Judith Moskowitz has shown the same is true for patients with diabetes.

Research in this area has implications for clinicians. Folkman said clients should be reminded that positive emotions are a common experience during times of distress, and clinicians should focus just as much on strategies to maintain positive emotions as to reduce negative emotions. *CJ*

## Innovative and outstanding

**H**ARDLY a week goes by without immigration hitting the news. Almost all the stories we hear come from the perspective of the UK citizen: How many refugees and asylum seekers have come to our shores? How much do they cost the economy? Are they making an effort to learn English and 'fit in'? This year's winner of the Promoting Equality of Opportunity Award tries to think about immigration from the other side of the coin. Dr Anne Douglas (NHS Greater Glasgow and Clyde) heads the COMPASS team – a mental health liaison service for refugees and asylum seekers living in the Glasgow area.

COMPASS was born when Douglas was asked to design a mental health strategy for 10,000 asylum seekers relocated to Glasgow under the 1999 Immigration and Nationality Act. In consultation with colleagues, she decided that mainstream mental health services were unprepared for this unique client group. On the other hand, a stand-alone service would not help immigrants integrate into their local communities.

The best compromise seemed to be a multidisciplinary team that would liaise between clients and mental health services in a culturally sensitive way. The eight-strong COMPASS team delivers specialised interventions where necessary, particularly for clients suffering the effects of previous trauma. But they also try to build capacity in mainstream services wherever they can, offering training and support for health professionals across Scotland.

The goal is to provide high-quality mental health care that respects the complex challenges faced by refugees and asylum seekers. For example, immigrants

can face feelings of 'cultural bereavement', racism and a long period of limbo while they wait to find out whether they will be allowed to stay in the UK. Asylum-seeking can take five years or more, and the stress of the process itself is something that Douglas wants to be more widely recognised.

Around 60 per cent of asylum seekers in the Glasgow area have a professional qualification, but are denied the right to work. They have no choice about where to live, they cannot have overnight guests in their homes, and they have limited access to further/higher education. Immigrants fear dawn raids, imprisonment, being deported without notice, and repeatedly make statements about horrific and humiliating events in their lives. Some resort to self-harm or attempt suicide, because they feel that their testimonies are not believed by immigration authorities.

In the midst of all this, the COMPASS team offers 'a branch to cling on to', as one service user described it. Clients receive appointment letters in their own language, and travel instructions featuring digital photographs of the route, for those unfamiliar with maps. Therapists check that an interpreter is culturally and politically acceptable to the client, and make sure that this interpreter is available for all appointments, not just initial assessment. The team helps with writing legal reports, and clients are given letters to carry which detail their medication, ongoing treatment, and any suicide risk.

Through gestures like these, Douglas and her team hope to provide access to the level of care that the rest of us enjoy, and also develop models of good practice for UK health professionals. *SH*

**N**EW internet-based technology is revolutionising the way research methods are taught to psychology students. Packages like Course Genie and WebCT allow tutors to record themselves performing various operations with a stats computer programme, to which they can add their own voice-overs. Students can then access these videos on the web. Wikipedia-style revision pages, featuring clickable links to further resources, can also be created.

A 'blended learning' approach, which combines these e-learning materials with traditional face-to-face traditional tuition, has been introduced by Dr Clare Wood to MSc students at Coventry University, with great success. 'We need to encourage students to realise how these techniques will help them in their day job', said Dr Wood, this year's recipient of the Society's Award for Excellence in the Teaching of Psychology. 'We need to convey to them – You are not here because you have to be, but because it will help you.' *CJ*

## Reinvigorating the qualitative brand

**T**HE Society's newest and biggest Section was well represented at this year's conference, with sessions covering both theoretical and practical aspects of qualitative methods in psychology.

A workshop organised by Dr Christina Silver (CAQDAS Networking Project) discussed the benefits of using software packages like MAXqda2 and ATLAS.ti for qualitative analysis (further information on these and other packages is available via <http://caqdas.soc.surrey.ac.uk>).

Dr Orla Muldoon (University of Belfast) and Dr Zazie Todd (University of Leeds) organised a symposium on theory and qualitative research in psychology. As a hardened cognitive psychologist, I have to admit that I did not look forward to this session, especially with terms like interpretative

phenomenological analysis, social constructivism, and hermeneutics floating about the abstracts. But four papers (summarised by discussant Dr Anna Madill, University of Leeds) gave an interesting and relatively accessible introduction to current debates in this area.

Professor Robert Elliott (University of Strathclyde) argued that the proliferation of 'brand names' (such as 'empirical phenomenology', or 'heuristic inquiry') in qualitative psychology muddies the waters. Squabbling over minor differences between approaches fragments the discipline, and discourages researchers from thinking flexibly about the best way to tackle a particular question. All qualitative analysis involves the same basic activities, and for the sake of the field, researchers should concentrate on those commonalities.

But Professor Jonathan



Conference delegates mingle at the launch of the Society's newest journal – the *Journal of Neuropsychology*

Potter (Loughborough University) disagreed with this 'one size fits all' view of qualitative research. He argued that an overarching theory is not the way to drive knowledge forward. Instead he suggests that all psychologists – whatever brand of research they subscribe to – should be studying what people actually do, rather than hiding behind questionnaires, interviews or experiments.

As an example of 'staying with the material', he described his own study of interactions on the NSPCC child protection helpline. Child protection officers (CPOs) deal with callers who are often distressed. Conversation analysis showed that CPOs are finely tuned to crying cues, many of which would be inaudible to a non-expert. This helps them to respond sensitively, keeping callers on the line who might otherwise hang up. Professor Potter describes this as the first truly empirical analysis of crying to appear in the literature, with all other research being based on crying questionnaires or inventories. But does staying with the material help us get to the 'truth' of human experience better than any other method?

Dr Lucy Yardley (University of Southampton) hinted that it doesn't necessarily. All approaches carry assumptions,

and like Professor Elliott, she points out that good science is about choosing the most appropriate method for the research question at hand. In some circumstances (such as finding a cure for cancer), describing people's lived experiences might not get us very far. In other circumstances, a mixture of qualitative and quantitative approaches could be appropriate. But in practice, researchers don't use genuinely mixed methods, and nor should they – this might wash out the most important features of different techniques. Moreover, the term 'mixed methods' perpetuates an unhelpful, black-and-white dichotomy between qualitative and quantitative approaches.

Instead, Dr Yardley suggests that we use the term 'composite analysis' for the strategy of using different methods separately but in concert. This strategy requires researchers to become experts in both (or all) of the techniques they are using, or to collaborate with others who are experts already. Dr Jonathan Smith (Birkbeck University of London) endorsed a similar 'both/and' strategy for using different brands of qualitative psychology, rather than an 'either/or' approach in which researchers pick their favourite method and stick to it. *SH*

## GAINING ACCEPTANCE

**Y**OU'RE organising a workshop on how to get research published, aimed largely at postgrads. Who do you call on? How about someone who has received more than 200 of those magical acceptance letters, starting with one for their undergraduate project – from *Nature*.

Douglas Carroll (University of Birmingham) is that man. His main message – from both sides of the fence, as a regular author and journal editor – is that you should see the editorial process as positive. It's not personal.

Engage with the process, and be patient. When you write the article, tackle the method first before moving on to the results and only then back to the intro. Use the intro to awaken interest, not kill it off with a literature review. Simplicity entertains and interests the reader more; avoid the thesaurus complex.

The workshop raised several contemporary issues: the increasing trend for journals to stipulate word lengths, the importance of not 'torturing' your data, and the value of interdisciplinary work. 'Small increments of excitement increase when we talk across boundaries,' Carroll said.

And finally, get on with it. It's better to have a manuscript on the editor's desk than on yours. *JS*

# Driven to distraction

If you've ever been involved in a road accident involving another car you'll probably appreciate that driver vigilance is at the heart of safe driving. Inattentiveness is one of the leading causes of car accidents, with over a quarter involving front-to-rear-end collisions. Sensors on the car that can warn drivers of potential impacts can prevent such accidents.

New sensor technology is becoming available that can predict a collision before the driver. A new class of multisensory in-car warning systems is being developed by a team at Oxford University that can alert you to the location of an external threat. As Professor Charles Spence explained, the real challenge for researchers is how to alert the driver to potential hazards in time for them to make the appropriate driving response.

It seems the limiting factor is the drivers themselves rather than the technology. The team found that if they used a very early warning signal there was more likelihood that it would be a false alarm and drivers would become desensitised or simply switch the system off, whereas if it came too late the driver may not have time to react.

Then there is the question of what sensory modality to use. In-car warning systems have traditionally relied on visual warning cues. However, the interiors of cars are becoming increasingly cluttered with devices such as stereos, hands-free phones and navigation devices, all of which compete for the driver's attention. The team tried many different warning signals in a driving simulator and even considered using smell as a cue. They found that the most effective were those that used spatial cues to alert drivers to the direction of outside dangers, for example by the sound of a car horn from the direction of the threat. However, the drawback of using an auditory spatial warning signal was that if the radio is played at high volume the cue will go undetected.

One solution was to explore warning systems that make use of touch, such as vibrating belts, steering wheels or pedals. These do not distract driving but will alert the driver to potential dangers on the road, whilst remaining intuitive and attention capturing. Vibrating cues also remain

personal to the driver rather than being detectable by passengers. But although vibrating signals showed obvious advantages they were not as effective as auditory spatial warning signals for alerting drivers to potential external dangers. A combined in-car warning system of sound and vibration alerts was shown to be the most effective in the simulator at both

alerting the driver to a potential danger and indicating the direction of that threat.

Encouragingly these systems showed a 600 millisecond reduction in driver response time, which could translate to around a 60 per cent decrease in front-to-rear-end collisions.

The good news for drivers is that by the year 2020 all new cars will be fitted with some kind of multisensory early warning system to speed up braking and therefore safety. This new technology will help reduce the number of road traffic accidents, but how the technology will be integrated into the cars of the future and how drivers will interact with these intelligent systems is not yet fully established. *SB*

## FAIRER SEX?

**C**HILDREN do not learn to use physical aggression; they learn not to use it. That's according to Richard Tremblay (Universities of Montreal and Central Lancashire), who opened this symposium with evidence that girls are better at learning this self-control, along with alternative strategies. But in Tremblay's view, aggression is always bubbling under the surface, with the ability to inhibit as a thin veneer that can be broken under pressure.

Next, John Archer (University of Central Lancashire) presented data from 16 nations to suggest that as gender equality and individualism increased, the sex difference in partner violence moved in the direction of less female and more male victimisation.

Delving deeper into gender empowerment, Anni Ahmavaara and Diane Houston (University of Kent) presented fascinating data showing high levels of hostile sexism amongst women in Finland, a country typically perceived as a haven of gender equality. Symposium participants discussed whether this disapproval of women in non-traditional roles reflects a 'backlash' against gender equality; an indication that public gender equality does not necessarily mean private gender equality; or a belief in 'gender consensus', almost that the debate has moved past such issues.

Finally, Rachel Calogero (University of Kent) discussed her findings on the protective role of a 'need for cognitive closure' against sexist stereotype content. Women who were high on the measure reported the highest focus on their own bodies after they had been exposed to sexist stereotypes; however, high-need-for-closure men reported the least body focus after such exposure. *JS*

## CLICK FOR MORE

For more reports – including early memories, police interviewing, stress in sport, personality disorder and more, see [www.bps.org.uk/confreport07](http://www.bps.org.uk/confreport07). Also look out over the coming year for various articles based on the conference's award lectures.

These reports were brought to you by Simon Bignell (University of Derby), Dr Sandie Cleland (University of Aberdeen), Dr Sarah Haywood (University of Edinburgh), Dr Christian Jarrett and Dr Jon Sutton (both *The Psychologist*).