

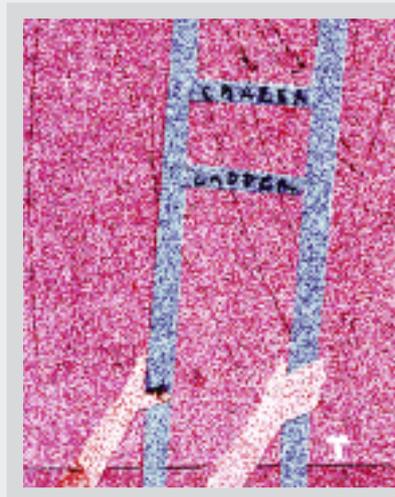
Training places – competition and support

I read Lauren Bishop's letter ('Alternatives to clinical psychology', March 2014) with interest. At this time of year, when clinical psychology doctorate applications are being scrutinised by universities and interview places are offered, anxieties are understandably running high for those awaiting their fate. I, too, have spent a long time studying and preparing for a place on a clinical psychology training course. I have worked as a nursing assistant in a mental health unit, where experience is rich but unfortunately pay is low. I have pursued fixed-term assistant psychologist places, and have eagerly undertaken supervised clinical practice and provided all project work to the best of my ability. However, the painful part of the process is the knowledge that there is little external support available if you are unsuccessful at interview, and sometimes you can be consigned to another year of seeking yet more supervised clinical psychology experience and the prospect of yet another short-term, fixed-period role. Sometimes the journey feels like you are training and preparing for a goal that is all-or-nothing, like preparing to compete in an Olympic sports event, or for that momentous shuttle journey into outer space. I am 36 this year, and I am sure I am not alone in occasionally thinking that my efforts may never pay off.

However, although this is a somewhat lamentable situation for an aspiring applied psychologist to find themselves in, I

wonder if it need not be so difficult, and wonder also what the BPS could do to support potential trainees. Lauren is correct when she points out that there are many alternative options available to those who are passionate about psychology, and that individual skills, experiences and interests can be employed in hugely important and interesting roles outside of clinical psychology. Now that we know that this is an issue, should the BPS be asking what they can do to support their graduate membership, such that many individuals with such diverse experience and hugely desirable personal attributes are not lost to professions that they may ultimately be less enthusiastic about?

With this in mind, I wonder what service the BPS needs to think about if they are to support struggling would-be clinical psychologists in preparing for disappointment or alternatives to their chosen career. Do we need to conduct a survey of our membership, to understand how widespread the problem is, and what kind of support needs to be provided? Is this an opportunity to gain an understanding of the sorts of difficulties



Wikimedia – chance to get involved

I was delighted to read the positive experience of 'Celebrating diversity in science and... Wikipedia' (News, April 2014). Since November I've been a trustee of Wikimedia UK – the UK chapter of the global Wikimedia movement supporting the development of open knowledge and open knowledge communities. Events such as the one reported – a Wikipedia

'Edit-a-thon' at the Royal Society – are among the ways the community is keen to engage experts in developing Wikipedia, Wiki Commons, and the related projects. We're particularly interested in redressing the balance in both representation and editing activity of underrepresented groups (including women).

Psychologists can help here. The diversity of expertise in psychology is great, and I would encourage you to look for gaps in coverage and ways to improve articles, the WikiProject Psychology (tinyurl.com/lchnab4) may be a good place to start. Already the American Association for Psychological Science runs Wikipedia assignments – setting students

contribute

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Robert Sternberg, Oklahoma State University

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that those preparing for a career in clinical psychology experience so that support can be tailored appropriately – as one would expect from a profession that is so used to using skills and knowledge to alleviate distress?

I wonder if the future holds any scope for the Society offering a system comparable to the UCAS clearing system, or some kind of support service where up-to-date advice on alternative careers is provided. To my knowledge, at present, the only support systems in place are the unofficial forum websites, which, although they can be a source of helpful knowledge and experience, often leaves the user searching through blogs to find answers.

Dan Southall

*Assistant Clinical Psychologist
Sussex Partnership NHS Foundation*

In response to Dan Southall's letter, those of us who run Doctorates in Clinical Psychology would like to be able to offer more training places. However, we are constrained by workforce data which are used to calculate the level of need for qualified clinical psychologists, and hence the number of training places that Health Education England is willing to fund. The Society's Division of Clinical Psychology (DCP) is carrying out a project looking at the quality of these data and the Society is planning a major survey of its membership for later this year, to provide more detailed workforce information. A small number of programmes do offer self-funded places, but these are mostly targeted at non-EU applicants.

With regard to support for unsuccessful candidates, Dan makes an excellent suggestion that the Society could step in to offer a support and career guidance service for applicants. Each doctoral programme receives hundreds of applicants and most are

unable to provide detailed and individually tailored feedback to each unsuccessful applicant.

The DCP does already have an active Pre-Qualification Group for those working towards a career in clinical psychology, including those in pre-training roles such as assistant psychologist, as well as those on accredited doctoral programmes. Membership of the Pre-Qualification Group is free and automatic for those Society members who join the DCP at either the Pre-Training or In-Training level. The Group aims to give its members a voice within the profession. It arranges an annual conference and CPD events, consults on key issues and represents the views of its members to the Division, Society and wider profession.

This Group also has a network of Pre-Training Groups around the UK (including one in Sussex) which arrange regular meetings with guest speakers, CPD opportunities, and opportunities for peer support, as well as disseminating information about pre-clinical opportunities.

In terms of considering alternative careers in related areas, the Society's careers portal provides information on the huge breadth of career opportunities. It also points graduate members to alternative accredited course options, and provides information on the Society's own Qualifications in Counselling, Forensic, Health, Occupational, and Sport and Exercise Psychology. The Society also runs careers events targeted at graduate members such as the popular Psychology4Graduates event held for the first time last year, and being held on 3 December this year in London.

Ideas for additional support and services, whether at Society or Divisional level, are always welcome.

Helen Dent PhD

*Co-Chair of the BPS Group of Trainers in Clinical Psychology
Professor of Clinical & Forensic Psychology, Programme Director
Staffordshire & Keele Universities Doctorate in Clinical Psychology*

NHS – simple solutions

the task of improving psychology-related articles. In addition, psychology has something else to offer, I would encourage those who are interested in research around collaboration, knowledge building, dispute resolution, constructive dialogue, etc. to explore the range of research going on (tinyurl.com/b47max5). The Wikimedia projects are an open resource, which means there's a huge amount of data (talk pages, edit histories, user interactions) easily available, and ways to build open tools to explore the best ways to support communities, and bring new communities in. In short, psychology plays an important role in developing open knowledge communities, and I'd encourage all to get involved; this year would be a great year to start as the Wikimedia movement's annual conference will be held in London during August. Come along, get involved.

Simon Knight

*@sjgknight
PhD Candidate, Open University
Vice-Chair, Board of Trustees, Wikimedia UK*

I picked up the May edition of your magazine whilst attending a stress management course at the BPS offices in London. Part of the course involved information on stress in the NHS. How apt then to see the letters from Lauren Bishop and John Raven ('The NHS – excitement and dejection'), which combined seem to offer a solid solution to the problem of increasing managerial control and sidelining of clinicians' opinions in what could be an outstanding organisation. Communication with the front line (nursing staff) along with management that 'walk the shop floor' to understand the challenges involved and

discover solutions would make an incredible difference.

What is stopping this from happening? Is it seen as too simple a method –



Tighten the belt – or listen to the front line?

despite its proven success in so many organisations? There are £ millions wasted in areas that are there to be 'found' just by listening to the front line. In terms of clearly

understanding the destructive effects of the current target-based, tickbox approach, who better to understand and offer solutions than experienced psychologists

The solutions are simple, management without empirical experience will always be a disaster, especially when it is not understood that the care one gives is, mostly, in direct proportion to that one receives. The government needs to stop with the need for statistics that at best only tell a small part of the story and understand what really would make a difference – but that might take longer than an elected term – that's another topic!

Bob Scott

Sunrising, Oxfordshire

The fabric of psychology

I look forward to and enjoy reading the 'One on one' page in *The Psychologist* every issue. It provides an interesting insight into the views of dedicated professionals working within our field and sometimes beyond.

The May 2014 'One on one' with Lois Holzman touched upon the eternal debate of the scientific status of psychology. I would like to comment on the question 'One challenge you think psychology faces' and the response 'Giving up trying to be a hard science... Human beings are far more complex, unsystematic and uncategorisable than the dominant psychology instructs they are'. Whilst this response is Lois' view, it is nevertheless limited and biased towards the therapeutic applications of psychology at the expense of whatever Lois means by 'dominant psychology'.

I would like to remind Lois of some basic ideology surrounding the aims of modern psychology. In order to be a systematic discipline that is anchored in research, contrary to Lois' view, it is necessary to systematise and categorise elements of cognition and behaviour, otherwise you are left with commonsense ideas that may be valid but are not scientifically validated. This is regardless of which area of psychology is being considered. Credible research (theories and studies) in the area of psychotherapy for example, will have at some point systematised

and categorised elements of cognition and behaviour in some way before being utilised with clients.

I agree that the 'applications' of psychology such as in Lois' therapeutic settings may not be scientific but the theoretical underpinnings must have a scientific basis. Operationalisation is at the heart of systematic research. It is these fundamental theoretical underpinnings that objective psychologists want to base their applications of research on to maintain evidence-based practice.

Science does not have to be hard or soft. As long as the research methods/design and analyses are empirical, systematic and replicable, that is what counts, not texture. Findings based on such research can then be applied as practitioners see best fit.

I am sure that social, cultural and relational approaches are beneficial and worthwhile, but please do not claim to be a scientist if this is the non-psychological (and therefore unscientific) dominant approach you wish take based on the view that human beings are far more complex, unsystematic and uncategorisable than the dominant psychology instructs they are.

Bhupinder Kuwar MBPsS
Birmingham

Dementia research challenges

Dementia is a growing health and economic challenge globally. Governments are now starting to recognise more seriously the global priority to find effective treatments and preventative measures within the next decade, and in particular to develop strategies that will facilitate recruitment of participants onto dementia-related studies. This is also a growing area for aspiring clinical neuropsychologists, including myself and my assistant psychologist colleagues.

On 11 December 2013, the G8 Health and Science Ministers met in London for the first G8 summit on dementia research. This appeared to present an opportunity for an international discussion of the challenges posed, both socially and economically, and to set a global agenda. Researchers working in the area of dementia, like myself, would hope for a more unified, cross-sector, international approach to tackling dementia, which seems to be fully endorsed by the summit and is very encouraging to see.

Current difficulties that restrict progress in understanding dementia include the administrative barriers that exist due to data-sharing regulations, which vary from country to country. These can impede the vital sharing of research findings globally. Sharing of information in this way would help to

drive forward a consensus on various issues, such as clinical trial policy and international funding models that are sustainable. Following the G8 summit, the appointment of a global Dementia Innovation Envoy, Dr Dennis Gillings, further endorses the commitment to unify international efforts to advance innovative ways to research and treat dementia, and new ways of funding research, including possibly the development of a private fund.

Reliable funding is obviously a major issue, and greater investment is needed to meet the increasing prevalence of dementia. Worldwide, the annual cost of dementia is an estimated US\$604 billion, where the disease affects over 35 million people, and this burden is expected to increase to beyond 115 million people by 2050. The goal has been set by G8 Health Ministers to find a cure or disease-modifying therapy for dementia by 2025. With life expectancy increasing, the socio-economic burden will only increase. Sustained investment in good-quality research is thus a major priority. A significant increase in monetary investment in dementia research has been promised by the G8 group, and it will be interesting to see what this will be in real terms by looking at their annual spending reports.

Previous reports, such as that by the

New York Academy of Sciences and Path to 2025 group (see tinyurl.com/ly67b7n), suggest that the development of registries is a very helpful approach to increasing participation in trials. As an assistant psychologist at Imperial College London, I am working on dementia prevention clinical trials and research studies that are made possible by the creation of a registry known as CHARIOT (Cognitive Health in Ageing Registry: Investigational, Observational and Trial studies in dementia research). The creation of this list of over 14,000 older-age adults interested in receiving information about dementia-related studies greatly facilitates the efficient recruitment of participants for studies. This research in particular is part of the paradigm shift towards preventative research that targets the need for timely diagnosis, understanding of early mechanisms and risk factors that are related to later conversion to cognitive decline, and so the identification of the earliest point at which disease-modifying treatment may be introduced. It is an exciting time to be working in this field, and we can only hope that the promises set out by the G8 summit and recommendations by other reports are driven forward so that this type of research can continue.

Anna Monk
Imperial College, London

Dyslexia – a problematic diagnosis

I was interested to read Harriet Cameron's letter ('The dyslexia debate – words of caution', May 2014) and pleased that she agreed with me about the poor quality of many dyslexia assessments undertaken for university students. I was rather less pleased with her *ad hominem* derogation, which I have found to be a common strategy used by those who feel threatened by any challenge to the scientific validity of the dyslexia label. In my own experience, personal attacks have largely come from (a) those who consider themselves, or a close family member, to be dyslexic or (b) those whose sense of professional prestige is closely tied into dyslexia diagnosis and intervention.

Cameron criticises my attempt to ensure that the research is widely publicised and eventually results in meaningful impact. She fails to recognise that my book is the culmination of many years' work across multiple disciplines: genetics, neuroscience, cognitive science and education. Long-term readers of *The Psychologist*, however, will surely recall the correspondence that followed the documentary *The Dyslexia Myth* in 2005. Criticism of my ideas in the subsequent years ran along the lines of: 'You're talking rubbish – produce the evidence'. Now, it has now shifted to 'You're talking rubbish because you want to sell a book'.

Sadly, Cameron was unable to comment meaningfully upon the contents of our book in her letter as, at the time of writing, it had yet to appear in the UK.

In my piece for *Times Higher Education* which focused rather more narrowly upon dyslexia assessment and resourcing in university contexts, I described the broadening of dyslexia's explanatory repertoire. The term was originally used to describe a complex and severe difficulty in decoding text; however, it is now often used as a catch-all term that incorporates a range of problems that go far beyond literacy concerns. Once one moves from consideration of a complex decoding difficulty to that of a condition that is assessed on the basis of a wide range of comorbid features, identification and resourcing become rather more problematic.

It is surely uncontentious that those who struggle to decode should be given

support to enable them to access appropriate material. Technological aids can read aloud the content of computer screens, and text on printed materials can be captured via cameras or special pens and downloaded to computers. Similarly, students may need initial support to record their ideas (e.g. by means of voice recognition software, or voice recorders). The fundamental purpose of such aids is to enable students to gain access to the necessary materials and demonstrate their knowledge and understanding of the relevant domain.

When the focus shifts from assistance with specific literacy difficulties to the identification of underlying cognitive

accommodations for all students who have difficulties with: memory (and which types of memory)? processing speed? attention and concentration? self-regulation/organisation? and the many other cognitive difficulties that typically appear on diagnostic lists? However, where should we make the cut-off point for what are continuous variables? And how is such categorical labelling fair for other students for whom individual differences in these processes are likely to have a significant bearing on their assessed performance? Should some cognitive processes be seen as important factors that meaningfully discriminate between successful and unsuccessful

students, while others be perceived as signs of a disability that should be accommodated in some way? Who should say which is which? I am somewhat doubtful as to whether this is a helpful way forwards, but am certain that encapsulating all of these difficulties within a neat diagnosis of dyslexia is untenable.

Cameron argues that students with such difficulties can benefit from specialist assistance. I wholeheartedly agree and support the targeting of provision geared to assist students who are eager to develop learning approaches and strategies that can help them to overcome

particular difficulties. Of course, such assistance does not necessitate the use of a quasi-medical diagnostic label that is conceptually flawed, variously understood, and tells us little about the particular needs of individual students.

Julian Elliott

*Principal of Collingwood College
Professor of Education, Durham University*



processes deemed to represent a dyslexic disability, I am rather uneasy. Many practitioners are ill informed about the reading disability/dyslexia literature (a significant proportion even continue to use the now discredited IQ/reading discrepancy model) and are over-ready to diagnose dyslexia on the basis of deficient processes taken from long lists of symptoms. In her letter, for example, Cameron refers to working memory and processing speed. The problem here is that none of the particular cognitive problems routinely cited are found in all those with a reading disability, and these can also typically be found in sound readers. Diagnosing dyslexia in this way is highly unwise (see my forthcoming article in *The Psychologist* for further details).

We must also consider issues of equity and fairness. If we accept Cameron's argument, should we not be providing additional resources and

NOTICEBOARD

I have a large number of back issues of *The Psychologist* magazine from the last approx nine years. If you are interested in the copies please contact me directly. I live in Cambridge

Lucy Markson
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Clinical psychology in Sri Lanka

Initially we were disconcerted after reading the by Christopher Hunt's 'A wish and a fear – mental health in Sri Lanka' (April 2014). Having had time reflect on it we can accept that most of it is a very personal account of this volunteer's experience in Sri Lanka. However, he cites some very inaccurate statistics that totally misrepresent the situation regarding clinical psychology in the country.

To elaborate, in 1996, in the early stages of the civil war in Sri Lanka, there was a dreadful explosion at the Central Bank in Colombo. This event prompted a number of Sri Lankan expatriate and British mental health professionals to get together in London to explore what they could do to help mitigate the mounting psychological consequences of the civil war. Many of the original group including the late Padmal De Silva were based at the Institute of Psychiatry and included psychologists and psychiatrists of both Sinhala and Tamil background. The first respondent was invited to join the group as an expert on child trauma.

It is true that there was no recognised psychology undergraduate course on the island for many years. There was a course taught in the philosophy department at the University of Peradeniya. However, there was a long-standing tradition of teaching psychology to medical undergraduates and there were quite a number of psychiatrists, some of whom were well trained in CBT. The Sri Lankan health system coped with the shortage of mental health personnel by having cadres of Medical Officer Mental Health (MOMH) who were doctors who had some mental health training in each district. It is true that the more extensive resources were in the capital and the asylums.

The informal group became a UK-registered charity in 1999 and named it self the UK-Sri Lanka Trauma Group (UKSLTG:

www.uksrilankatrauma.org.uk) and aimed to raise awareness about the psychological sequelae of trauma and to develop skills among the frontline workers in Sri Lanka dealing with the issue (capacity building). In December 2004 Sri Lanka was hit with a devastating tsunami, and members of the UKSLTG were involved at many levels of the humanitarian response. At the time it was felt that the efforts of the group were hampered by the lack of infrastructure (a base) to carry out its work and the group successfully lobbied King's College and other organisations to support establishing a resource centre. In 2006 with the help of a generous grant from CAFOD, Samutthana King's College London Resource Centre for Trauma Displacement and Mental Health was established in Sri Lanka (www.samutthana.org.lk). Samutthana, meaning renewal or regeneration in Sanskrit, has since its establishment delivered training to more than 6000 volunteers and professionals on skills to deal with trauma and mental health problems.

Helping to establish the first training course in clinical psychology in Sri Lanka is considered one of the major achievements of the UKSLTG and Samutthana. The lack of clinical psychologists to support the psychosocial response after the tsunami was highlighted by the World Health Organization.

At the time we could identify only six people who could be recognised as clinical psychologists. The two-year master's course in clinical psychology that was established at the University of Colombo in 2008, was made possible by a grant obtained by the UKSLTG from the Canadian charity the Lupina Foundation. The course, which is now in its fourth intake, has produced around 20 clinical psychologists, who have found employment in key sectors in the country, and, as far as we



Making royal waves

Whilst we in the Campaign for a Royal College of Psychologists are pleased that the BPS has acknowledged the need to raise its profile, we were nonetheless disappointed that the official response to our campaign from BPS Vice President Peter Banister, published in the May edition, failed to address the pressing need for reform of the Society, and also contained inaccuracies.

In particular, we take issue with his claim that our website shows our intention is 'to provide a new home only for statutory registered psychologists, which of course will exclude many members, including our very important students'. This assertion is totally incorrect; our website does not state this, nor did it. We intend to include all members of the profession; indeed, the campaign has growing student support.

Dr Banister also states that 'The pursuit of Royal status in itself would be

a significant expense both financially and in terms of diverting the Society from other activity'. Our research so far suggests that amending the Royal Charter of the BPS is an accepted legal process. We have not seen any evidence that this will be too costly, nor has the BPS produced any estimate of what it believes the expense will be.

The BPS warns that the cost of becoming a Royal Society 'would need paying for, potentially in increased membership fees'. We do not accept this, and the BPS produces no evidence to support this assertion. We believe that establishing a Royal College will boost membership and income. Furthermore the Society already has substantial financial assets and significant income, exceeding some existing Royal Colleges.

Dr Banister also claims that 'If becoming "Royal" was not simply a renaming of the existing Society, the

current assets of the charity would not transfer and the new College would be starting from scratch'. We want to reform the existing organisation, maintaining its assets by reviewing its Objects, Power and Name as specified in its Royal Charter. This is a standard process which has been used by many among other organisations that exist through Royal Charter. We can achieve our aims without starting a new College from scratch.

The time has come for the future role and purpose of the BPS to be considered and debated by all members, and we hope that our contribution will prompt such debate in these pages and beyond.

Professor Robert Bor, Professor Tanya Byron, Dr Joel Dawson, Martin Shankleman, Peter Farnbank and 13 others

| This is an edited version of the submitted letter: for the full text and signatories see www.rcpsychol.com.

know, only one has left the country. In other words, it was simply untrue for Christopher Hunt to state that there were no practising clinical psychologists.

The UKSLTG and Samutthana welcome and encourage volunteers of all ages and experience to go to Sri Lanka to contribute and to gain experience that would be invaluable to the individual and to work in multicultural Britain. Whilst we admire and encourage volunteers to bring their personal experiences to a wider public readership, we believe that any publisher has a duty of care to ensure that such novice authors be given an appropriate level of peer scrutiny, guidance and support.

Professor William Yule

*Emeritus Professor of Applied Child Psychology
Institute of Psychiatry, King's College London*

Professor Shamil Wanigaratne FBPsS

*National Rehabilitation Centre, Abu Dhabi and United Arab Emirates
University
Chair, UK-Sri Lanka Trauma Group*

Food allergy and IAPT

I very much enjoyed the article 'Living with severe food allergy' by Kathryn Evans and Khadj Rouf (May 2014). They highlight some very important issues about the social and psychological implications of having a food allergy or having a child with a food allergy. There is clearly something missing in the care of people with food allergies if there is limited consideration of the psychosocial impacts, and many good suggestions were made by the authors.

I do however question whether IAPT for long-term conditions would be an effective solution. The function of IAPT is to treat anxiety and depression (www.iapt.nhs.uk), so although it may be useful for those who do meet the criteria for one of these, it will still leave a large unmet need.

As stated in the article there needs to be more support for the families of children with food allergies. The quality of life of parents can be negatively affected by having a child with a food allergy, but this is not always the case for the children themselves (Valentine & Knibb, 2011). It is therefore evident that the parents in

particular need more psychosocial support. It has also been found that maternal anxiety is linked to child distress (LeBovidge et al., 2009), which again emphasises how important support for parents is, as their distress may have a negative impact on the child. Who is responsible for this support is not yet clear, but evidently it needs to be included in the early stages.

The issues and solutions presented in the article are useful and insightful in an area that gets overlooked. In my opinion IAPT is not the answer as it would not be accessible to everyone, and would probably not support families, but early intervention in supporting the parents may be the way forward.

Kate Leech

Leatherhead, Surrey

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FORUM THE REAL WORLD

Marshall McLuhan may no longer be quite as popular as he once was, but his expressions 'the medium is the message' and 'the global village' are still known to most of us.

The former refers to the idea that communications technologies are never neutral. They reframe our cognitions, our perceptions and our feelings in such a way as to shape the content of what we say as well as our ability to say it to others. Technology thereby reshapes the nature of our social interactions. A simple study, from many years ago, before Windows made all computers look pretty much the same, made this point elegantly. People were asked to write an essay using either an Apple or a PC. Blind raters judged those using the former as highly stylish but less precise while those using the latter put less emphasis on style and more on precision. So beware! The brand is not just an expression of who you are, it can create who you will be.

The latter expression, 'the global village', refers to a new form of electronic interdependence that will bring us all closer together. In the 1960s that was science fiction. After McLuhan's death it became an everyday reality and so he has come to be seen as the prophet of the internet. Certainly the web, social media and other technologies are changing the language, but how do they impact social relations?

There are two contrasting narratives here. One reflects belief in an explosion of democracy, where the voice of ordinary people can challenge the media barons, where bloggers rival columnists and the twittersphere can rival or even usurp the news. All are equal in the virtual world. The other narrative points to the way that this democracy is permitted only so long as it is impotent, that state surveillance uses the web to keep us impotent and that, if ever the web starts to challenge power, the powerful will shut it down. The illusion of equality in the virtual world serves to maintain inequality in the real world.

But both these narratives still treat the internet as no more than a space that alters which voices are heard and not heard. They don't address the way our voices are changed in this new era of electronic interdependence. And this may be the most important way in which issues of equality and democracy are played out through the web.

Most disturbingly – and of relevance to the theme of this issue of *The Psychologist* – there is growing evidence that the voice of the internet is increasingly masculine. A recent book by Astra Taylor (*The People's Platform*) shows that some 90 per cent of contributors to key internet sites are men and that over 85 per cent of Wikipedia articles are written by men. This bias is not limited to who writes, it also extends to who is written about. A recent study of 300 millions tweets in the US showed fewer mentions of women – especially by men.

The danger here is of an accelerating spiral of exclusion. The more the internet is a space where women are absent (apart, that is, from being objects for the masculine gaze), the more they will feel unwanted and absent themselves. This is the message of work by Steve Wright in Vancouver, Michelle Ryan in Exeter and others who show how subtle cues about 'who belongs here' are critical to processes of exclusion. Interestingly too, recent research led by Kim Peters at the University of Queensland shows that in macho cultures – specifically those created by surgeons and marines – not only women, but also some men, may be put off if they don't feel they match up to a hyper-masculine norm.

The internet, then, is not the solution to social inequality, it is a site where inequality – gender inequality in particular – must be challenged. The message of the medium is that, otherwise, the global village will still be a man's world.

Steve Reicher is at the University of St Andrews. **Alex Haslam** is at the University of Queensland. Share your views on this and other 'real world' psychological issues – e-mail psychologist@bps.org.uk. An archive of columns can be found at www.bbcprisonstudy.org.

obituary

Robert Laurence Burden (1940–2014)

Bob Burden was a major figure in the reconstruction of professional applied educational psychology (EP) in the UK and went on to become an international leader in the profession and discipline. He was at the forefront of developing educational psychology practice on a broader scale, working with school systems rather than focusing primarily on individual children and families. With John Thacker, Bob developed the Exeter professional training course into a leading innovative programme of which he was director 1972–82 and again 1994–99. His international leadership included a long-term commitment to the International School Psychology Association, of which he was President 1993–96, and his 25-year editorship of *School Psychology International*. He received honours from psychological associations across the world, including BPS Fellow (1982) and ISPA Outstanding International Scholar Award (2011).

Bob's research interests were wide ranging, including professional development of educational (school) psychologists, assessment, the application of psychology to foreign language teaching, and the interaction between children's cognitive, social and emotional development. He organised Feuerstein's visit as BPS Visiting Fellow in the early 1980s which stimulated great interest in mediated learning theory and the practical application, instrumental enrichment. Bob continued to work with Feuerstein for many years, leading recently to the international development and accreditation of 'thinking schools'.

Bob was an inspirational and passionate advocate of professional applied psychology as Chair of the Division of Educational and Child Psychology (1981–84) and as a member of Council (1981–88); and to psychology's academic development through the Education Section Committee (1989–1998). He was also Chair of the British Dyslexia Association Accreditation Board for almost 20 years. Bob was a keen film buff and as Invited Speaker at the European Congress of Psychology in the BPS centenary year gave a marvellous presentation on 'Psychology and the film'. After 'retirement' he gained an MA (Film Studies) from Exeter, specialising in Westerns.

Bob was an original thinker, charismatic, down to earth, energetic and stimulating. We were professional colleagues and friends for 40 years. He was great fun to be with and inspirational, with unfailing optimism even through his long illness: up to the week before he died, Bob and I were planning our next trip, to Lisbon.

Bob will be greatly missed by Pauline, his wife of over 50 years, his sons and grandchildren, and by all those that, like me, worked with, learned from and enjoyed being with him.

Professor Geoff Lindsay

*Centre for Educational Development, Appraisal and Research
University of Warwick*

obituary

Robbie Cooper (1977–2014)

In April of this year, Dr Robbie Cooper lost a brave and stoical battle against cancer, aged 36. A loyal friend to many and a devoted family man, Robbie had great enthusiasm for life and a passion to help others. While his death is a tragic loss, his life was a gift to many, and leaves us with countless happy memories.

Robbie began his academic journey at the University of Dundee, achieving a First Class Honours degree in Psychology. In 2001 he moved to Stirling for further MSc study and commenced a PhD working with Dr Steve Langton, focusing on gaze perception and cueing.

From Stirling, Robbie moved to Bristol to work as a postdoctoral researcher in adult attachment and the perceptual processing of emotional information. While in Bristol he also developed his own collaborations, and spent time working in Dr Alan Kingstone's lab at the University of British Columbia. These works contributed significantly to our understanding of attentional components of the processing of emotion from faces – and in some cases, his evidence directly refuted conventional wisdom. Robbie's academic journey was not easy though,

and he faced conflicting or null results that frustrate many who do science – despite such setbacks, he remained undaunted and was always keen to explore different avenues of research. In one example he donated his face to science in a key study of face processing, driven by his desire to bring the testing of the lab into the real world.

Like all very good scientists, Robbie was a clear communicator of ideas, and in his short time as a lecturer at Edinburgh Napier (starting in 2010), he made a big impression on students and staff alike. He was a wonderful, kind, obliging colleague with a passion for psychology. Despite his diagnosis and the accompanying physical and mental challenges, Robbie's commitment to teaching and learning remained undimmed. He was actively involved with the BPS Undergraduate Conference in March of this year, and continued teaching well into his final weeks.

Robbie wasn't just a great career scientist and teacher – he was a



multitalented man with a wide range of interests. Photographic evidence of his early talents in amateur dramatics, singing and tap dancing were a source of great mirth at family gatherings, much to Robbie's chagrin. An expert drummer, he was a member of several bands, recording and touring internationally. Following his diagnosis, Robbie's response was to channel these talents into fundraising for Marie Curie Cancer Care, an organisation he felt passionately about.

Robbie had a devilish, wry sense of humour and was a fan of Python-esque surrealism. He turned his own hand to stand-up comedy as part of the Bright Club public engagement initiative – as in most things, to critical acclaim (watch Robbie's act at tinyurl.com/o7ebxnj). We can testify to his talents in fields as diverse as karaoke, pool and mini-golf; while his 6 foot 6 inches frame gave him an understandable advantage on the basketball court. In short, Robbie really was an academic in the Renaissance man mould, a rare breed these days.

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