

Derrick Bird, the handbrake and service

In amongst all the speculation about how Derrick Bird arrived at the point of his catastrophic behaviour, consequences of brain injury that can result in 'episodic dyscontrol' – or simply loss of that 'handbrake' function of the frontal lobe – seems to have been, so far, an untold story.

I note that Derrick Bird is reported to have lost consciousness following an assault in 2007. According to quotes in the *Sunday Times*, he was punched, hit his head on the pavement, and was found disoriented by a colleague taxi driver, and that he was 'never the same again'. It is obviously only wild speculation: we'll probably never know if the assault caused brain injury. However, if there is a 'brain injury' part to this story, the case does raise an important issue about service provision.

There is much relevant research, not least to note that the alarmingly high prevalence of brain injury among people in custody. For example, Schofield et al. (2006) reported that 82 per cent recently received into custody in Australia had a traumatic brain injury in the past. UK data on the same subject is shortly to be published by Huw Williams, who has estimated that 65 per cent of prison

population may have had a traumatic brain injury and that they are at elevated risk of reoffending, and that violent offences are the most common.

The *Sunday Times* reported: 'An NHS Cumbria spokeswoman said there was no record of Bird attending the hospital or his GP in the last six months.' That he was reported to be not known to NHS services is no surprise: there are few services that, three years after brain injury, offer psychological interventions and support that individuals need when experiencing classic chronic brain injury symptoms of increasing anger and frustration that we think emerge from an increasing sense of threat to identity. That mental health services did not see him would be

consistent with a common narrative that the types of problems he had would not merit treatment by mental health services. This is despite the fact that there are

treatment options available that can explore the way through this 'threatened self', including work toward a compassionate, shared understanding of 'who I am now'. We have recently described an approach to providing a service with this kind of objective (Wilson et al., 2009).

I am certainly not suggesting our brain-injured patients are all at risk of becoming mass murderers. I also am certainly not trying to pretend that a clinic like ours might have helped in this case (although there are specialist units

ANDREW MILLIGAN/PA WIRE/PRESS ASSOCIATION IMAGES

Don't let the facts get in the way...

Many readers will be familiar with the sterling work done by Ben Goldacre to combat inaccurate and biased reporting of science in the press, but the tide of sloppiness continues. In a recent *Bad Science* column Goldacre commented on an article published in the *Observer* under the headline 'Fish Oil Helps Schoolchildren to Concentrate: US academics

discover high doses of omega-3 fish oil combat hyperactivity and attention deficit disorder'. He tracked down the article that it referred to, only to find that it did not use fish oil, but algal fatty acids, it found no difference in a measure of concentration between children who did and did not receive the fatty acid, and the children in the study did not have ADHD. Overall, there

were numerous errors in the article, and the journalist did not seem to have bothered to read even the abstract of the scientific report. I had also seen the article and been concerned about its accuracy.

I contacted the author of the scientific paper to ask whether he had any idea how the journalist could get it quite so wrong. He replied ruefully to say that this kind of

misreporting was just something that seemed very common these days. Goldacre also pointed out that there had been a well-conducted randomised controlled trial on fatty acid supplementation in Welsh schoolchildren using a much larger sample published earlier this year, which reported largely null results. As far

provision

that might). The Oliver Zangwill Centre provides a service for people from around the UK, often years after their brain injury. However, in common with many teams in this field we continue to experience ongoing difficulties of securing NHS funding to enable us to admit patients to brain injury rehabilitation programmes geared to providing coping skills and psychological therapy in this period late after brain injury. This patient group with these types of needs – and the risks of not intervening – continue to be overlooked from a commissioning and public health point of view.

Andrew Bateman

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References

- Schofield, P.W., Butler, T.G., Hollis, S.J. et al. (2006). Neuropsychiatric correlates of traumatic brain injury (TBI) among Australian prison entrants. *Brain Injury*, 20(13–14) 1409–1418.
- Wilson, B.A., Gracey, F.G., Evans, J.J. & Bateman, A. (2009). *Neuropsychological rehabilitation: Theory, models, therapy and outcome*. Cambridge: Cambridge University Press.

Piaget's umbrella

Just a footnote to Professor Joan Bliss's vivid recollections of Jean Piaget ('Looking back', May 2010). In the summer of 1947 Piaget led his whole department in the Institut Rousseau of both faculty (Inhelder, Rey, Lambercier) and students on a 36-hour hike in the Swiss Alps, stopping overnight in a chalet. The group comprised a mere 15–20 individuals, with psychology yet to grow as a subject of study.

My particular memory of Piaget concerns the umbrella which he took with him into the mountains. When asked about this, he explained that it

was useful not only in the city or if it rained. It could also serve as a walking stick, a parasol or screen, a hook for picking fruit from high branches, a defence against animals, or a means of helping to pull along a weary companion.

But Piaget had two other idiosyncratic uses for it: he could pee behind it out in the open, and, as he liked to do, he could change into his bathing shorts for a dip in a mountain pool.

As Bliss implies, Jean Piaget was quite a character.

Peter Castle
Lausanne

Flushing and blushing

I refer to the article by Ray Crozier ('The puzzle of blushing', May 2010). Blushing, like flushing in anger, is due to physiological rebound from the shift of blood to the musculature for immediate vigorous action and where that action fails to take place. In the case of flushing the action is an urge to attack, when the face goes white – a sign of imminent attack. The flush shows that the attack has been aborted, at least temporarily, and the flush is just a threat – a bluster. In the case of

blushing, the momentary urge is to flee from the centre of social attention to the anonymity and safety of being 'just one of the crowd'. The flight, be it from social praise (modesty), or from social condemnation (shame), is usually not a possible action and rebound blushing occurs. An extremely shy child may indeed flee or show incipient hiding – lowering and turning of the head

Eric Salzen
Edinburgh

as he could tell, this had received no attention from the media.

Examples from other domains are all too easy to discover. In the field of climate change, scientists seem particularly prone to be

misrepresented. Last January, climate scientist Mojib Latif was amazed to find his work cited in the *Daily Mail* as indicating that the cold winter was heralding a global trend toward cooler weather. In an interview with the *Guardian* he

said: 'It comes as a surprise to me that people would try to use my statements to try to dispute the nature of global warming. I believe in manmade global warming.'

Unfortunately, the response of many responsible academics to this kind of experience is simply to stop talking to the media. The problem is that this leaves the field open to charlatans and self-publicists. So what are we to do? My view is that if exhortation does not stop journalists being sloppy about their reporting of academic

work, we might embarrass them into behaving better. Accordingly, I am pleased to announce the Orwellian Prize for Journalistic Misrepresentation, which will be presented annually to the author of the most inaccurate newspaper article describing academic research. There will also be certificates for runners-up who will get a dishonourable mention, and a cash prize for the nominator of the winner. Let's fight for accurate reporting of psychological research in the press. For details of how to nominate an article, please see <http://tiny.cc/9jxuc>.

Dorothy Bishop
University of Oxford

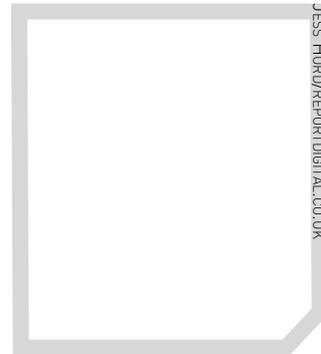
Homelessness – not just nowhere to live

A clinical psychologist friend sent me a photocopy of Christian Jarrett's 'Helping the homeless' article (April 2010), which I read with interest.

I spent eight months last year filming a documentary about life on the streets – mainly in central London ('On the Streets' will be shown later this year on BBC4). I got to know many people very well and am still closely in touch with a few of them. Of course, I also bump into others as I go about my business and am

determined not to be another fleeting presence.

Every single person I met had suffered traumatic childhood, abuse, 'care' and/or extreme cruelty and had not developed the skills to live an independent adult life. I strongly agree that providing a bed (or what is optimistically called a 'studio flat', a phenomenally expensive poky room with a bathroom and cooker in the corner miles out in the suburbs) is not a solution since it is not addressing the problem. The one thing I felt was missing from the article was that although homeless people are indeed often ejected from hostels or flats for inappropriate behaviours, this is often intentional. This is one man's recent description of life in his new 'flat' in Palmers Green, miles from anybody he knows: 'I sit on my bed and listen to the sound of my fridge'; another self-harms, drinks and doodles tattoos on his head. Both will be seen as 'successes' because they are not sleeping rough, out of sight, out of mind. Without a social life, the skills to get and



JESS HURD/REPORTDIGITAL.CO.UK

There is a huge need for therapeutic services

hold down a job or the money to travel and pay for entertainment, returning to life on the streets, to friends and a community where you are accepted rather than shunned, is often a rational choice.

Therapy of any kind was mostly conspicuous by its absence. Two of the most traumatised people I met – one male, one female – were offered counselling. The woman saw her counsellor once, the counsellor immediately informed her she was going on holiday for two weeks and the woman never trusted her after

that. The man went twice and was very positive, but on only his third visit the counsellor had forgotten he was coming and the man went ballistic and never returned. This seems peculiarly insensitive and unprofessional and I wonder what kind of training these therapists are offered? Of course this is anecdotal, but they are the only stories I have to tell when the levels of trauma out there are truly horrific. There was also no 'joined up' work. In eight months I never met a single worker on the streets and when I did make contact with a hostel worker I realised that they were completely misinformed about how their 'client' spent her days – in this case a woman I knew very well. A lot of money is being spent, but much of it misspent in my view.

There is a huge need for therapeutic services; it would be far better to spend money on that, rather than pushing people off the streets and putting money into the pockets of private landlords.
Penny Woolcock
London N1

COMMUNITY NOTICEBOARD

I wish to **give away the following journals**: *British Journal of Psychology* August 1962–1963 (5 copies) 1966–1969 (12 copies); *British Journal of Social and Clinical Psychology* 1963–1969; *British Journal of Health Psychology* 1996–1998; *Journal of Child Psychology and Psychiatry* 1974–1984; *Contemporary Hypnosis* 1991–1997; *European Journal of Clinical Hypnosis* 1993–2005 (incomplete).

Kathleen Cox

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Is there a graduate psychologist who would be interested in gaining some **voluntary assistant clinical psychologist experience**? This would be to help with clinical data-gathering looking at clinical outcome within a personality disorder service. This would involve a few hours a week, preferably on Tuesdays. It would offer experience of a multidisciplinary team setting, as well as assessment tools relevant to adult mental health psychology and personality disorder.

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Concept creep

I am not sure if Ludwig Wittgenstein can help Richard McNally in clarifying the concept of trauma (May 2010); further, having read Euan Hill's letter of June 2010, I am not sure if the writer believes this either.

'Concept creep' is a significant problem in a wide range of areas within psychology and, indeed, could be regarded as endemic. Autism, ME and dyslexia come readily to mind; and see my letter on IQ in the 12 December 2009 edition of *New Scientist*.

I think the problem arises because of a misunderstanding of the relationship between language, thought and the real world. Words have no intrinsic meaning and only take their meaning from the knowledge surrounding them, and this in turn derives from the culture and context in which they are embedded.

Terms such as post-traumatic stress disorder (as well as the others mentioned above) arise

within a specialist professional culture in which the meaning is precise and unambiguously given by the context that exists within that culture. However, when the terms are lifted from that culture and used more widely, that context is lost and we end up with 'concept creep'.

One solution that is commonly used (and one that I have used myself) is to provide the needed context through the provision of typical vignettes that illustrate the concept and contrasting them with others that do not. I would be interested to hear if this helps Richard McNally.

Incidentally this solution derives ultimately from an Aristotelian epistemology rather than a Wittgensteinian one.

John Campion

Liphook

Hampshire

obituary

Richard Gregory (1923–2010)

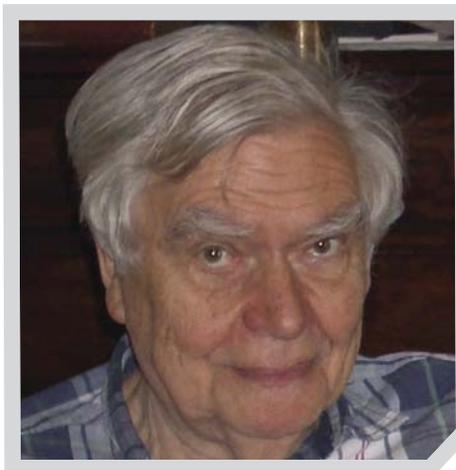
Richard Langton Gregory was born in London, the son of Christopher Clive Langton Gregory and Helen Patricia. His father Christopher was not only an astronomer but first director of the University of London Observatory, so it seems quite likely that he nurtured his son's lifelong fascination with optics and science. Richard was educated at King Alfred School in Hampstead.

In 1941, aged 18, Gregory joined the RAF, and during the War he was in Signals. His war years helped him develop his extraordinary skills at communicating scientific ideas to the general public, for in 1946 he was ordered by the Air Ministry to explain to visitors from a bombed-out John Lewis building on Oxford Street how radar and communication systems work. In six months he apparently had four million visitors. Pretty good for a 23-year-old psychologist.

In 1947 the Air Ministry gave him a scholarship to study philosophy and experimental psychology at Downing College, Cambridge. Famously, at Cambridge he studied under Sir Frederic Bartlett and was one of his last students. Bartlett is thought to have been a significant influence on Gregory. In 1953, aged 30, he was appointed a university demonstrator within the Department of Experimental Psychology where he also worked with Oliver Zangwill. He was a founding member of the Experimental Psychology Society and much later was its President in 1981/82. In the 20 creative years Gregory was at Cambridge he conducted experiments, collaborated and invented. It was here that he developed his idea that perceptions are to a large extent hypotheses about the world. While this has become broadly accepted within cognitive psychology, it remains quite a modern idea.

In 1966 he published *Eye and Brain*, his best-known work, which has been translated into 12 languages and is in its fifth edition. In this book Gregory tries to explain how visual perception works: how we experience and judge movement, colour, brightness and shape. But more than this, he attempts to explain perception as an active process in which humans perceive the world in terms of pre-existing experience, not simply the raw sensory data. This idea of top-down processing being functional is one that he never abandoned and in fact he later went on to explore the evolution of senses.

In 1967 he set up one of the first artificial intelligence research units in the world at the University of Edinburgh, though he was only there for three years before, aged 46, moving to Bristol which was to be his home for the second half of his life. It was Gregory who began Bristol's Exploratory Museum in 1978 (now Explore@Bristol), the first hands-on science museum in the UK, and still one



of the best. By the time I arrived in Bristol in 1992 it was already a hugely popular local institution. It was also Gregory who first noticed the strange configuration of coloured tiles on a Bristol café, for which he coined the name Café Wall Illusion. The café in question is about 100 yards from my office at the Bristol Haematology and Oncology Centre, so I see the illusion regularly. It's surprisingly powerful and certainly worth seeing.

Gregory was hugely influential, publishing over 150 scientific papers and writing 15 books. He also spoke on many radio and television science programmes, doing his best to further the public's understanding of science. In 1987 he published *The Oxford Companion to the Mind*, and wrote many of the entries himself. It was a book that well suited his polymathic nature. In 1989 he was awarded a CBE, and in 1992 he was elected a Fellow of the Royal Society.

I was fortunate to have known Richard socially for a

number of years. Other people will be better placed to review his academic achievements and judge his place in the history of psychology, but what seems clear is that we have lost a giant. Richard was a one-off in so many ways. He enjoyed a grown-up schoolboy's enthusiasm for working things out. He loved the intellectual challenge of working at a problem, as much as communicating it to others. His excitement and ingenuity were as infectious and engaging as his conversation. In the last few years of his life he continued to be fascinated by illusions and how, in a very visual way, our perceptions sometimes fail to represent reality accurately. Richard was always happy to tell you what a particular illusion demonstrated, but he also enjoyed coming up with elaborate puns, presumably because puns too can be clever and ingenious (see his article in *New Scientist*, 'The peiriodic table of illusions': <http://bit.ly/27fA4Z>). He was a gentle man and fondly regarded by everyone I know who knew him. He is survived by two children and his companion of recent years and fellow psychologist, Priscilla Heard.

In 2001 I told Richard of my plan to take a career break from the NHS to write a book. He gave me the best advice I was ever given. 'I do enjoy writing books,' he said. 'When you write a book you can say exactly what you think.' Richard Gregory went right on saying what he thought for as long as he was alive, and he allowed himself to be fascinated by what he found throughout his intellectual journey. That's a pretty good way to spend a career.

James Brennan
University of Bristol

Richard Gregory's site, including call for donations:

www.richardgregory.org
Online obituary for *The Psychologist*, by Peter Thompson (University of York):
www.bps.org.uk/gregory
The Times obituary, 19 May:
<http://bit.ly/9zHQ4i>
Obituary by Tom Troscianko, University of Bristol, 29 May:
<http://bit.ly/bHietD>
Podcasts and interviews:
www.ucl.ac.uk/histmed/audio/neuroscience/gregory
YouTube series on the history of perception psychology:
<http://bit.ly/aezOpF>

Clinical training selection 'inequalities'

With reference to Andrew Williamson's letter 'Diversity and clinical psychology recruitment' (June 2010), I too find myself in similar circumstances to Andrew. My own background includes 10 years in the Army, an HND in management, a first in Psychology and Counselling, and postgraduate qualifications in mental health. Non mental health experience in the army, police and industry. Mental health experience in secure psychiatric units, and primary care mental health, as well as the voluntary sector. Yet I too received my four rejection letters for clinical training this year.

The points I would like to make however, are these: In a

profession of scientist practitioners, where is the evidence behind clinical psychology trainee recruitment? Why is it that an applicant can receive a rejection letter from one course centre, an interview and rejection from another, but be accepted for training at a third? Where in the application process is the clinical effectiveness of the applicant considered?

Working as a graduate mental health worker, I have to record outcome scores at each clinical encounter, and can therefore demonstrate my clinical effectiveness, so why should applicants who lack confidence in their own ability, or who are unable to demonstrate clinical

effectiveness be awarded with trainee places? How does entering data into SPSS constitute 'research experience' as oppose to 'data entry experience'?

My last bitter gripe about selection comes from observing those who have similar clinical experience and qualifications as myself, or indeed are less qualified and experienced, and who have gone on to be offered trainee places, or at least interviews. Why, I ask? How can this be? Is it my age? Or actually is it that my own application was too honest? With so much competition for trainee places, then surely exaggeration and embellishment must occur on applications. What do the

course centres do to verify the validity of applicants' statements?

In relation to assistant psychologist posts then I too share Andrew's predicament, as no doubt do most mature applicants, for with maturity come mortgages, and other responsibilities. Responsibilities that dissuade one from applying for short-contract assistant posts, and that make a voluntary post simply too unrealistic to contemplate. Which, as Andrew says, results in assistant psychologist posts being applied for by graduates who lack the responsibilities of age, and are therefore able to pursue such places without worrying whether they will be homeless in a year's time!

prize crossword

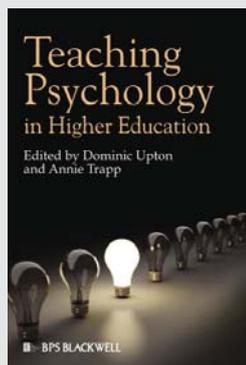
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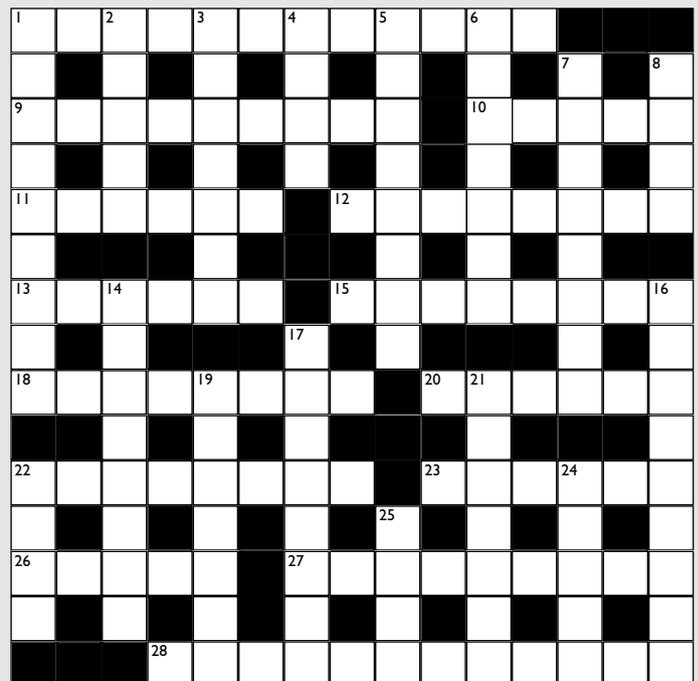
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Send your entry (photocopies accepted) marked 'prize crossword', to the Leicester office (see inside front cover) **deadline 9 august 2010. Winner of prize crossword no 51** Christine Howe, Cambridge

no 51 solution Across 1 Pressure, 5 Maslow, 10 Anagram, 11 Tearful, 12 Eisenhower, 13 Oboe, 14 Strait, 17 Social, 19 Linear, 20 Domino, 23 Lute, 24 Reassemble, 28 Gestalt, 29 Milgram, 30 Theory, 31 Unedited. Down 1 Piaget, 2 Exams, 3 Shrinkage, 4 Rambo, 6 Anal, 7 Left brain, 8 Walker, 9 Stressed, 15 Tristesse, 16 Torments, 18 Compelled, 21 Plight, 22 Seemed, 25 Simon, 26 Beret, 27 Pair.

Those graduates of course, being mostly in their early twenties, and predominantly female.

As I understand it, the need to demonstrate experience came from the situation where trainees and newly qualified clinical psychologists would find working with psychologically distressed people too stressful, and would leave the profession. This now seems to have developed to the situation we are in today, whereby I have to ask what is the purpose of clinical psychology training, if I have already obtained the knowledge and experience of the role? In other words, isn't the point of clinical psychology training to gain

experience and knowledge? To learn, rather than to be 'signed off'?

I cannot speak for Andrew, but, for myself, rejection has been equally frustrating, and depressing. Frustrating because I know how much I can offer to psychology; frustrating because entering training would allow me to develop as a scientist practitioner; and frustrating because this would enable me to develop the field of veterans' mental health. Depressing, because as a 39-year-old I will soon be too old to enter training, and that will be a sad loss for myself, and those I would have helped.

Phil Boyes
Yarm
Teesside

FORUM PSYCHOLOGY AT WORK

In economically challenging times, it is attractive for employers to hire younger, less experienced and potentially lower-cost workers. Of course, the young 'hungry' workers of today are an asset to our economy, but we should not forget the power and skills of those older, worldly wise workers. Indeed demographics are in favour of age, but the reality for older workers is often challenging. People are living and working longer. Despite recent legislation in favour of flexible working practices, there is still misapprehension and prejudice.

A recent Department of Work and Pensions' report, *Attitudes to Age in Britain 2004-08*, authored by Professor Dominic Abrams (University of Kent) and colleagues, addressed the issues on a national basis with 6000 respondents. The report indicated that 48 per cent of respondents viewed age discrimination as a serious issue. Ageism is experienced more commonly than any other form of prejudice, with one in four respondents reporting it.

Stereotypically, older people are viewed as warmer and more moral, but less competent. Younger people are considered to be more capable but less warm and less moral. Around one fifth of respondents viewed people over 70 as posing an economic threat (taking out more from the economy than they have or currently put in), with younger respondents more likely to perceive this threat. The majority of respondents viewed older people in a positive light. However 9 per cent expressed indirect prejudice.

This research encourages us to review ageing and the implications for employment practices. The economic drive to encourage paid employment past 65 years of age assumes that older workers want to work and will readily be accepted by others. There is certainly an economic imperative for a longer working life, particularly as people discover that their pensions do not match their cost of living.

Older people welcome flexibility, are keen to learn, and to contribute in line with their skills and experience. Research indicates that older workers are less optimistic and more realistic than their younger counterparts. It is essential to address motivation, personality and drive and not simply availability for work.

Careful thought needs to be given to address the physical demands on older workers; muscle strength and flexibility may be less, and balance, vision or circulation can be impaired. Mental processing and reaction times tend to slow with age. An April 2010 article, in *Diversity Insight*, explored the USA experience related to the safety challenges with an ageing workforce. With a quarter of all 65- to 74-year-olds active in the workforce, employers want the brainpower, experience and knowledge of older workers but not the lost work days or any negatives associated with injuries or illness. Workers need to exercise their mental and physical faculties to keep healthy, well and motivated. A proactive partnership between employers and employees can help to maximise the contribution of this economically important group, resulting in substantial benefits for both the individuals and the organisation.

As psychologists we have a role to play in encouraging older workers to realise their potential and to learn new skills. We can support people to explore their motivations and to play to their strengths. We can encourage understanding about the similarities and differences between younger and older workers and also foster attitudes and corporate cultures that support equality for all. In this way, some workers may be older but they are certainly not out...

Hazel Stevenson is Chair Elect of the Division of Occupational Psychology. Share your views on this and other workplace-related issues via psychologist@bps.org.uk.

across

- 1 Job-related sort of therapy (12)
- 9 Learning of east European coin once one's got working (9)
- 10 Papers outlining Henry Murray's determinants of behaviour? (5)
- 11 Related closely to Rorschach, initially, after entry into popular retirement place? (6)
- 12 I am shortly after or a fraud (8)
- 13 Two numbers collecting money for nerve cell (6)
- 15 Lobby what might be upped with latitude (8)
- 18 One testing cutback on one with prospects (8)
- 20 Come round to knowledge after getting away in Scotland (6)
- 22 At Yule, IQ may be affected by Gestalt principle regarding similarity? (8)
- 23 24 out in front of a gallery (6)
- 26 Girl's anger directed towards Tyneside (5)
- 27 Technique for gaining compliance for, it's said, they have ears? (4-5)
- 28 Physics lot go off with scientist (12)

down

- 1 Compliance, once accepting graduate, that is (9)
- 2 Small amount the French dropped from dessert (5)
- 3 Psychological treatment in home upset old boy (7)
- 4 Miscalculate drug experience? (4)
- 5 Mention disorder to therapist finally - there's the rub (8)
- 6 Endorse a Piagetian leader to provide corroboration (7)
- 7 Exemplary, bound to be used (8)
- 8 Drug-taker requires application with Ritalin, at first (4)
- 14 Not entertained, girl thought (8)
- 16 Fixed pattern of thinking used in psychological group? (6,3)
- 17 I cite fab doctor making us blissfully happy (8)
- 19 I'll put on head disorder (7)
- 21 TV doctor repeatedly accepts point in notable directory? (4,3)
- 22 Chronicle Eysenck Personality Inventory at start of chapter (4)
- 24 Log written up by American in service to Italian physician (5)
- 25 Vehicle to reduce autism by half with oxygen (4)