



## A small museum making a big impact

Since its inception in 2003 the prestigious annual Art Fund Prize for Museum of the Year has been a showcase for an surprisingly wide range of museums across the UK. This year one of the nominations is Bethlem Museum of the Mind, a small but perfectly formed museum to mental health, which is part of the mental health trust I work alongside, South London and Maudsley. Since the Museum moved to its new building in February 2015 I have been meaning to take a look, but like most things that are in your own backyard, it sometimes takes an extra push (like a nomination) to make a trip.

I should have visited earlier. There is much to provoke thought here, all housed in a building that used to be an administrative centre for the Bethlem Hospital, and sitting right in its centre. We entered to the famous life-size statues of 'Raving and Melancholy Madness' that greeted patients and visitors at the entrance of the Bethlem Hospital from 1676 to 1815. They are extraordinary in

their power, portraying the two dominant conceptualisations of mental health at the time: mania and depression. Raving is chained, raising uncomfortable questions from the outset about restraint and freedom, stigma and stereotypes, and further on is displayed a straitjacket and, behind a wall and against a mirror so that only the reflections can be seen, a collection of leather restraints. One of the rooms contains padded walls salvaged from the hospital, and at all times you are aware that this is a place where mental health treatment of all types happened. There is also clever repurposing of the building itself, with the dark rooms housing the collections giving way to corner spaces overlooking the beautiful gardens of the Maudsley, where light swims in from windows at foot level, and from portholes in the roof. Highlights include works by Richard Dadd, who was at Bethlem himself, having been declared a 'criminal lunatic' after he committed a murder in the 1840s; and by Louis William Wain, known for his images of cats.

I visited with a colleague, Dr Richard Corrigan, a consultant psychiatrist specialising in adolescence, and an artist himself. We looked together at William Kurelek's famous 'The Maze', depicting the inside of his 'unravelling head', and partially painted while he was a patient at the Maudsley. I could not begin to describe on paper why Kurelek's image is so powerful and enduring, but it is. As I stood in front of it, viewing it from the vantage point of 'well', it left me with an impression of my own head, and how close to unravelling any one of us might be at any time. As we looked at a piece by Joan Molly, in which a broken grandfather clock spewed forth billows of purple velvet from the open door of its tower, Dr Corrigan and I talked about the roles art can play in mental health. It can help those with mental health problems make sense of their illnesses and their identity; it can convey to others what it feels like to be unwell, communicating something that can't be explained by science; and crucially it can break down the stigma surrounding mental health by its very humanness of self-expression. This museum, with its clever juxtapositions of art alongside mental health artefacts, achieves all of these and more.

The Museum houses permanent and temporary collections, but that is not the whole story. Its central aim is to educate, to inform, and to promote understanding about the context of mental health and mental health care. To this end, items from the collections may be borrowed, and whole exhibitions can be loaned.



Bethlem Museum of the Mind  
Bethlem Royal Hospital, Monks Orchard Road,  
Beckenham BR3 3BX



There is also a small reference library, and comprehensive archives, dating back to around 1550, including patient records from the 1850s. All are available to researchers, and there is a dedicated archivist to facilitate access. Vicky Northwood, the Director of the Museum, is on a mission to expand its educational function. To facilitate this, on Mondays and Tuesdays the Museum is closed to the general public to allow group visits: groups of students in search of knowledge to enhance their studies; or clinicians and service users interested in the insights the Museum can provide. Other than students, clinicians and service users, who comes to the Museum? The general public are coming in their droves, and it's everyone from local people to an international audience. Visitor numbers are steadily increasing, and the buzz created by the Museum of the Year nomination can only be a good thing.

As visitors enter the collections upstairs they are greeted by the words of those who have had a relationship with Bethlem over the ages. One quote has stayed with me:

**'A young man came to the cell, and putting his face through the bars, interrogated the madman, why he was put in there: the madman fixed his eyes upon him, and looking with ineffable contempt, turned away: the young man repeated his question, with some clamorous insult. The madman rose and advanced towards him, upon which the person spat in his face; and laughing, again renewed his interrogatory – for what was you put into this cell? The madman, with calm disdain, stooped down, took up some of the straw, whereon he lay, wiped the spittle with it from off his face – and smiling said, "You ask, why I was put into this dismal cell. I'll tell you, Sir. It was for the loss of that, which God Almighty never gave you, or you wou'd not have treated me with such indignity."' (The London Chronicle, 1761)**

Whatever the young man had not been given, he might just have found it in this museum.

The winner of the Art Fund Prize for Museum of the Year is due to be announced on 6 July at a special dinner at the Natural History Museum in London.

Reviewed by Sally Marlow who is Public Engagement Fellow, Institute of Psychiatry, Psychology and Neuroscience



## How far we have come...

In a Different Key: The Story of Autism  
John Donvan & Caren Zucker

John Donvan and Caren Zucker, award-winning journalists, have written a fastidious, historical account of autism that will appeal to the lay person and professional alike. *In a Different Key* presents narrative accounts of individuals' experiences of autism. The book commences in the 1930s with a child called Donald Triplett whose parents sought answers to his atypical presentation, which resulted in a seminal meeting in Baltimore, with Leo Kanner. Kanner later identified Donald as Case 1, and thus starts the history of how autism emerged as the developmental condition that Kanner called a 'sample of serendipity'.

There is no stone left unturned in this book. Accounts of the underbelly of autism that include the historical contexts of Bruno Bettelheim's 'mother-blaming theory', the unveiling of Kanner's Nazi background, the impact of Wakefield's MMR research, as well as the litany of atrocious conditions that individuals with autism experienced in residential settings in the United States, are also narrated.

We are also introduced to individuals who advocated for the rights of those with autism and who battled to ensure appropriate access to education for children. These individuals include Tom Gilhool, a lawyer who led the flight in the courts. Accounts of parents' experiences of raising a child with autism weave a thread through this book. There is the harrowing story of a father who killed his son in desperation, and the uplifting stories of Temple Grandin, Alex Plank and Ari Ne'eman, whose families embraced their difference.

The book also presents the roles played by stalwarts in autism research in the UK. The story of the groundbreaking first epidemiological study of South African Victor Lotter, who attempted to count prevalence rates in the UK, is told. However,

the legacies of research that were carried out, and that continue to be pioneering, including that of Lorna Wing, Uta Frith and Simon Baron-Cohen to name a few, are deserving of greater mention and further analysis than this book provides.

For anyone interested in autism, this is an essential read as it reminds

readers of the grim realities that were faced by individuals with autism in the past, and acknowledges the sacrifices that were made by those to progress

the rights of individuals with autism. The book ends with the story of Donald's 80th birthday, surrounded by many friends in his local community, who embraced his difference and allowed him to thrive in an inclusive setting. There are teary moments also, particularly the story about Archie Casto who spent his life in a residential setting only to be released at 74 years of age and who saw the ocean, for the first time, at 81. Archie's account is a stark reminder of the harrowing treatment individuals faced but, despite the odds, managed to have some quality of life in their twilight years. Any reader of this book would appreciate how far we have come in embracing and supporting our neurodiverse population.

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Hb £32.99

Reviewed by Paula

Prendeville, a Chartered Psychologist who teaches on the professional course at the University College Dublin. She also works as an educational psychologist in the Brothers of Charity, a service for children with autism in Cork, Ireland. She is a Visiting Scholar at Georgetown University, Washington DC.



## 'But the patient is lost'...

Blue/Orange

Young Vic, London (Matthew Xia, Director)

Joe Penhall's iconic play *Blue/Orange* examines power, psychosis, ethnicity and psychiatry. Dr Sally Marlow talks to the playwright and to a psychiatrist, and looks at the literature in the area, to explore the questions the play raises, and how ready we are to answer them.

*Blue/Orange* premiered at the National Theatre in 2000, and won the Olivier Award for Best New Play. The play is a three-hander, and the premise is simple. Christopher, a patient, is due to be discharged the next day from a psychiatric ward, but his doctor has reservations concerning his diagnosis and his delusions. He discusses these with his consultant, and what ensues is a power struggle between the junior and senior clinicians, in which the needs of Christopher all but disappear.

Christopher is a young black man being treated by two white doctors, and at the time of the premiere, the play raised huge issues about psychiatry, diagnosis, ethnicity and the monetary cost of care. Sixteen years on, the Young Vic is staging a revival, and I went to see it with Dr Arsime Demjaha, a psychiatrist specialising in psychosis, to see what had changed.

The premise of the play may be simple, but the play itself is incredibly complex, and raises a myriad of issues. The staging is spot on: as we took our seats, Dr Demjaha leaned across to me – 'that looks exactly like my office'. [Apart from the ashtray, that is – was it really only 16 years ago when patients would routinely smoke in consultations?] As the junior psychiatrist, Bruce, enters, they've got him spot on too, right down to the top button undone under his tie, the precisely rolled up sleeves, and the way he wears his belt slightly down at the front, with his NHS ID clipped to one side of the belt, and a pager to the other.

Luke Norris as Bruce exudes the earnestness and naivety befitting his role. The play starts and there is humour, but it's dark. Bruce to Christopher: 'What does alcohol do?' Christopher to Bruce: 'It makes your blood thin.'... Bruce: 'Sorted'. Christopher: 'Sorted for Es and whiz'. Bruce... 'Indeed'. We learn that Christopher is expecting to go home the next day, but also that Bruce isn't entirely comfortable with that idea. Our loyalties are divided – is Christopher really so ill that he has to stay in hospital? Or is he just a little exuberant? The first diagnostic term is used: borderline personality disorder, and Bruce voices his reservations about this diagnosis for the first time. Daniel Kaluuya, as Christopher, owns the stage with his reaction.

In the interval I discuss this with Dr Demjaha, who is clear from the outset that borderline personality disorder is a misdiagnosis, and that Christopher has psychotic symptoms and is very unwell indeed. For the rest of us, without the benefit of her psychiatric training, it takes a little longer fully to understand the extent of Christopher's illness.

The playwright Joe Penhall clearly understands psychosis and schizophrenia. I met him a week after watching the play, and asked him why he chose to write *Blue/Orange*. He says it was a coming together of many things. He had a friend with schizophrenia who had spiralled into alcoholism and homelessness. Alongside this Penhall spent two weeks working alongside another friend with borderline personality disorder providing support to people with schizophrenia: 'another acute, visceral insight'. At about the same time in the early 1990s he was a reporter on the *Hammersmith Guardian*, regularly reporting on stories about the Care in the Community initiative. He wrote a feature about people being released too early and resources being overstretched, but felt he couldn't quite communicate the essence of what the story was. *Blue/Orange* was born out of his realisation that this subject was inherently dramatic, emotional, visceral, and something that couldn't really be captured in a newspaper. For Penhall, *Blue/Orange* was a microcosm of the economic rationalisation and monetarisation he observed going on everywhere at that time, but at its worst in the mental health sector. Bizarrely another of Penhall's projects also informed the play. While working on early drafts of a film about Idi Amin, he interviewed the Ugandan dictator's psychiatrist, who spoke to him about Amin's grandiose, delusional nature. Amin does make a cameo in the play, not as a character, but as one of Christopher's delusions. Penhall had tried to write *Blue/Orange* several times, but his work researching Idi Amin was 'the final piece of the puzzle'.

Penhall told me he wanted to write about power, and power within the institution. Robert, the senior consultant psychiatrist and Bruce's boss (beautifully hammed up by David Haig), is a mechanism by which he explores this. Robert is immediately unappealing and inappropriate, ignoring Christopher and making sexual jokes about Bruce's wife. Dr Demjaha pointed out to me that from the beginning, Christopher is invisible to Robert apart from when Robert needs himben@ben-harley.com



to satisfy his own ends. Although a key tenet of psychiatric treatment is patient-centred care, there is none of that on this stage. Penhall told me it wasn't his intention to pillory psychiatry *per se*, and that he doesn't believe any psychiatrist would behave like Robert, either then or now. The fact that the two doctors talk about their patient as though he isn't there, even when he's on the stage with them, was poetic licence, and a kind of metaphor 'for how people are conspired against because of their lack of articulacy, and their lack of vernacular...and their lack of privilege and their lack of education... and they become a football... and the play is a sort of crude satire of that'.

Robert veers into the absurd as he justifies discharging Christopher. It will be bad for Robert's career, and for Bruce's too. Robert uses spurious arguments to dismiss all of Bruce's protestations, and then Bruce uses the second diagnostic term: schizophrenia. An interlude where they bat diagnoses backwards and forwards between them is funny, if tragic for Christopher. But then Penhall uses Robert to ratchet up the drama. Nobody likes the idea of people losing their liberty, and from the mouth of this thoroughly unlikeable man come words we want to believe: 'If you keep him here, he won't be able to go home because he won't know what home is any more... treat him in the home – he's more comfortable, we're more comfortable.' There's more. We can all relate to Robert's statement 'We blithely assume that we know what "normal" is...



maybe we're the sick ones.' However, Robert is clearly far from the archetypal wise psychiatrist whose understanding of humanity surpasses all others. Penhall summed it up to me eloquently: 'He's appropriating liberalism, a fascinating technique that was pioneered in the 90s... appropriating a seemingly liberal argument... that a person should be free; [appropriating liberalism] for the sake of expediency, the rationalisation, cost cutting.... it seemed like an appalling trick to me.'

If Robert's arguments ever were reasonable, they are demolished the more we see how unwell Christopher is, and the more Robert alludes to the cost of keeping him in hospital. This is where the *Blue/Orange* comes in. Christopher thinks that oranges are blue, even though he knows on some level that they are not. Idi Amin also makes his entrance here. Christopher discloses that he is the son of the Ugandan dictator, but is increasingly uneasy. His determination to go home wavers, and he tries to find a way to ask to stay. Robert however is having none of it. He has manipulated Bruce, is manipulating Christopher, and has manipulated the audience. Dr Demjaha pointed out to me that Robert himself becomes almost as delusional as his patient – delusional about his position, and delusional with the increasingly florid arguments he concocts to prove that he is right about Christopher, and that Bruce is wrong. Penhall says however

that he wanted to demystify the popular fallacy that the mad are sane and the sane are mad.

Throughout the play there is something else – an issue of ethnicity. Robert moves along the spectrum from mild cultural assumption through to ethnocentricity. How many steps from racist is he? Penhall says Robert may be ethnocentric, but he's not racist, at least, he's no more racist than middle England. Robert's racism is part of his power struggle with Bruce, and Bruce's injudicious use of the n-word is manna from heaven for Robert in that struggle.

I turned to the scientific literature to see what I could find about psychosis and ethnicity. Fearon et al. (2006) in the AESOP study examined all those presenting with psychotic symptoms in southeast London, Bristol and Nottingham, and 'found remarkably high incidence rate ratios for both schizophrenia and manic psychosis in both African-Caribbeans', in fact a five- to tenfold difference in incidence, when compared with the UK white population. Other studies suggest rates of schizophrenia in the Caribbean are comparable to the UK white population (Bughra et al., 1996; Hickling & Rodgers-Johnson, 1995; Mahy, 1999). There's also a question of whether someone is more likely to be compulsorily detained for their disorder. Morgan et al (2005) report that in the AESOP sample 'African-Caribbean patients were significantly more likely to be compulsorily admitted than White British patients, as were Black African patients'. So what is going on? Fearon et al. (2006) don't get beyond 'additional risk factors... [which] increase risk for schizophrenia and mania in these groups'. In 2015 Tortelli et al. considered this and other evidence in a systematic review, and listed several potential candidates for these elusive 'factors', offering up for discussion (but broadly discounting) cannabis use, social deprivation, population density, and inequality as increasing risk for psychotic disorders in black and minority ethnic groups, landing on cumulative social disadvantage and adverse life events in childhood. These appear to be more prevalent in black Caribbean and African communities in England, and present an increased risk for schizophrenia. Morgan et al. (2005) similarly attribute their findings on compulsory admission to 'factors'. They found that diagnosis and perceived risk are independently associated with compulsory admission, but neither of these could actually account for the excess rates of compulsory admissions. Social isolation accounted for only a small proportion of the variance, as did the pathway to care, in other words, how the patient had been referred to services. Morgan et al. (2005) state up front

their bewilderment: 'The question thus remains: what processes are operating compulsory admission for African-Caribbean patients, particularly men, and Black African patients?'

So, can *Blue/Orange* answer that question? As a scientist I have to say no – it's a play, it's not a programme of research that systematically tests a hypothesis. But as a theatre-goer, I have to say *Blue/Orange* is for me one of those pieces of work which scratches an itch that science does not seem to have been able to reach. Penhall explains: 'The great thing about art is you can say what you want to say. There's no scientific exigency. You don't have to be objective... You can climb in with your views, and if something appears to you to be intuitively self-evident, an empirically measured truth that you've experienced, then you are at liberty to divulge it.' I asked him what was that truth in this play, for him. 'That ethnocentricity and cultural assumptions and eventually institutional racism is everywhere, in all strata of our society to some degree, on a continuum, on a spectrum.'

This play about hierarchical power struggles, and the place of those at the bottom of the hierarchy, has lost none of its power in the 16 years since I first saw it. What has changed I believe is that care is more patient-centred than it was. But can we say the same about power abuses within hierarchical structures? That appears to still be a work in progress.

**I** *Blue/Orange is on at the Young Vic until 2 July* [see [www.youngvic.org/whats-on/blue-orange/](http://www.youngvic.org/whats-on/blue-orange/)]

**Reviewed by Dr Sally Marlow** who is Public Engagement Fellow at the Institute of Psychiatry, Psychology and Neuroscience, King's College London

#### References

- Bughra, D., Hilwig, M., Hossein, B. et al. (1996). First contact incidence rates of schizophrenia in Trinidad and one-year follow-up. *British Journal of Psychiatry*, 169, 587–592.
- Fearon, P., Kirkbride, J.B., Morgan, C. et al. (2006). Incidence of schizophrenia and other psychoses in ethnic minority groups. *Psychological Medicine*, 36(11), 1541–1550.
- Hickling, F.W. & Rodgers-Johnson, P. (1995). The incidence of first contact schizophrenia in Jamaica. *British Journal of Psychiatry*, 167, 193–196.
- Mahy, G.E., Mallett, R., Leff, J. & Bughra, D. (1999). First-contact incidence-rate of schizophrenia in Barbados. *British Journal of Psychiatry*, 175, 28–33.
- Morgan, C., Mallett, R., Hutchinson, G. et al. (2005). Pathways to care and ethnicity. 1: Sample characteristics and compulsory admission. *British Journal of Psychiatry*, 186(4), 281–289.
- Tortelli, A., Errazuriz, A., Croudace, T. et al. (2015). Schizophrenia and other psychotic disorders in Caribbean-born migrants and their descendants in England. *Social Psychiatry and Psychiatric Epidemiology*, 50(7), 1039–1055.

## Integrity and sensitivity



Louis Theroux – A Different Brain  
Jamie Pickup (Director)

When I was first asked by our Communications Team if I would be willing to collaborate with BBC Two on a programme about brain injury I was unsure. On the one hand, the true impact of brain injury, which is often referred to as a 'hidden disability', is only ever fully experienced by those involved, so the idea of a documentary to help promote awareness and understanding of the real-life struggles of those affected seemed an opportunity too good to miss.

On the other hand, the presenter was to be Louis Theroux. I had always enjoyed his weird and wonderful documentaries, but his choice of subject matter had ranged from 'The Most Hated Family in America' to sex workers in a brothel in Nevada. I was not sure if I felt happy allowing him access to the vulnerable adults with whom I work on a daily basis.

The series producer quickly reassured me. He explained about Louis' more recent work around dementia, transgender children and subjects that involve complex human dilemmas. He also said that although final editorial control would rest with the BBC, The Brain Injury Rehabilitation Trust (BIRT) would be able to veto anything if we had a valid concern regarding the integrity of the Trust or privacy of an individual.

With the support of BIRT's Communications Manager, we invited the producer and an assistant to come to our Halloween party at Redford Court in Liverpool. This was a good opportunity for them to meet the people we support and their families in an informal setting, and for us to assess their reaction to the idea of being part of a documentary. I was delighted with the interest they expressed. It was clear that they saw a value in telling their stories so that others might understand the challenge of changes after brain injury.

Over several weeks the production team visited Redford Court and followed the everyday life of the centre; sitting in on reviews, attending assessments of new referrals and going out on rehabilitation activities. Once it was decided that BIRT would be involved, a great deal of effort was taken to assess capacity and



gain the consent of those to be filmed.

Having Louis at the centre created a great deal of excitement, and I was impressed at the ease with which he spoke to service users and was happy with the ever requested 'selfie'.

Initially the crew filmed various activities with a range of people, but over time they began to narrow their focus to a few individuals to allow their stories to be told and to present the complexity of their lives following brain injury and the impact this had on their families. As a result, it was important to manage the expectations of those who had been interviewed but would not be part of the final documentary.

Louis and the crew were always accompanied by a member of our clinical team and we were all impressed by the integrity and sensitivity they showed and how they managed a number of emotionally charged situations.

Six months and over 70 hours of filming later, I was delighted at the result, a thought-provoking and honest documentary that will raise awareness of the issues surrounding brain injury and the role psychology has to play in the rehabilitation process.

**I** By **Ivan M. Pitman** who is Clinical Lead/Consultant Clinical Neuropsychologist at the Brain Injury Rehabilitation Trust

## Full of facts



The Science Inside the Child: The Story of What Happens When We're Growing Up  
Sara Meadows

When it comes to children, I am a bit of a brain geek. Working out how children think and what wires their brains together is what fires me up in the morning. So this book ought to have been my ideal gift.

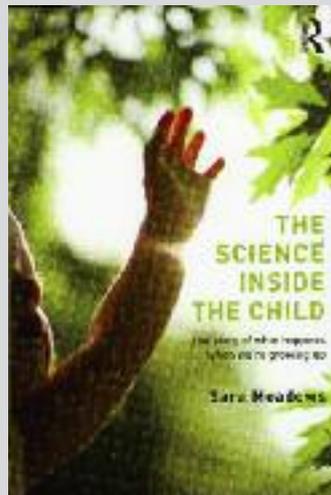
And it is a truly admirable book. Sara Meadows sets out to summarise everything that science currently tells us about how children develop.

Encyclopaedic in scope, each chapter examines the science of children from a different angle – from genetics to

psychoneuroendocrinology to epidemiology and beyond.

A commitment to scientific method runs throughout this book and Meadows' rigorous examination of the evidence base is welcome in a field where so many so-called 'parenting experts' base theories of bringing up children on anecdote and subjective experience.

But all that science makes a tough read. Meadows is clear from the outset that this is not a parenting manual and explicitly sets out not to translate the



science into policy recommendations or practical advice. But the lack of interpretation left me constantly

wondering 'And...? So what? How do I apply this?'

The result is a book packed full of facts in epic taster chapters on neuroscience, evolution and psychology, which I can see myself referring back to for memory refreshers and starting points, but in which there is simply too much science and not enough story.

**I** *Routledge; 2016; Pb £19.99*  
**Reviewed by Anita Cleare** who is a parenting writer, speaker and coach



## So what shall we do today? And why it matters

Academic Diary  
Les Back

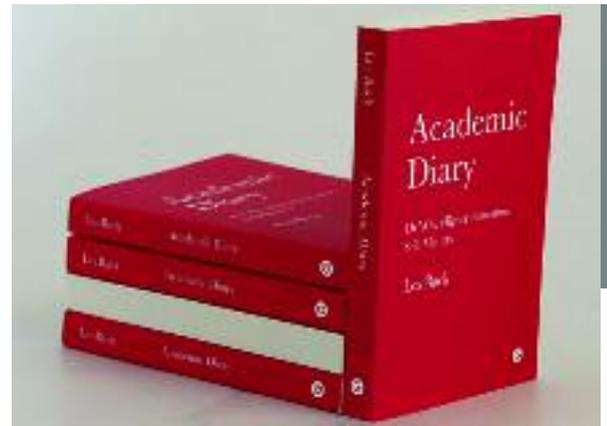
Readers can forget the academic diary notion. The subtitle – *Or Why Higher Education Still Matters* – is more important. Les Back's book contains over 50 short page commentaries on topics relevant to higher education today. The diary device may be useful for some topics, but it is not important and it seems odd to start with graduation. I have never met Les Back, and I am not sure that I would want to. With one stroke he could probably demolish any views that I might have on higher education. Actually this is unfair – we would probably both have a fascinating discussion as we have been in higher education for more years than we would care to remember. Back's book is a powerful criticism of modern university life, but there are sometimes gentler words about its aims, its staff, its students, and even its administrators!

Written in three parts (to match the

three academic terms), there are commentaries on issues such as preparing for open days and welcome weeks, the new year's honours list, public libraries, prison education, student fees, the social etiquette of conferencing, academic writing, the viva, the value of personal notebooks, Twitter, and the double-think of open access, to name but a dozen of the 52 entries.

Mixed in with daily vignettes are insightful comments on the contributions of key figures: Stuart Hall, Richard Hoggart, John Berger, Primo Levy, Zygmunt Bauman, Vic Seidler, etc., as well as those of other less well-known authors, and students. Back concludes with a section on how the book came to be written and a useful set of tips, leads and follow-ups. An author index might have been helpful here.

This *Academic Diary* is the first book to



be published by Goldsmiths Press – a new venture at Goldsmiths University. It is good to see a new university press in this time of austerity. If all its books are like this one it will do well.

| Goldsmiths Press; 2016; Pb.£9.99  
Reviewed by James Hartley who is Emeritus Professor of Psychology, Keele University



## Adding it to my reading list

The Psychology Research Companion  
Jessica S. Horst



*The Psychology Research Companion* is just what I've been looking for to support my research methods skills teaching for master's students. This book goes beyond the usual textbook research methods textbooks by outlining and clearly explaining the skills that researchers need in order to succeed in research, such as: collaboration, time management, data organisation, managing IT, presentation and writing tips. The advice provided goes beyond the generic and is specific to the research process. For example, advice on how to get an email answered and using mail merge as part of the participant recruitment provides a level of detail often missing in standard texts. In another example, in the section on Excel, Jessica provides many tips for simple checks for data, such as for checking whether values are above or below a certain cut-off count: `IF(D2:D21, ">10")`.

There is an abundance of excellent advice on organising files and folders. I often spend a lot of time with project students unpicking a tangle of files types all labelled 'dissertation', some of which are chapters, some are questionnaires, some are stimuli information, other files are data, others are raw data. There is a whole chapter called 'all in a day's work' devoted to organising data and information from storing journal articles to tracking participants and managing their data, all of which is invaluable for students managing their research projects.

Another important feature of the book is that these skills are explicitly shown how they are transferrable to other forms of employment. If 'employability' is a term you hear in your teaching environment, this book fits the bill by translating the research skills learned from psychology degrees into many employment competencies expected from employers.

I give students advice similar to that outlined in this book on a daily basis. I am now able to offer a page reference in this book for students to follow up. I will be adding this book to my reading list for my students as part of their professional skills development within their research methods training.

| Routledge; 2016; Pb £19.99  
Reviewed by Laura Biggart who is a Lecturer in Psychology in the School of Psychology, University of East Anglia, Norwich

contribute

Find more online, including artist Toby Brown on his portraits of mental health problems ([www.thepsychologist.org.uk/me-eyes-tell-story](http://www.thepsychologist.org.uk/me-eyes-tell-story)).

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