

# Psychological honours

The Queen's birthday honours list saw a bumper crop of awards for psychology and Society members – particularly clinical psychologists and those in health care. We spoke to them about the importance of their work, and of psychology within it.

**Dr Hazel Douglas**, Head of Child Psychology in Solihull, was appointed MBE for services to children and families. She told us: 'I am really pleased to see the tangible recognition of the importance of early intervention with

children. A practitioner can change the life trajectory of some children within a few sessions of work with the family. Of course, the sooner this happens the better, given that most brain development occurs before the age of three years, so our current challenge is developing an antenatal resource pack and parenting group. The Solihull Approach model has cascaded to many areas of the UK, and psychologists in Russia are looking to take it on to stem the tide of children being given up to orphanages. After that we would like

to work with developing countries who have primary care workers, as we think the model may help their work in the community.'

**Dr P.O. Svanberg**, a consultant clinical psychologist previously with the South of Tyne and Wearside NHS Trust, was appointed OBE for services to infants and their families. 'Many years ago, working as a bog standard adult mental health psychologist, I realised that unless we did some serious preventative work we would always be like little

Dutch boys with a finger in the dyke,' he told us. 'This created for me an abiding interest in the applications of attachment theory, particularly in its focus on the highly significant impact of the early parent–infant relationship and how this creates the secure or less secure base for the growing child. Thus, for me, applying perinatal psychology, parent–infant psychotherapy and infant mental health in order to improve infants' futures and enable their families to hopefully develop a

**Dr Michael Paterson**, Consultant Clinical Psychologist, was appointed OBE for services to health care in Northern Ireland. Paterson had both arms amputated in 1981, during service in the Royal Ulster Constabulary, when the IRA fired an anti-tank rocket into his patrol vehicle. 'This effectively ended my police career and led to one in psychology,' Paterson told us. 'After dealing with my major physical impairment, and a BSc, PhD and DClinPsych later, I started working with trauma, developing expertise with eye movement desensitization and reprocessing (EMDR). I found this to be a phenomenal psychological therapy which resulted in remarkable changes in people's lives, and I was witnessing this daily! In 2002 a psychiatric colleague and I opened a clinic in Belfast where we specialise in treating post-traumatic disorders. Since then I continued to develop my expertise in EMDR in order to train others in its use. My motivation is to improve the quality of people's lives; from that perspective I have done a bit but have much more yet to do.'

# Mental health services for prisoners

Prisoners need access to psychological therapy to help them to overcome the trauma and abuse many of them have experienced, according to a report published by the Sainsbury Centre for Mental Health (see [www.scmh.org.uk](http://www.scmh.org.uk)).

*From the Inside* is based on interviews with 98 prisoners in five West Midlands prisons. It finds that the 'average' prisoner has a combination of mental health, substance use and other problems. However, few prisoners feel able to admit that they have problems for fear of bullying and harassment.

Many said that prison health services did not provide the safe space they needed to deal with emotional problems, but the report did find that specialist prison

mental health teams were beginning to make a difference. Prisoners seeing 'inreach' teams said they felt more confident about their chances of getting their lives back on track outside prison. Unfortunately, most prisoners with less severe mental illnesses are not seen by such teams.

The report's author Graham Durcan (Sainsbury Centre research and development manager), said: 'Prisons will never be mental illness-free zones. Prisoners should be offered mental health services that match the severity of their needs. This not only needs new investment in improved services but efforts to tackle the customs and practices that are wasteful of resources and that

make good-quality care hard to achieve.'

Professor Peter Kinderman, Chair of the Society's Standing Committee of Psychologists in Health and Social Care, said: 'There is a deplorable discrepancy between the demand for mental health services in prison and the availability of mental health practitioners to meet that need. We agree with SCMH on the two key issues – the urgent need to address mental health in prisons and that expanding access to psychological therapies is at least part of the answer... indeed, a replication of the Improving Access to Psychological Therapies programme in prison settings could do much to reduce the inadequacy of services.' JS

more rewarding and fulfilling pathway is an abiding passion. Although it's now very high on the government's agenda, it concerns me that these services are still very piecemeal on the ground.'

**Mary Burd** was appointed MBE for her services to health care in East London. She is Head of Psychology and Counselling with Tower Hamlets Primary Care Trust and was, until her retirement from the post, Director of Therapies with East London NHS Foundation Trust. She

said: 'My passion has always been about the contribution psychology can make to the whole range of health care, from mental health to long-term conditions, but especially to its role in primary care. I have always believed that psychologists need to be part of the wider management structure. Rewarding as it is to ply one's trade as an expert clinician, we need to be part of decision-making bodies at the highest level. This is not always easy, and we need to be constantly reminding those we work with of the relevance and value of the psychology role. In this respect, the Improving Access to Psychological Therapies programme constitutes a considerable challenge: for well-established primary care services and

**Dr Sarah Davidson is Deputy Clinical Director on the University of East London's doctoral degree in clinical psychology and Consultant Clinical Psychologist at the Tavistock and Portman NHS Foundation Trust. She was appointed MBE in recognition of her 30 years' service to the British Red Cross, who she works for as a psychosocial adviser (see [www.bps.org.uk/news0405](http://www.bps.org.uk/news0405)). In recent years, Sarah has guided the delivery of emotional support after the Asian Tsunami of 2004, the London bombings in July 2005, and the capsizing of a dhow in Bahrain in 2006, among many other emergencies. Sarah told us: 'The Red Cross is an amazing organisation which touches so many. Psychology plays a significant role, running through all the services we provide and much of our training too. Only this weekend I was speaking to representatives of 28 nations at the First Aid Convention for Europe in Liverpool about the importance of using psychological principles in first aid. The competition that followed tested teams on 14 different scenarios, each of which incorporated assessments of their psychosocial skills, such as building trust, respecting people's different needs and wishes, treating people with dignity, and empowering them by giving them choices.'**

also for the profession of psychology. We also need to find our way into making the contribution to the Long Term Conditions agenda.'

There was also an OBE appointment for a former Society member, **Professor Gloria Laycock**, for 'services to crime policy'. Professor Laycock told us that her citation suggests she was nominated by someone from the Home Office, where she worked as a psychologist and researcher for over 30 years before becoming Director of the UCL Jill Dando Institute of Crime Science. 'It is deliberately not an Institute of Criminology,' she tells us. 'Not that there is anything wrong with criminology, but

in the UK this is heavily influenced by sociology rather than empirical psychology which is my passion. It is alarming just how little real experimentation there is in the crime control area, but we are trying to set that right at UCL. So psychology not only affects my day-to-day work but also the way in which I interpret and think about the many challenges faced by those trying to reduce crime by attending to the situation within which it occurs. Some of the present policies make no sense whatsoever when looked at from a psychological perspective – I have not been slow in saying so! I owe a lot to our subject and am determined to see its greater influence in policy advice.' JS

## Sharing treatment decisions

The trend in health care towards greater patient empowerment includes the idea that patients should be involved in their treatment decisions, as opposed to having them imposed by a doctor. To date, this ambition has been driven more by principle than evidence, but now a review has confirmed that, at least when it comes to chronic illnesses, patients do benefit from being involved in treatment decision making.

The researchers led by Evelien Joosten and including Tom Sensky, Professor of

Psychological Medicine at Imperial College London, identified eleven high-quality randomised controlled trials that compared outcomes for patients involved in treatment decisions with outcomes for patients not involved.

The six studies that showed a positive effect of shared decision making, in terms of satisfaction, adherence, depression and well-being, had in common that they concerned long-term treatment programmes for chronic conditions. This included two studies looking

at depression and schizophrenia. The absence of a positive effect of shared decision making for acute conditions was no surprise to the researchers who said that such cases, by definition, often involve urgent decisions for which a collaborative approach is impracticable.

Writing in *Psychotherapy and Psychosomatics*, the researchers concluded there is an urgent need for

more research: 'Considering the growing clinical interest in shared decision making,' they said, 'it is surprising and disappointing how little randomised controlled studies have been published regarding its efficacy.' CJ

I See [tinyurl.com/5qnn8](http://tinyurl.com/5qnn8)

**The Society's Research Board has published a working party report, *Guidelines on Memory and the Law*. See p.693 for a piece by the Chair, Professor Martin Conway; for the full report see [www.bps.org.uk/memlaw](http://www.bps.org.uk/memlaw).**

# Mental Health Act – what’s changing for psychologists?

## ONLINE DIAGNOSIS PROBLEMS

Internet-based tools cannot yet be used reliably for clinical diagnosis, according to a literature review by psychologists in Sweden and America.

Focusing on panic disorder, Gerhard Andersson and Per Carlbring at Linköping University and Lee Ritterband of the University of Virginia found that there was little correspondence between client scores on the internet delivered ‘Composite International Diagnostic Interview-Short Form’ and scores obtained by live clinical interview, based on DSM-IV criteria.

‘We conclude that using the internet for diagnosis still requires further investigation and might be impossible for some conditions,’ they wrote.

However, the group said there was now ample evidence to suggest that self-report questionnaires, for example of the kind used to measure client progress, are just as reliable and valid when completed online as when filled in by traditional paper and pencil. The only caveat, they noted, was that the same method should be used throughout any given trial.

Writing in the journal *Clinical Psychologist*, Andersson and his colleagues also said there was, as yet, unrealised scope for using internet delivery to improve the quality of established questionnaires, for example through the addition of images or video clips to relevant items. CJ

See [tinyurl.com/5glns5](http://tinyurl.com/5glns5)

Those who thought that the new Mental Health Act had either gone away or had little relevance to the discipline as a whole, could be in for a surprise. On 3 November, any suitably competent chartered psychologist will join psychiatrists and some other healthcare professions in being eligible to be ‘approved clinicians’ for detained patients. In appropriate cases, they will be responsible for their care.

The reforms mean that the profession most competent to lead the key intervention takes overall responsibility for patient care and team leadership. Within the ethos of New Ways of Working and the recent NHS emphasis on person-centred care and treatment choice, this will sometimes mean psychology. This extension of statutory responsibilities to non-medics on the basis of patient need is likely to occur in a step-wise fashion, starting with service areas currently poorly served by psychiatry, like personality disorder and learning disability.

A working party of the British Psychological Society, led by Professor Peter Kinderman (University of Liverpool) and latterly by Professor John Taylor (Northumbria University), has been at the forefront in these developments.

Can psychologists really make a difference? ‘Yes’, says Peter Kinderman, ‘but psychologists must bring and maintain a distinctively psychological viewpoint to services.’ John Taylor points out that the approved clinician role is really an extension of the current clinical responsibilities of suitably qualified and experienced professionals. ‘It is a function, not a job.’ Nonetheless, this is a major cultural shift in professional accountability and influence, and the changes bring both controversy and opposition. As Taylor says, ‘That is why psychologists of all stripes need to approach these issues with the astuteness that their training provides.’

One of the ‘field test sites’ for early implementation of professions other than psychiatry is at Northgate Hospital near Newcastle upon Tyne. Bruce Gillmer, who leads this interdisciplinary group, says, ‘There has never been a more auspicious time for applied psychologists to influence mental health care the sharp end.’

The broader definition of mental disorder and its assessment in the new Mental Health Act means that a more holistic formulation can replace stark medical diagnosis. This is what attracts clinicians who, like Bruce Gillmer, work

in secure hospitals. He would like to see ‘an exploitation of the training of applied psychologists in the integration of theories and models that places them uniquely at the interface of biological and psychosocial influences.’ This, says Gillmer, would bring about novel approaches to more dimensional assessment and an emphasis on mental well-being rather than an illness model. Kinderman has long pointed to the centrality of personal

meaning as the essential mediator of genetic or environmental influences.

In association with related developments such as Lord Layard’s call for psychological therapies to influence the positive economics of mental well-being, Gillmer feels that the

Mental Health Act may come to be seen as a ‘watershed moment’ for psychology and psychologists. ‘It may help to provide an opening for non-medical therapies to have greater front-line acceptance in the treatment of psychosis as well as personality disorder.’

See <http://mhact.csip.org.uk> for more. For information on the field test site at Northgate Hospital, contact [bruce.gillmer@ntw.nhs.uk](mailto:bruce.gillmer@ntw.nhs.uk).

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## NEUROSCIENCE PRIZE

The 2008 Neuroscience Prize of the Peter and Patricia Gruber Foundation, worth a cool \$500,000, has been awarded to cognitive neuroscientist Professor John O’Keefe of University College London. O’Keefe is perhaps best known for describing ‘place cells’ in the hippocampus – neurons that show increased activity when an animal is in a particular location.

According to the Gruber Foundation, the discovery of these cells was a vital milestone in the development of the field of cognitive neuroscience. ‘John O’Keefe’s work inspired the research of many others in the field of memory and served as an exemplar of the application of physiological and computational approaches to the understanding of behaviour,’ the prize citation states. O’Keefe will pick up the award in November at the annual meeting of the Society for Neuroscience in Washington, DC. CJ

# Psychology A-level – ‘softer’ or just more interesting?

A-level psychology is ‘easier’ than the traditional science subjects of biology, chemistry and physics, according to a report published by the Curriculum, Evaluation and Management Centre at Durham University.

Researchers analysed the performance of over half a million A-level students using results obtained in 2006 across 33 subjects. To establish subject difficulty, five methods of analysis were used, including comparing students’ general academic ability (as judged by their average attainment in other subjects) with their performance at a given target subject, such as psychology. Among the findings was the claim that a student would typically be expected to perform 0.9 grades higher in psychology than in chemistry.

However, Dr Richard Latto, Chair of the Society’s Psychology Education Board, told us he has concerns about the methods used. ‘Although the bulk of the conclusions drawn, and the reporting of them in the press, accept this assumption [about how to ascertain subject difficulty] and discuss the results in terms of subjects being ‘easier’ or ‘more difficult’, the report also discusses in great detail 10 other factors which may affect performance other than examination difficulty. For example students may do better on subject X because it “is inherently more interesting/relevant/motivating/needed than Y”.’

Issues of interpretation notwithstanding, the good news is that whereas commentators have an annoying habit of grouping psychology together with so-called ‘soft’ subjects like media studies, the report actually found psychology to be more difficult than 16 other subjects, including English, law, geography, sociology, art and media.

The report was commissioned by SCORE, a partnership of organisations – including the Royal Society, the Institutes of Physics and Biology, and the Royal Society of Chemistry – amidst concerns that students are being put off the traditional science subjects by the perception that they are more difficult. Given that A-level grades are used by admissions tutors at university and employers as a general measure of aptitude, rather than as an indicator of skill in a given subject, the report’s authors, led by Robert Coe at the University of Durham, concluded the current system is unfair and likely

to entice students to opt for ‘easier’ subjects.

One idea for correcting subject discrepancies is to apply a correction to awarded grades. However, the report’s authors acknowledge there is no way to know whether this would help stem the decline in students taking sciences. ‘Perhaps the status that science subjects have depends in part on their difficulty;’ they wrote, ‘take that away and you remove part of their attractiveness for some.’

Dr Latto said it was important to note that the new findings contrast with those

published in February by the Qualifications and Curriculum Authority (QCA) in its Inter-subject Comparability Report (see *The Psychologist*, April 2008, p.288), which compared psychology papers and candidates’ work with those found in biology and sociology.

‘The QCA report concluded that psychology was “technically demanding”,’ Latto said, ‘and that in terms of the demands of the examinations and the grading standards set, there was little basis in fact in the perception that psychology was a soft option.’ **CJ**

## FROM THE RESEARCH DIGEST...

### Window on the world

Nature, the outdoors, animals and fresh air – they’re good for you. Hospital patients, for example, recover faster when their window looks out on a natural scene rather than a brick wall. Pet owners have lower blood pressure.

The trouble is we’re showing a worrying trend towards not only harming our natural world, but also experiencing what’s left of it through the prism of manufactured technologies: Telegardens (planting seeds in a remote garden using a robotic interface), virtual walks and robot-pets are the future.

Does this matter? As a first step towards finding out, Peter Kahn Jr and colleagues (see [tinyurl.com/6jb7ta](http://tinyurl.com/6jb7ta)) compared the restorative effects of a real window to the benefits of a giant plasma screen linked to a live, high-definition camera recording of the exact same view seen through the window.

Ninety students undertook a series of tasks, including coming up with uses for a tin can and clever labels for ambiguous drawings. Heart rate was used to measure stress recovery during the rest periods between tasks, when a researcher gave instructions for the upcoming challenge.

Some of the students completed the tasks at a desk opposite a window with views toward a pleasant natural scene beyond; others sat opposite a similarly sized ‘plasma window’ showing the identical scene, with the real window concealed behind; the remainder sat in the same position but with drapes entirely obscuring the real window.

In terms of heart rate recovery, students who sat opposite the plasma window showed no benefit at all relative to the students who performed with drapes covering the window. By contrast, the heart rate of the students who sat opposite the real window recovered more quickly, consistent with past research showing the calming benefits of a natural scene.

It’s unlikely the results are simply an effect of daylight in the room. Recovery among the students who were sitting opposite the real window was no faster on brighter versus duller days. However, time spent looking out of the real window was correlated with speedier stress recovery.

So why didn’t nature as displayed on the plasma window have any benefit? There are potential technical reasons to do with the limitations of the digital display, including issues of parallax, pixilation and 2-D depth perception. However, the researchers think the reason is more likely to do with the participants knowing that the plasma view simply wasn’t as ‘real’.

‘Our results, even at this early stage, provide some cautionary thoughts,’ said the researchers.

**This item originally appeared in the Society’s free Research Digest. For more and to sign up, see [www.researchdigest.org.uk/blog](http://www.researchdigest.org.uk/blog)**

# The secret of happiness

Happiness is like a bar of soap – just when you think you've got it firmly in your grasp, it slips away again. Speaking at London's Royal Society in June, Harvard psychology professor Dan Gilbert (see 'One on one' in last month's issue) said the reason for this elusiveness is twofold: Not only are we poor at judging the likelihood of achieving a given aim, we're also frustratingly incapable of predicting just how rewarding we will or won't find that outcome, once obtained. However, nail these two forecasts about the odds and the value of a chosen course and, Gilbert says, you will have the secret of happiness. He should know. Last year, his book *Stumbling on Happiness* won the Royal Society's prestigious annual Prize for Science Books.

Gilbert says that our failure at the first secret of happiness – judging the likelihood that we will achieve a desired outcome – stems from not applying simple probability theory to the decisions we make. Consider the lottery, played by millions. Gilbert says his colleagues in the Economics Department call this a 'stupidity tax' – the odds of winning are so minuscule that you've as much chance of chucking a pound in the toilet and it responding with a fountain of notes, as you have of hitting the jackpot on next week's lottery.

The reason we misjudge the odds so badly is that we rely on the availability of memories to forecast our likely success at chosen outcomes. In the case of the lottery, we're made all too familiar with the handful of lucky jackpot winners whose stories provide convenient magazine filler, yet we remain blind to the many millions who never win a bean. The consequence of misjudging the odds of our chosen actions, of course, is that we end up piling our efforts into the wrong endeavours.

But even more catastrophic is our cluelessness about how we'll experience different outcomes once they happen – that is, not only do we misjudge our ability to obtain what we want, we also strive for the wrong things in the first place.

Part of the reason for this is that we tend to judge the value of something through comparison, and yet what we compare against is always shifting. In Gilbert's lab, university students' anticipated and actual enjoyment of a packet of crisps varied according to whether chocolate or tinned meat was left lingering in the background. In real life, the friends you make on holiday might well seem great company compared with the moody foreign restaurant staff, but it's their dullness you'll notice once

home and you have your established friends for comparison.

The irony is that we're often so confident about what we think will make us happy. To take one of Gilbert's examples: Everyone seems to assume that babies are little bundles of joy. Yet shelves of research shows that although couples experience a boost in happiness as they anticipate the birth of an expected child, once it's born their happiness crashes through the floor, only resurfacing once the child has grown up and left home.

Gilbert explains our failure to judge what will make us happy in evolutionary terms. The intuitions that guide our decision making evolved at a time when we lived in small groups, and mating and eating were our sole objectives. Today, he says, 'we're sailing a new sea in an ancient vessel'. But there is hope. The newer parts of our brains, Gilbert believes, allow us to transcend our intuitions.

That happiness rests on accurately predicting the odds and value of your chosen paths isn't a revelation. Gilbert says these two elements to achieving happiness were first espoused about three hundred and fifty years ago by Blaise Pascal and Pierre de Fermat. 'It's not a question of finding the secret to happiness,' Gilbert told his audience, 'but whether we can learn to use it.' CJ

## Why smiling is universal

The dead have provided an answer to an enduring mystery in the field of human emotion – how it is that the same key emotional expressions are recognised the world over when there is so much variation in facial musculature between individuals.

Psychologist Bridget Waller at the University of Portsmouth collaborated with anatomists at Duquesne University and the University of Pittsburgh to

investigate facial muscle variation among 18 adult human cadavers. Dissection revealed that, as expected, there was great variation in facial musculature between the dead bodies. However, the specific muscles deemed most essential to the facial expressions of key emotions like happiness, sadness and fear showed remarkable similarity between individuals, in terms of both their presence and symmetry.

Writing in the journal *Emotion*, Waller and her colleagues James Cray Junior and Anne Burrows said: 'The conclusion that individual variation in facial muscles is

great, but muscles necessary for universal expressions are constant, offers an explanation that supports universality while allowing for cultural and individual variation in facial expression.' CJ

See [tinyurl.com/555ywz](http://tinyurl.com/555ywz)

**We have launched a new 'News blog' at [www.thepsychologist.org.uk](http://www.thepsychologist.org.uk). Members can visit it for news in advance of the print version, and subscribe by RSS feed.**

## Polygraph use with sex offenders

In the United States, polygraph testing is used widely in the treatment and supervision of sex offenders. Now a 'hot topic' debate published in *Legal and Criminological Psychology* has considered the evidence base and the ethics of this post-conviction sex offender testing (PCSOT).

Don Grubin (Newcastle University and the Northumberland, Tyne and Wear NHS Trust) argues that much of the criticism of PCSOT arises because of confusion between it and other applications of polygraphy. He argues that the evidence for accuracy and utility, although not definitive, is sufficient to justify its use. But Gershon Ben-Shakhar (Hebrew University of

Jerusalem) counters that the use of polygraphy with sex offenders is even more problematic than its common use as an aid in criminal investigations. He claims that the use of polygraph testing in rehabilitation is misguided, and instead of reducing recidivism in sex offenders is likely to achieve just the opposite.

The debate serves as another example of how, in Grubin's words, 'some, mostly coming from a practitioner perspective, argue strongly for post-conviction polygraph testing of sex offenders on clinical grounds... others, often from academic backgrounds, remain to be convinced that the gains are real and the risks properly understood.' JS

## IQ links with dementia

Less intelligent children are more likely to develop vascular dementia in old age – a finding that has implications for the design of public health campaigns. Brian McGurn and colleagues at the University of Edinburgh identified 173 people born in 1921 who, since passing the age of 65, have been diagnosed with Alzheimer's disease or vascular dementia, and who also took part in a large-scale survey of childhood intelligence in 1932, when they were 11.

Compared with age-matched controls born in the same region of Scotland, who also completed the 1932 intelligence test, the report in *Neurology* found those cases with a diagnosis of vascular dementia had a significantly lower childhood IQ (tinyurl.com/6cnz7x). The same wasn't true for the cases with Alzheimer's, which suggests cognitive vulnerability is unlikely to be the cause of the low IQ – vascular dementia link.

Co-author John Starr explained there are several other ways lower childhood IQ could be linked with vascular dementia in old age. For example, less intelligent people are more likely to indulge in risky behaviours like smoking and drinking (although the IQ – dementia link held even after controlling for smoking). Lower IQ and poorer vascular health could also share a common cause, such as low birth weight. More speculatively, Starr told us that 'IQ could reflect some overall "system integrity" of the brain, or possibly the whole human organism. For example, people with lower IQs might have impaired CNS control of blood pressure.'

Starr said the work could help promote the idea of controlling vascular risk in early life, and that the finding also suggests that 'public health campaigns should consider their methods to engage with people with lower IQs.' CJ

## RESEARCH FUNDING NEWS

The Parkinson's Disease Society has a call for research proposals under their popular Project Grants scheme. The grants support **single projects designed to answer a single question or a small group of related questions about some aspect of Parkinson's disease**. Grants are usually offered for 2–3 years. The closing date for applications is 5 September 2008.

tinyurl.com/58zj9n

The MRC has released Phase 3 of their National Prevention Research Initiative. This funds **research aimed at improving health and at preventing diseases or conditions such as cancer, heart and circulatory diseases, diabetes, obesity, stroke and dementia**. The Initiative supports research on behaviours associated with significant risks to health, such as poor diet, physical inactivity, smoking and alcohol consumption, and on the environmental factors that influence those behaviours. Studies that focus on long-term behaviour change are particularly welcomed. Up to £12 million is available through this call. The deadline for outline proposals is 18 September 2008.

tinyurl.com/5wedyh

Under the RCUK Global Uncertainties Programme: Security for All in a Changing World the ESRC and AHRC are offering Fellowships on Ideas and Beliefs. This cross-Council programme focuses on **the nature and interactions of five global issues: conflict, crime, environmental degradation, poverty and terrorism, and their implications for security and insecurity**. Fellowships should focus specifically on how ideas and beliefs of individuals, communities and nation states relate to these phenomena. Funding of up to £600k is available. The closing date for applications is 25 September 2008.

tinyurl.com/5kj3pq

The ESRC in collaboration with the BBSRC and MRC is inviting applications for **innovative Exploratory Networks in the area of Understanding Individual Behaviour** – one of the ESRC's key research challenges. Pump-priming funding is available to encourage the development of interdisciplinary networks, innovative research ideas, the conduct of pilot and proof-of-principle studies as preliminary investigations, and putting together more substantial bids for funding of interdisciplinary collaborations. Those interested are asked to register by 3 September 2008.

tinyurl.com/64kqvr

Applications can be made by departments to the BBSRC for targeted priority studentships. Up to 50 studentships are available and **current priority areas are Ageing research, Bioenergy, Bioprocessing and Environmental change**. The closing date for applications is 8 October 2008.

tinyurl.com/5nuzas

The National Institutes for Health have a call for **research into multi-drug combinations to promote neurological recovery in traumatic brain injury (RO1)**. This is for preclinical studies using multi-drug therapies to decrease neurological injury and/or enhance recovery after traumatic brain injury. The closing date for letters of intent is 28 October 2008.

tinyurl.com/5at5s5

info

For a list of current funding opportunities go to [www.bps.org.uk/funds](http://www.bps.org.uk/funds). Funding bodies should e-mail news to Elizabeth Beech on [elibee@bps.org.uk](mailto:elibee@bps.org.uk) for possible inclusion

# Costs and benefits

Ceri Parsons on the Raj Persaud plagiarism case

The relationship between the media and psychology is now a well-established one, and the primary role of the Society's PR team and Press Committee is to actively promote the work of psychology within the media. As Harriet Gross and Jeremy Horwood noted on this page last month, there are many examples of how the media and psychology work well together when psychologists who 'have a wealth of expertise and evidence' are asked to provide explanations for events.

However, the reporting of the plagiarism case of Dr Raj Persaud (who has degrees in psychiatry and psychology) raises several important issues for our own professional conduct and identities as psychologists working with the media. Dr Persaud, a consultant psychiatrist who was in June described as a 'celebrity' (*The Times*) and 'Britain's best-known psychiatrist' (*Daily Mail* online) as well as a 'household name' (*Daily Mail*) 'famed for his regular appearances on daytime TV shows' (*The Sun*) was charged this summer with plagiarism in national newspapers and books. With 'celebrity expert status' becoming big business and companies now advertising in *The Psychologist* to manage 'celebrity experts', it is timely to flag up the importance of our own media engagement. For any members thinking about or already engaging with the media, the Persaud case might be disconcerting; but highlighting some clear professional differences as well as the grey areas between the disciplines of psychology and journalism might be sufficient to ensure responsible media engagement.

Working with the media always entails collaborations with a range of personnel who all have their own professional agendas, which sometimes conflict with our own. A journalist's

primary concern is with creating a succinct news story where word count is at a premium, and there is precious little space for elaboration of ideas let alone the Harvard-style referencing system central to academic psychology. Journalists also work to short deadlines and often require immediate comment, leaving experts little time to prepare responses.

Another significant issue highlighted by the Persaud case is the notion of originality and authorship of ideas when others are involved. Within psychology we take for granted certain conceptual ideas, so when an expert talks of 'repression' without explicitly mentioning Freud we would probably argue that it doesn't constitute academic dishonesty. In a similar way, there are classic studies, such as Milgram's (an account of which, by Thomas Blass, Persaud was found guilty of plagiarising), that get recycled and referred to so often that it raises the question of whether it is possible to say that an academic 'owns' a particular description of them. In this sense the practice of using some 'stolen words' in media contributions could in some contexts be argued to be an example of intertextuality where 'text is a link in a chain of texts, reacting to, drawing in, and transforming other texts' (Fairclough, 2001, p.233).

There is also the popular assumption within the media that psychologists are a homogeneous group, and this conceals important professional differences amongst us. Coupled with the fact that there are plenty of psychologists who, for valid reasons, are not keen to put their heads over the media parapet, it is easy to see that when journalists are looking for psychologists to comment, they do so from a relatively limited pool. Dr Persaud was praised for his 'rare skills' in bridging the gap between academic expert discourse and a lay understanding of mental health issues, which marked him out as the 'first port of call for broadcasters and media on mental health issues' (*Daily Mail* online). Whilst this is flattering, there is an expectation that psychologists commenting within the

media stay within the boundaries of their own expertise. This means ultimately declining requests outside areas of expertise and avoiding commenting on anything where there is a danger of 'busking it'. Referring a journalist to a more appropriate colleague is one important way of engaging with the media.

In academia there still exists antipathy to the media; and the media expert's seeming ability to dismantle the distinction between expert and lay discourse, or 'the art of translating jargon into plain English' (*The Independent*, 17 June), is perhaps one of the reasons why some psychologists are reluctant to engage with the media. The language used to describe Persaud as a household celebrity does not sit comfortably with the identity of the elite, remote academic who uses unfamiliar language to make sense of events. This raises the issue of whether there can be a happy medium between psychologists who refuse to engage with any form of media on the one hand, and seemingly celebrity psychology 'experts' on the other? The Society's media

"it should be seen as encouragement for more psychologists to stand as experts in the media"

database is evidence of this, with over 1000 members currently willing to promote their own areas of expertise contributing to the positive public representation of psychology.

Working with the media can be thoroughly rewarding, but sadly for Raj Persaud, who has agreed to 'retreat from much of his journalistic work' (*The Times* online), his transgression has cost him and his audience dearly. Rather than reading this as a cautionary tale it should be seen as encouragement for more psychologists to stand as experts in the media so that instances like this case are far less likely to happen in psychology. As the Society's own Press Committee guidance states, once we accept that interacting with the media is not a perfect science and that as human beings are involved there will be mistakes, it is clear the benefits outweigh the possible risks.

**Reference**

Fairclough, N. (2001). The discourse of New Labour: Critical discourse analysis. In M. Wetherell, S. Taylor & S.J. Yates (Eds.) *Discourse as data: A guide for analysis*. London: Sage.

contribute

This is the page of the Society's Press Committee, which aims to promote and discuss psychology in the media.

If you would like to comment on a recent newspaper article, TV or radio programme involving psychology, if you

have tips for others based on experiences, or if you know of a forthcoming programme or broadcast, please contact the

'Media' page coordinating editor, Ceri Parsons (Acting Chair, Press Committee), on C.Parsons@staffs.ac.uk

