Men and the mental health minefield

I enjoyed the June special feature on male psychology; I have not been drawn to this field in the past, but I found the collection of articles compelling and intriguing and would like to offer my thoughts on some of the issues raised. The opening piece did its job well by grabbing my attention and inspiring interest and enthusiasm: I am a huge advocate for well-being for all, and this article really highlights the need for making changes to improve men’s well-being.

The next article, ‘A tapestry of oppression’, notes the role of the socialisation of gender roles in mental health experience and help-seeking. This strikes a chord with me as I have a strong belief that there is a need to educate and empower people to maintain their well-being from a young age. If we can culturally embed the value of looking after our own well-being, we can in turn contribute to the prevention of mental ill-health. I have not previously thought much about gender differences in this area, but the article in hand has introduced another layer for me to consider in my thinking, which I am grateful for.

Something less appreciated in the aforementioned article is the claim that ‘when mental health staff in training are asked to explain why women are usually centre stage in discussions about gender they consistently say it is because men are supposed to be strong and not have mental health problems’ and that staff are ‘reluctant to engage [men] in therapeutic conversations’. I take these remarks to be unhelpful, offensive and probably untrue. I would imagine that that being to try and shift the discourses of masculinity from their current position to one more amenable to discourses of psychology as an institution of benefit. As a commercial enterprise that relies on your submissions throughout the publication, and in return we help you to get your message across to a large and diverse audience.

Thank you for your special feature on male psychology in the June 2014 edition. It is encouraging to see the challenges of engaging men in psychological services given such scrutiny via a number of excellent papers.

I was struck, however, by the continued dominance of an old solution to the dilemma of men and psychology; the views expressed by trainees are in fact reflections on society rather than actual beliefs held by those individuals, and from my own experience of working in services, it is simply not true that staff are reluctant to engage with male patients in a meaningful way. It is interesting that not a single reference is provided in this section of the article, which suggests that this set of claims is not supported by evidence. I am inclined to think that the authors have perhaps latched on to a vague or ambiguous finding and distorted or exaggerated it to support their argument, but would be interested to see validation for their claims if I am wrong.

Moving on, I found the concepts introduced in the piece ‘Are mental health services inherently feminised?’ really intriguing, but was disappointed that the article did not explore some of these in more detail. For instance, it was noted that the majority of frontline staff are female, but I would have liked to have seen more consideration of the mechanisms by which this might impact on men within services, which was sadly absent from the article.

For me, the real value of the article referred to above was the notion that there is a need to tailor mental health services to improve their accessibility and value for men. I have already noted that gender socialisation has been highlighted as important in the development of differential experience and help-seeking in mental health. I have also asserted my own view that well-being education and cultural changes are needed to reduce mental ill-health, and the views expressed by trainees are in fact reflections on society rather than actual beliefs held by those individuals, and from my own experience of working in services, it is simply not true that staff are reluctant to engage with male patients in a meaningful way. It is interesting that not a single reference is provided in this section of the article, which suggests that this set of claims is not supported by evidence. I am inclined to think that the authors have perhaps latched on to a vague or ambiguous finding and distorted or exaggerated it to support their argument, but would be interested to see validation for their claims if I am wrong.

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health and improve help-seeking. This leaves us with two very different potential approaches to this complex and delicate field: On the one hand, one can take the view that cultural factors are doing men wrong when it comes to mental health. If this is the case, surely we should be focusing on breaking down the cultural tendencies that lead men to be unsupported with their mental health (which can be done in part by increasing awareness and encouraging everyone to look after their well-being, whether male or female, from a young age). On the other hand, one might argue that gender differences are inevitable and we must adapt services to match this reality.

Personally, I hope that in time we can develop a more resilient culture in which people value and are able to care for their own well-being better, and are able and confident to seek help when appropriate, regardless of sex, gender, age, socio-economic background, and so on. That said, this is a very long-term goal and illustrated by ‘Masculinity and mental health – the long view’, current attitudes have been developed over a great many years, and the same will be needed to alter future attitudes. Perhaps what is needed in the medium term are changes in services, but not to the detriment of addressing the underlying factors that result in male–female differences.

I hope I have articulated my thoughts in a way that strikes a chord with some readers. As with any debate in the minefield that is mental health, the solution will be multifaceted and complex; I would imagine there are many intriguing and diverse opinions out there and would be really interested to hear some of them!

Lauren Bishop
Poole, Dorset

Worth surviving for?

How amusing that Dr Fine (Reviews, June 2014) should claim that The Island is a ‘social experiment’ and ‘an opportunity to identify the unfolding psychological phases of behavioural adaptation and survival, at an individual and group level’. Not long ago, similar bold claims were being made, in these very same pages, about Big Brother, and of course that ‘social experiment’ has gone on to fill many a learned journal with groundbreaking insights, hasn’t it, now?

I admire Dr Fine’s enterprising spirit and his capacity to bracket this whole for-profit reality television thing, and look forward to the academic outputs of these endeavours. Yet maybe he could also have

Dr John Penny
PFT Family Psychology Ltd

Scotland – youthful prospects

The three views on Scottish independence from a psychological perspective (The Psychologist, June 2014) raised another angle on it for me. Comments from fellow English people like ‘I’d vote yes if I had the chance, be better without them!’ and ‘I don’t understand why they want to leave us when they get more spending per capita than we do’ put me in mind of comments made about adolescents leaving home. The first is often a defensive reaction to the change. People might add ‘I’ll lock the door when they’ve gone, etc.’ The second suggests a naivety about encouraging a developing self-identity and replacing it with material ‘spoiling’.

Jay Haley in Leaving Home describes how the ‘young person can be terrified when confronted by self-sufficiency and autonomy’. The response from a ‘healthy’ family system is surely to support that young person with their ‘terror’ in this very natural transition. Haley goes on to say that when the young person succeeds outside the home it leads to healthy consequences for the whole organisation.

Applying the model to the Scottish question it becomes clear that all the countries in the UK have a responsibility in supporting the Scottish people in making their decision about what is at best an ambivalent attachment. We English, instead of sitting back and waiting for it all to go wrong, need to attend to the history of oppression by our country on the Scottish people. There is an opportunity now to make amends and support Scotland in becoming the ‘fairer and more radical country’ that Professor Reicher described last month.

In family terms the successful separation of a young member can lead to rejuvenated relationships within the whole family. Perhaps this could happen too in the political process? A relationship between the UK countries based on choice and mutual respect could arise rather than the current one, with an undertone of old resentments.

Stewart Shuttleworth
Chester

read discuss contribute at www.thepsychologist.org.uk
Teaching dyslexic children

I have been following the correspondence generated by the publication of Elliott and Grigorenko’s book The Dyslexia Debate. The authors are concerned that the unitary term ‘dyslexia’ is too broadly defined, and that what really matters is early intervention when children begin to fail, not diagnosis, given that this diagnosis does not help determine how to intervene. It seems to me until neuroscience has advanced still further, we shall have to wait for a true understanding of dyslexia; but meanwhile, failing learners need help, and perhaps more attention should be paid to researching what is the best type of help.

My interest in the debate is as head teacher of small dyslexia specialist school for pupils of primary age. I was delighted to see a section in the book about intervention research. It seems the bulk of research is devoted to causality, rather than what is, or should be, actually done to improve the educational chances of dyslexic people, or poor decoders, or the learning disabled – call them what you will. To the dyslexia specialist teachers in my school, they are simply pupils with a common difficulty in the acquisition of literacy and aspects of maths. Effectively, they have difficulty with any learning that involves phonological encoding or decoding in working memory. That’s all language-based learning! So perhaps the proposed deletion of the term ‘dyslexia’ from the DSM-5 and the replacement with Specific Learning Disorder is apt.

Poor working memory seems to define our pupils and their phonological difficulties can be subsumed within Baddeley’s model of working memory. It defines them because even when you have taught them to read they still need more explicit teaching than others, and far more reinforcement. Contrary to the research quoted in the book, experience suggests they do benefit from multisensory teaching. Surely, appealing to all modalities – visual, auditory and kinaesthetic – to improve memory is not contentious, whatever Orton’s original motivation for it. We also observe, just as research has shown, that some pupils additionally are slow processors, slow to retrieve words and have attention difficulties.

In 20 years of assessing, teaching and following cohorts of our pupils, it is clear to me that skilled teaching, in a dyslexia-friendly environment, is an absolute prerequisite for success in the face of these problems. The reading programme used is also key – it must have inbuilt phonological awareness training, and it must make the idiosyncratic English code explicit. Dyslexics cannot work it out for themselves. Above all, they must have multiple opportunities throughout the day to practise reading aloud (applying the code) until the goal of automaticity is reached.

Please, researchers, come into specialist schools like ours and study our results and how we achieve them! Follow a cohort from Year 3 to Year 6 and beyond, and you will see that difficulty with reading is only a small part of being dyslexic and that it is improbable that class teachers can successfully teach such children alongside their non-dyslexic peers.

Pamela Lore
Moon Hall School for Dyslexic Children

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Counselling psychology in the NHS

I read with great sadness the letter from Carolyn Keenan in the July issue (‘Undervaluing competences in the National Health Service’). Having qualified as a counselling psychologist in 1997 and gaining a Statement of Equivalence from the BPS (as my postgraduate training commenced prior to the creation of the Division of Counselling Psychology), I have every sympathy for the plight of newly qualified counselling psychologists. The environment was extremely difficult for counselling psychologists at the time I qualified – many being employed on A&C Grades. This was even more prevalent for qualified counsellors.

The road to gaining recognition for counselling psychologists within the NHS was hard won in the late 1990s, although I have to say that I was lucky enough never to be caught up in the debate of clinical vs. counselling psychologists within the NHS workplace. At a personal level, I received nothing but generosity and help from my clinical colleagues, but I was keenly aware of the debates raging in Clinical Psychology Forum and Counselling Psychology Review.

However, at that time there were many vacancies for psychologists within the NHS and it was a much-valued profession. In time, counselling psychologists were able to obtain parity with their clinical colleagues and advertisements for posts were often for ‘Clinical/Counselling Psychologist’, although there were sometimes vacancies that required the neuropsychological skills of clinical psychologists, which training unfortunately (at that time) was not available for counselling psychologists. However, I don’t ever remember seeing an advertisement for a ‘Counselling Psychologist’ specifically!

During a 20-year career in the NHS from 1991 (as an assistant psychologist) until 2011 when I retired (my post having been made redundant), and having achieved my ambition of becoming a Consultant Counselling Psychologist, I experienced nothing but respect and support from professional colleagues within the NHS. Sadly, it’s a very different story in today’s NHS, where fiscal considerations take priority and the counselling psychologist is becoming almost extinct.

My own view (which may well be wrong) is that psychologists have been their own worst enemy, particularly since Agenda for Change. This resulted in both clinical and counselling psychologists being banded way above their professional colleagues, but many continued to work purely as therapists. The NHS soon realised that they could employ other therapists much more cost-effectively, especially when IAPT came into being.

I believe that there are lessons to be learned: Academic institutions need to be more honest with students, regarding their job prospects following qualification. Psychologists need to be more proactive in showing the NHS the added value that a psychologist brings, beyond being a ‘therapist’. I was also extremely upset that HCPC managed to take over the regulation of Chartered Psychologists when the BPS was already doing an excellent job. I now find myself having to belong to HCPC if I wish to remain recognised as a Registered Psychologist and I also have to belong to the BPS if I wish to maintain chartered status.

I could continue on this topic for ever – but suffice to say, I believe that things will change (they tend to be cyclical), and once again we may see the rise of psychology as a valued profession within the NHS.

June Richards CPsychol, AFBCPs
Godalming, Surrey
Origins of EMDR – a question of integrity?

Robin Logie (‘EMDR – more than a therapy for PTSD’, July 2014) invites a debate in The Psychologist and tells us his hope is that his article will provoke one that is lively. With the intention of playing, I and I intend to challenge the ‘EMDR community’ (p.512) on ethical grounds.

As psychologists, our professional practice is underpinned by four ethical principles: Respect, Competence, Responsibility and Integrity. Specifically concerning integrity the BPS Code of Ethics and Conduct (2009) says: ‘Psychologists value honesty, accuracy, clarity, and fairness in their interactions with all persons, and seek to promote integrity in all facets of their scientific and professional endeavours.’

As a psychologist, I find each of these values somewhat compromised when I do not read of any contribution of NLP, and specifically Dr John Grinder, in providing the initial impetus and conceptual framing of EMDR and the adaptive information processing model that followed in the EMDR literature. Instead I read the following and variations of this story: ‘EMDR is based on a chance observation I made in the spring of 1987. While walking one day I noticed that some disturbing thoughts I was having suddenly disappeared… At that point I started making the eye movements deliberately while concentrating on a variety of disturbing thoughts and memories, and I found that these thoughts also disappeared and lost their charge’ (Shapiro, 2001, p.7).

I actually e-mailed Shapiro on 12 March this year to ask her to comment on the following account of the events preceding the development of EMDR according to Grinder (see tinyurl.com/mcr89):

Françine Shapiro worked (administration and sales) in the Santa Cruz offices of Grinder, Delozier and Associates in the 80s. She approached me one day and told me that a friend of hers from New York has been raped and she wanted to help her through this trauma and ensure that she exited cleanly and without scars. I told Francine to put her in resourceful state (anchored) and have her systematically move her eyes through the various accessing positions typical of the major representational systems (with the exception of the kinesthetic access). I suggested that she see, hear (but not feel) the events in question – obviously the kinesthetics were to remain resourceful (the anchored state) while she processed the event. She later reported that the work had been successful. You may imagine my surprise when I later learned that she had apparently turned these suggestions into a pattern presented in an extended training, with no reference to source, with a copyright and a rather rigorous set of documents essentially restricting anyone trained in this from offering it to the rest of the world. In my e-mail I put my request into the context of PhD research that I was conducting and I also asked her to comment on the article she wrote in Holistic Life magazine (Summer 1985) entitled ‘Neuro Linguistic Programming the new success technology’, two years before she talks of having that now famous walk in the park. In the NLP community we have ‘known’ for a long time the therapeutic effects of working with eye-accessing cues, the use of perceptual positions, sensory representations and their submodalities, rapport, the variable of time, cognitive reframing, anchoring formats, and much more, which make such protocols effective in the context of PTSD and the ever-expanding clinical field that the EMDR community now seek to branch into. The difference is the NLP community has not yet learned to present their findings in a way that is acceptable to the academic community, opting instead for a more commercially oriented and very loose Action Research approach, which I think is unfortunate.

The neurobiological theory of reconsolidation of memory mentioned by Robin Logie in his article is in fact one of the neurological bases for the NLP protocol which is now being presented in a more academic nature by the NLP Research and Recognition project under the leadership of Dr Frank Bourke (Gray & Liotta 2012).

I feel the EMDR community will be acting in a much more professional way as defined by our own, (BPS) ethical code and with particular attention to integrity, if they addressed these well-known claims by Dr Grinder and Shapiro’s association with NLP in a public way.

Bruce Grimley
Chartered Psychologist
Achieving Lives Ltd

I’ve been meaning to get in touch for a long time, to say ‘Thank you!’ The Psychologist is a fantastic read these days. Not only that, it represents the ‘broad church’ that is modern psychology, which is wonderful and I am so proud to be a part of it. You are creating a sense of belonging, of community, of respectful debate… this is what I appreciate the most.

Dr Julie Bullen CPsychol
Oxford

The Managing Editor, Dr Jon Sutton, replies:

Thank you, Julie, feedback is always very welcome. We have a small team who have worked hard over the years to develop the publication. But the most exciting thing is that none of us are content to rest: we are well aware just how much more we could and should be doing.

In fact, we had an awayday in July to discuss how to take The Psychologist and Research Digest to the next level, to become the authoritative voices in psychology. As you say, that ‘broad church’ aspect is vital… it never ceases to amaze me just how different two members of the Society can be, so it’s quite a challenge to create a community. I encourage all readers to help by engaging with us: read, respond, contribute. And if you have a colleague who still never gets The Psychologist out of its wrapper, suggest they do so and hopefully they will be pleasantly surprised by what they find.

References


ENGAGING WITH THE PSYCHOLOGIST

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Understanding war

As a writer and peace activist, I read with particular interest the report entitled ‘Beyond the mythology of war’ (The Psychologist, July 2014). Some points come to mind that might be usefully raised in this context.

Wars are started by middle-aged and elderly men who send young men to fight them. They themselves and their families are usually not at risk. Even when they are risking a nuclear war by refusing to honour relevant treaties, spreading the technology, and so on, they themselves and their families are not at risk since they have used their power to build nuclear shelters for themselves and those around them. Although some of the warmongers fit the category of psychopath many do not. These latter individuals clearly show the capacity for empathy and compassion in relation to their families and those closest to them. At the same time it is difficult not to view them as suffering from some form of psychopathology since many die as the result of their actions and they seem to experience this with equanimity.

Mr Cameron wanted to bomb Syria. This would have been an act of war and many innocent people would have died. It is well known that in modern war at least 15 times as many civilians die as combatants, and the figure is often very much greater. Mr Cameron has illustrated that he cares deeply about his own family when at the same time he can advocate, illegally and in the opinion of many unjustly, the destruction of others. Psychologists could make a major contribution to the understanding of war if the mechanisms underlying this type of mentality were understood and if it could be determined whether it involves a specific type of psychopathology. No doubt denial and splitting are involved, but could there be something else?

A second area in which psychology could make a major contribution is suggested by Steve Taylor’s book The Fall. In the Introduction he states ‘For the last 6000 years, human beings have been suffering from a kind of collective psychosis. For almost all of recorded history human beings have been – at least to some degree – insane.’ It is around this time that war (together with many other inhumane abuses) made its appearance. What is it about modern man that can consider war (a relatively recent invention) a ‘sane’ way of resolving disputes? What is the root of this ‘collective psychosis?’

Jim McCluskey
Twickenham

I enjoyed reading ‘Beyond the mythology of war’ in the July 2014 issue of The Psychologist. An additional myth about WWII to those considered in Jon Sutton’s report is that children were mostly observers of the conflict; some children, however, were active participants. I know this firsthand since my father, Leslie McDermott-Brown, at the age of 15, in May of 1940 joined the Merchant Navy as a cadet, following in the footsteps of his uncle Archie who had signed up similarly in 1918 at the end of WWI. Leslie’s ship however, the SS Kemmedine, sailing out of Glasgow, was sunk during his first voyage in July of 1940 in the Indian Ocean by the German surface raider, the Atlantis. He was picked up, after voyage in July of 1940 in the Indian Ocean by the German surface raider, the Atlantis. He was picked up, after

In the aftermath of WWII and the Vietnam War, the Falklands War, the wars in Iraq and Afghanistan, and others past and ongoing, the long-term biopsychosocial consequences of such conflicts for those directly involved cannot be overstated, notwithstanding the trans-generational effects also. An awareness of such a body of empirical evidence might help politicians in charge of national militias to pause for additional thought before committing their people to combat, and to persist a little longer with trying to resolve diplomatically the numerous ethno-political and international conflicts that still beset humanity with alarming regularity.

Professor Mark R. McDermott
University of East London

References
What do implicit attitudes actually assess?

I was interested to read Tom Stafford’s digest article ‘Getting to grips with implicit bias’ in the June edition of The Psychologist. This article reviewed research that examined the efficacy of 17 interventions to reduce implicit race-bias (Lai et al., 2014).

Results indicated that interventions that aimed to change individuals’ underlying attitudes, such as imagined social contact, emotion induction, and reconsidering egalitarian values were ineffective. Successful interventions included priming counter-stereotypical exemplars, and providing response strategies to eliminate implicit bias. This last intervention provides evidence that teaching individuals to respond – participants’ implicit attitudes may be subject to manipulation via self-presentational motives.

This leads me to question: What are implicit measures actually measuring? Is it good enough to surmise that reaction times reflect our associative beliefs? Do these associative beliefs reflect our own underlying attitudes, or the more generalised nature of stereotypical preferences? Do they reflect our linguistic environment? I feel that such questions are important for researchers whose aim is to develop interventions that successfully reduce prejudice and stigma. After all, the first step in intervention development should stem from an understanding of the mechanism through which implicit attitudes change, and how this may translate to behavioural change.

The last two decades of research have shed light on a subconscious realm of implicit beliefs that, to a greater or lesser extent, we are unable to reflect on (see also Hahn et al., 2014). Yet such remaining questions highlight that a more prominent focus is required to elucidate what implicit methodologies actually measure.

Charlotte R. Pennington
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Edge Hill University

References
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obituary

Andrina E. McCormack (1951–2014)

It was with regret that Scottish psychologists heard of the sudden death of Dr Andrina Elizabeth McCormack, aged 63 years.

Andrina, qualified as a teacher, after completing an MA in French and Psychology at the University of Edinburgh in 1972. Initially concentrating on special needs teaching, while gaining postgraduate diplomas between 1973 and 1987 in Primary Education, Secondary Education, Special Educational Needs, and Educational Technology. Andrina wrote extensively on education producing articles, book chapters, as well as live publications, one of which All About Sex (1987), was authored with Elizabeth McCall Smith. Andrina’s skill as a cook was reflected in Traditional Scottish Food (1986, Chambers), which was published under the pseudonym Meg Cowie, taken from both her grandmothers.

By 1980 Andrina was based in the Scottish Health Education Group, where her initiative ‘Look Behind the Label’, worked towards normalising mental health issues. Andrina moved into academia. First in Dumfries and Galloway, then lecturing in Psychology and Communication in Stevenson College, Edinburgh, followed by The Queen’s College in Glasgow. Dr McCormack returned to her east coast roots taking up a senior lecturing post in Education and Psychology in Northern College and commuting between Aberdeen and Dundee.

Andrina lived in Monifeith, overlooking the Tay, where one of her real passions was her garden together with Snoopy her rescue cat. After taking early retirement Dr McCormack started working as an independent psychologist and completed an MSc in Forensic Psychology at York University. Her involvement with her community is recognised when her local paper paid tribute to ‘a caring and kind’ psychologist. Andrina will be a missed figure in Scotland by many psychologists and by her devoted family, brother John and sister Katherine.

Professor Alex Gardner
Glasgow
Dr Kathryn Fraser
Edinburgh

NOTICEBOARD

The North West Psychological Professions Network (PPN North West) is a new NHS professional organisation, founded in 2013, that brings together the wide range of psychological practitioners, clinical academics, trainers and trainees in the psychological professions from across the North West of England. Acting as a hub for professional information, education, research and development and networking, the network provides links to wider NHS structures, articulating, promoting and championing the contribution of members and their professions.

PPN North West shares intelligence about service provision, best practice and future developments in order to inform strategic planning and acts as lead reference/consultative group, advising on, and promoting the delivery of, psychological approaches and services. It is a source of advice to Health Education North West on education and training issues, and also will work with commissioners, providers and other organisations on the best provision of psychological services.

We are keen for readers of The Psychologist to know about the network and for those based in the North West to join it. More information can be found at: www.nwppn.nhs.uk.

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read discuss contribute at www.thepsychologist.org.uk
Obituary

Lorna Wing (1928–2014)

Lorna Wing, who died on 6 June 2014 at the age of 85, was a pioneer in the field of autism. She was a wonderful inspiration to families, clinicians and researchers and a kind and generous mentor and friend. She will be very greatly missed.

Everyone who studies autism owes their knowledge to Lorna in some way. Her groundbreaking early epidemiological work in the 1970s with Judith Gould led to the first identification of autism as a ‘triad’ of impairments. In the 1981 she wrote the first paper on Asperger’s work and introduced the term Asperger’s syndrome. Lorna Wing also first introduced the concept of a ‘spectrum’ of autism to the field in the 1980s. This concept challenged the categorical approach of the time, which viewed autism as split into distinct and separate subgroups. Instead, Lorna emphasised a broad dimensional condition affecting all ages and abilities and found alongside other neurodevelopmental and psychiatric conditions. For her, autism was also very much a developmental condition that could only to be understood in the context of a child or adult’s social and cognitive developmental history.

It was through Lorna that I first came to work in autism. I met her in 1984 when she diagnosed my nephew Ivan at the age of 19, following his lifetime difficulties that had not been understood by professionals. She uniquely understood everything. She diagnosed him with Asperger’s syndrome, and this transformed his life and the life of the family. Her kindness, compassion and insight during this process were amazing. This is how I remember her first and foremost.

Years later, I had the privilege to begin a 23-year research collaboration with her that profoundly influenced my thinking. Our work together led to our the development and publication of the Diagnostic Interview for Social and Communication Disorders, which captures the spectrum of autism features. I was enriched by Lorna’s scientific insights and wisdom, and also by her friendship. As I came to know her better, I learned of her love of nature, animals and her garden. I understood how the extraordinary range of diversity in the beauty of nature inspired her thinking about autism and why the famous phrase ‘nature never draws a line without smudging it’ was so close to her heart.

Lorna was a psychiatrist at the Institute of Psychiatry, in the MRC Social Psychiatry Unit, in the 1960s, 70s and 80s. In the early 1990s she set up the Lorna Wing Centre, in Bromley with her colleague Judith Gould. Her daughter Susie, who had autism, was an inspiration for Lorna’s life and work. Lorna dedicated her life to advancing understanding of and helping families. She helped to found the National Autistic Society in 1962 and made major changes to services and professional training. She was the recipient of the 2005 Lifetime Achievement Award from the International Society for Autism Research, as well as many other honours including the Order of the British Empire and Honorary Fellow of University College London in 2012.

Sue Leekam
Wales Autism Research Centre
Cardiff University

The British Psychological Society
Education & Public Engagement Board

Public Engagement & Media Award 2014

Members are invited to nominate for this award in recognition of the contribution of a psychologist or psychologists engaged in communicating high quality research or the legacy and/or impact of the discipline to the general public via a range of activities either directly or via a range of broadcast, electronic and print media.

Award: Recipients receive life membership and fellowship of the Society and are invited to deliver the Public Engagement & Media Award Lecture at the Society’s Annual Conference, at which they are presented with a commemorative certificate.

Criteria: The Award is given as recognition of individuals or groups judged to have made an outstanding contribution to the promotion of psychology to the general public, this may include but is not limited to:

- Public lectures, exhibitions and other face to face activities
- Publication of articles in the printed media
- Radio, television or film
- Publishing on the web

For further information contact the Policy Advisor (Psychology Education) kelly.auty@bps.org.uk
Deadline: 1 September 2014