Emotional responses in research and supervision

As a newly qualified clinical psychologist, I have recently finished my doctoral research, and in this I found that there were parallels seeming to occur between the relationship with research participants, results and research supervision. I have been wondering if this is a universal phenomenon, what to do about it and whether it is often overlooked or ignored?

TIM SANDERS

Searles (1955) noted the experience of parallel processes as a reflection process coming to light as the counsellor played out the client's issues in supervision, with the supervisor experiencing the same emotions that the counsellor did in the therapeutic relationship. Does this mean that science practitioners such as clinical psychologists are in a unique position to identify this additional information, or is it a job hazard? If so, then what should be done about it?

In conducting my research around 'parent and child anxiety, illness beliefs and management of child Type 1 diabetes' I was surprised to find myself wanting to reject the work I was doing, wishing I could ignore it and struggling to find coherence despite being incredibly aware of the importance of completing it. I needed support in understanding its complexity and to feel confident with each step of analysis before being able to continue. I would have preferred for someone else to take the responsibility away. On reflection in supervision this had never been my usual style of addressing my work.

Through discussion and exploration in research

Impact of psychology research

Am I one of the few psychologists who believes that British psychology research is 'sleepwalking towards disaster'? I had always assumed that psychologists took great pride in the primacy of research. Journal impact factors suggest that psychology is now lagging seriously behind other professions. The *British Medical Journal* has an impact factor of 13.471, the *British Journal of Psychiatry* 5.947 and the *International Journal of Nursing Studies* 2.103. Contrast this with the impact factor of, for example, two leading BPS journals, the *British Journal of Psychology* 2.172 and the *British Journal of Clinical Psychology* 1.697.

Indeed, a leading academic psychologist recently told me that they rarely published in British psychology journals. They gave two main reasons for this. First, reviewers were often very difficult. Second, as the impact factors of psychology journals were so poor. Within my own profession of clinical psychology, the top clinical academics realise this, and hence publish their research paradoxically in psychiatry journals. Should the profession be concerned?

Dr Jerome Carson
London E17

Professor Andy Tolmie, Chair of the Society's Editorial Advisory Group, replies: The impact factors of top psychology journals worldwide are nowhere near those of medical journals, for a variety of reasons, and a score over 2 is actually pretty good. Lots of UK researchers choose of course to submit to US journals because of exposure, but equally, British journals receive large numbers of submissions from North American authors – the last analysis we did for the *British Journal of Educational Psychology* showed 15 per cent of submissions were from there (against 30 per cent from the

contribute

These pages are central to The Psychologist's role as a forum for discussion and debate, and we welcome your contributions.

Send e-mails marked 'Letter for publication' **to** psychologist@bps.org.uk; **or write to the Leicester office.**

Letters over 500 words are less likely to be published. The editor reserves the right to edit or publish extracts from letters. Letters to the editor are not normally acknowledged, and space does not permit the publication of every letter received.
However, see **www.thepsychologist.org.uk** to contribute to our discussion forum (members only).

supervision it came to light that when my supervisor and I had a congruent understanding of the research a collaborative management began and emotions were contained. The research felt possible and it began to make sense.

In parallel with the supervision process, the results from the parents and children seemed to say similar things about the illness. Children didn't want diabetes in their life, and although they knew it was serious and that good control was important, unless the management made sense, and unless they had good self-efficacy and understanding was congruent between parents and children, responsibility was not shared and parent and child anxiety and emotional distress increased.

In discussion with colleagues I have become aware of others experiencing a similar process, for example when research around foster placement breakdown broke down. I would be interested to hear others' views on their experience and the questions raised, as I have yet to come across any literature on this subject.

Dr Jade Smith
Driffield

Reference

Searles, H.F. (1955). The informational value of the supervisor's emotional experience. *Psychiatry, 18*, 135–146.

UK), and the numbers have almost certainly gone up since then.

It's also worth noting that the recent ESRC benchmarking exercise for psychology (conducted by an international panel) concluded: 'Overall, the quality of UK psychology research is very high, bettered only by psychology research from the USA. In a substantial number of areas, UK psychology research is unsurpassed anywhere in the world. The Panel's view is corroborated both by the outcome of the 2008 Research Assessment Exercise and bibliometric analysis.'

I wouldn't want to be complacent, and it would be interesting to hear the views of others. But I think the UK profile is actually very high.

Theoretical work psychology?

In the final weeks of the taught portion of my occupational psychology master's programme I had begun to tire a little of some of the studies and research programmes that I felt were conducted under a staid and little-changing gestalt. At around this time the course lecturers arranged a session in which they offered students the opportunity to put wide-ranging questions to them. Being a great devotee of Thomas Kuhn's ideas my query was – 'What are the exciting new paradigms in work psychology?' My lecturers talked a lot, but they didn't or couldn't answer the question.

Last Saturday I was in the audience at the Sheffield Lyceum theatre for a production of Michael Frayn's play *Copenhagen*. For those who are unaware, this work attempts to understand a meeting that took place between nuclear physicists Niels Bohr and Werner Heisenberg in 1941. Werner Heisenberg was working on the Nazi weapons programme and Bohr was soon to escape to America where he would contribute to the development of the bomb that would later be dropped on Hiroshima.

The play explored a number of different topics, and one of the concepts that it hinted at was the unwitting utility of separating theoretical from experimental physics. The tools of the theoreticians were ideas, mathematics and, to a lesser extent, philosophy. The experimentalists naturally laid greater emphasis on empirical work and measurement. The play suggested that the German establishment at that point held experimental knowledge in much higher esteem than its theoretical counterpart. This is why many of the theoreticians were Jewish – these were the only positions in academia open to them.

However, in the long run it was the theoreticians' creative thinking, philosophy and calculations that propelled the science, such that the application of nuclear fission could become a reality. In an instant, I realised that I had found part of the answer to the question that I had asked my lecturers. Where's the new paradigm? Perhaps this dearth of truly new thinking may be the result of the determined empiricism of work psychology (cross-sectional analyses, Likert scales, etc.). The solution to this state of affairs may reside in a theoretical element of this discipline.

Imagine a stratum of work psychology within which the tethers of empiricism are loosened. Those working in this area would be focused upon creative theorising and prediction. Researchers in this subsector would be free – and perhaps encouraged – to draw on philosophy, and to use metaphors from the arts and the natural sciences. One could foresee that this may offer a wealth of new ideas that the empiricists could apply their skills to. Indeed such theorising may even include proposals of new methodologies that are (more?) suitable for this discipline.

A major difference between theoretical physics and any 'theoretical work psychology' would be the difficulty of supporting postulations by means of calculation as the physicists are able to do. However, as at present, theory would be evaluated on the basis of the elegance of the extrapolation from existing empirical work. It would also be determined by the logic of the deductions from other ideas (philosophy, art, etc., as mentioned above) into work psychology.

Two things: I am aware that this happens to a degree at present. However it may be argued that current thinking is too closely aligned to empiricism. There are some things that are difficult to test; therefore a focus upon theory, based on what we know and can imagine, may be useful (e.g. the big bang). Secondly, the idea of creative theorising is likely to have its opponents; not least because it resurrects the old (work) psychology as pseudoscience debate. However, if the split between theory and empiricism is good enough for nuclear physicists, and it proves itself by its utility, then I'm all for it. In the oft-repeated words of Werner Heisenberg in Frayn's play, the test is – 'if something works, it works'.

MANUEL HARLAN

***Copenhagen* in Sheffield**

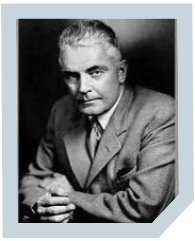
Peter Johnson
Sheffield

Little Albert – answering the criticism

We appreciate the coverage given by *The Psychologist* (News, March 2012) of our *History of Psychology* paper (Fridlund et al., 2012). The article concluded with criticisms of our work by Professor Ben Harris, who authored an excellent 1979 paper on misrepresentations of the Little Albert study in the literature.

As it is often said, critics are entitled to their opinions but not to their own facts. Professor Harris's criticisms are rife with errors. We are grateful, therefore, for the chance to respond.

Professor Harris chides us for 'poor historical scholarship (there are no quotes from the medical records)'. Our article contains 35 references and 12 direct quotes from Douglas Merritte's medical files. It gives us no satisfaction to ponder the two possible explanations for Professor Harris's criticism. He may have read our paper and failed to notice the 35 references and/or 12 quotations. Alternatively, Harris may have provided commentary to *The Psychologist* on an article that he never read.



John B. Watson

Professor Harris criticises the 'lack of independence and historical expertise of the people who assessed the film footage of Little Albert ("...the current article features only the analysis of a fan of Beck and a friend of that fan," he said)'. We find it insulting and inappropriate to refer to Fridlund as a 'fan' or Goldie as a 'friend of that fan'. Professor Harris has never interacted with Fridlund or Goldie, has no knowledge of the interrelationships of our research team, and has no idea of our investigative strategy. In sum, Professor Harris's criticism implies a personal intimacy and knowledge of our work that he does not have.

With respect to the independence of the assessments, there were three behavioral analyses of Little Albert on film: Fridlund's, followed by William Goldie's independent, blind assessment (Goldie became a co-author much later), and – to ensure concurrent validity – a third assessment by a UCLA clinical psychologist with expertise in child psychopathology (none of us had prior acquaintance with her). Her assessment was also conducted independently and blind to the prior findings and tentative hypotheses; it is provided as a footnote and spans two thirds of a page, and apparently went unnoticed by Professor Harris.

With regard to a lack of 'historical expertise', we obtained reviews of the paper by three independent, renowned historians of science and medical ethics, apart from the journal's internal reviewers (see acknowledgements in our paper).

Professor Harris accuses our research team of being 'closed and secretive. For example, he says they won't release the medical records.' We are not being secretive about Douglas's medical records. Douglas Merritte's medical documents are the property of Johns Hopkins University, and are released by the Johns Hopkins Archives on an investigator-by-investigator basis by standard application. Indeed, in order to aid other investigators to inspect Douglas's records *in toto*, or access any other collections in the archives, we included a footnote in our paper stating: 'Qualified scholars may make application to review these [Douglas's files] and many other papers related to Watson.'

Professor Harris accuses us of 'an ignorance of the details of Watson's study (e.g. the paediatrician Goldie observes the absence of an approach avoidance reaction in Albert, even though this behaviour is noted by Watson)'. First, Goldie is a paediatric neurologist; he isn't, and never was, a paediatrician. He specialises in children's brain disorders, a particularly useful skillset given the nature of our inquiry. The 'approach avoidance' reactions Professor Harris mentions were noted by Watson and Rayner when Albert was 11 months 21 days of age, and at 1 year 20 days of age. Professor Harris appears to have missed the point of Goldie's observation entirely. Goldie was struck by the absence of approach-avoidance in Albert at nine months of age, when it should have already been apparent. That was the clinically significant finding.

Harris castigates us for a 'dependence on post-hoc logic': 'Because Douglas Merritte had symptom "a" and "b" and "c", the authors worked hard and found those symptoms in Albert as filmed by Watson, although no one had seen them in the past 90 years.' Oddly, Professor Harris has the timing exactly backwards. As our paper clearly recounts, we had completed our behavioural analyses of Albert on film before Douglas Merritte's medical files became available. We were preparing to submit our paper with our clinical inductions that Albert had been impaired, but with numerous diagnostic possibilities that might never be resolved. The release of the Merritte medical files provided definitive medical documentation of the conditions from which Douglas/Albert had suffered, and produced an account that squared solidly with Albert's behaviour on film as we had previously assessed it.

Harris argues that Little Albert's identity is of little interest to historians. We wonder whether Professor Harris can rightfully speak for all historians. We would invite readers to look at our paper, though, not just for the further substantiation of Albert's identity as Douglas Merritte, but for the issues that arose in the process of that discovery: the widespread use of institutionalised children in medical experimentation (Douglas/Albert may have been one), the medical misogyny toward wet nurses (his mother was one), and the mores and ethics of experimentation generally circa 1920 (there were little). That, of course, is the great lesson of historical research: facts like Albert's identity and fate are never uncovered in isolation, but within an entire historical context. In our paper, we tried to illuminate that broader context.

Professor Harris contests our claim that Little Albert's fate is one 'of the greatest mysteries in our discipline'. He replies that '[t]his is nonsense', especially when compared to 'what causes schizophrenia or the nature of memory'. He's got us there. Either of those questions is far more important than Albert's fate or his identity. Nonetheless, the 'Little Albert' study always calls out for us as psychologists to treat our subjects and our patients with dignity, respect and humanity. That message is timeless.

Alan J. Fridlund
University of California, Santa Barbara
Hall P. Beck
Appalachian State University
William D. Goldie
University of California, Los Angeles, and University of Southern California
Gary Irons
Finksburg, Maryland, United States

Reference

Fridlund, A.J., Beck, H.P., Goldie, W.D. & Irons, G. (2012). Little Albert: A neurologically impaired child. *History of Psychology*. doi: 10.1037/a0026720

Clinically dismayed

I read your special feature on paediatric psychology (March 2012) with interest and found it both engaging and inspiring. However, even before opening the front cover of the publication, I was dismayed to see it termed 'Paediatric *clinical* psychology' (italics added). Whilst the first article acknowledges that 'practically all' posts are filled by clinical psychologists, what is to preclude a suitably experienced counselling or health psychologist from fulfilling this role with equal competence?

As a counselling psychologist, I have the greatest respect for my clinical colleagues and the posts to which the article refers have undoubtedly been filled by those deemed best equipped during each recruitment process. However, to start formally naming a branch of practice 'clinical' on this basis begins formally to exclude other branches of psychology and gives the impression, to this reader at least, that the BPS does not recognise their potential for contribution to this area of practice.

Sophy Cawdry
Senior Counselling Psychologist
Clonmel, Republic of Ireland

Call for a Royal College of Healthcare Psychologists

We are academic, clinical, counselling, forensic and health psychologists, neuropsychologists and others, qualified or in training, who believe, along with several other BPS members, that there is now a pressing need to establish a Royal College of Healthcare Psychologists (along the same lines of the several other royal colleges that serve many of our health professional colleagues).

The function of the proposed RCHP would be: to provide a collective public voice, in the media and elsewhere, for applied psychologists working, researching and/ or training in the healthcare sector; to act as a lobbying group; to provide informed and expert opinion on matters relating to applied healthcare psychology; and to promote the highest standards in education, training, research and practice of applied psychology in healthcare.

We call on the Society, following appropriate consultations with the membership of the Society, to petition Her Majesty the Queen in Council, in this, her Diamond Jubilee year, to permit a variation to the Society's Royal Charter to allow for the establishment of a Royal College of Healthcare Psychologists (RCHP).

Prof. Jamie G.H. Hacker Hughes
Anglia Ruskin University
and 45 other signatories
See www.rchpcampaign.com

FORUM PSYCHOLOGY AT WORK

Psychology has a wealth of information about leadership. We are good at researching the topic, identifying leadership potential and coaching others to be more effective in that role. Yet we often fail to identify and promote leadership within our profession.

There is an endless fascination with the cult of leadership, and it is tempting to turn to world leaders in search of the recipe for success. How would we compare Barack Obama's style with that of Vladimir Putin? What is the likely outcome of the Republican nomination race? In the UK, David Cameron has highlighted the dearth of women in the boardroom and looked to the Swedish quota model for potential answers. As Elin Hurvenes, founder of the Professional Boards Forum, says, 'Various companies have found concrete benefits in such measures. They feel the boardroom discussions are better, and they conclude that the decisions are better.' Yet we have psychological evidence which questions the overall value of quotas and explores the unintended consequences. Women do not want to be recruited just on the basis of gender, but on their capability to do the role.

So how can psychology contribute to this wider debate, and have we got our own house in order?

We are not short of quality research or innovative practice in applying the psychology of leadership in the workplace, NHS and beyond. Professor Michelle Ryan's work on the glass cliff, highlighted in last month's *Psychologist*, explores the attitudes, expectations and situational factors that impact on the selection of women to the boardroom. We appreciate the value of different leadership models – trait, behavioural and transformational – and how these apply in the concept of development. As a highly interpersonal profession, psychology should not be seduced by the charismatic leader but look for ways in which we can enhance performance and impact. Indeed different leadership approaches can be very powerful in times of transformation. It is not always those who lead by example who succeed; the enabler or those who are subservient can be highly effective in the change process.

Within our own profession, psychologists must lead and inspire others in order to have a strong impact on the broader agenda. What are the core skills and capabilities of an effective leader in the context of psychology? A good example of this is the development of The Clinical Psychology Leadership Competency framework, which highlights the critical success factors for psychologists in the NHS and associated environments. Importance is placed on interpersonal skills, decision making, implementation and motivation. In the NHS there is emphasis on personal qualities coupled with strategic direction, service improvement and working well with others.

This month, the Division of Occupational Psychology conducted the first of three modules in a programme designed to develop talent and to enhance the leadership impact of psychologists within the Division and beyond. It is the first programme of its kind to target psychologists working in the volunteer context, and is an excellent example of the developmental opportunities that we must offer. The framework includes interpersonal, implementation and individual characteristics. The ability to empower and engage is critical as is communication with others, collaborative working and cultivating relationships with different people and organisational cultures.

Yet, as Lord and Maher say, 'To be a leader you have to be perceived as a leader'. We must be prepared to stand out as leaders, to develop the skills within our profession, to take the initiative and thus to shape and drive the agenda. Physicians, heal thyself.

Hazel Stevenson is a non-executive Director at Saville Consulting. Share your views on this and other workplace-related issues via psychologist@bps.org.uk.

Integrity – a parable

I remember when my dad was knocked from his bicycle. I was about 11 years old, marvelling as he regaled us with the story of his inaugural flight across the Small Heath Expressway. Luckily he was unharmed – not only do working-class people have a tendency to bounce, but he was sensibly protected by a cycle helmet when he had his ballistic adventure. Dad bemoaned the expense of having to fork out for a new one after cracking it off a kerb, which I countered by pointing out that no damage was really visible – surely it would be fine?

'It only takes one knock, kid; it's useless. The whole thing's weaker now, the cracks run deep, even if they're too small to see. It's been compromised. Do you understand?'

I understood. Not only that how easily integrity can be compromised, but also that appearances can be deceptive… And it only takes one knock.

My tardy entrance into higher education was fuelled by a rationalist revolution. Breaking down my world to embrace objectivity, atheism and empiricism, I recognised a higher sense of purpose in humans who work to find the truth. Science dictates endeavours taken on, not in order to prove oneself right, but to test whether an assertion is true. For five years I believed that anyone working within the sciences, either as student or scholar, had the same motivations. At the end of those five years, I was sadly disillusioned.

During my undergraduate degree I heard of scholars who use the peer review system to block papers which might potentially challenge their leading theory; how 'publish or perish' can be re-interpreted as 'perjure or perish' (a former supervisor of mine has openly said 'We're going to publish this, even though it's flawed'); students who declare that 'You can make these numbers look like anything, it doesn't have to make sense' and go unattested; ostensibly honourable scholars who predate at conventions for fresh young meat; and first class degrees being awarded of students who – and I quote – 'Don't know what an ANOVA is'; and let's not even start on the cheating. I've met and spoken with countless experimental psychologists from the most illustrious of institutions, many of whom talk freely about proving their hypotheses, never about testing, or even supporting their ideas.

And now as a graduate, I say this: to the data-peekers and cleansers, the status-hungry, the removers of outliers and the out-and-out liars; you know who you are, and I'll be looking for you. I'd like to say that you're only cheating yourself, but we all know that isn't true. Your compromised integrity weakens us all. Without integrity, psychology is as worthless as my old man's helmet.

Hayley Burgess
Oldbury
West Midlands

Supervision of assistant psychologists

Just over a year ago, the two of us obtained our first paid assistant psychologist positions within a private organisation for young people with autistic spectrum disorder. Working within the private sector has highlighted a number of key issues to consider, and we are keen to discover how representative this may be of the private sector as a whole.

Our experience of developing relationships and trust has been valuable, but being the first and only full-time members of clinical teams has sometimes been difficult. Being mindful of accountability and our limitations, we have had to continuously explain our unqualified status, whilst still seeking to provide support and encourage others to think reflectively and psychologically. This may sometimes be perceived as making excuses, and may reduce people's confidence in clinicians and portray clinical teams as unreliable and inefficient.

According to the British Psychological Society Guidelines for employment of assistant psychologists:

'Supervisors have the responsibility of informing and liaising with staff with whom the assistant psychologists are to work. They should inform staff of the assistant psychologist's unqualified status, role and level of responsibility in writing and remind as required'.

'At least a minimum of two hours per week quality supervision… If a single assistant psychologist is working in an isolated service they may need to receive more supervision.'

From our experiences we understand the importance of such guidelines. These are not just written documents; we expect these to be adhered to in practice, as much as feasibly possible. It is essential that assistant psychologists have regular access to a qualified psychologist, so that they have someone to assist. In our view, recruitment of an assistant psychologist should only take place if this can be ensured and maintained. We feel that employing assistant psychologists in services where there is limited access to qualified psychologists, and not providing sufficient education to the services we work for, and other professionals and service users, is doing an injustice to the service, to our development, and to our profession.

Referring to the BPS Guidelines as previously mentioned, supervision is critical. Within our current jobs, access to clinical supervision has not been consistent, which is a key issue when working in isolated residential services. Irregular supervision impacts upon our personal and professional development, our motivation and faith in the profession, and on our ability to make progress with our work.

We now truly understand the importance of BPS guidelines, and hopefully will be able to utilise these and our experiences in the future as qualified psychologists.

What are other peoples thoughts regarding this matter? Has anyone had similar experiences?

How can we emphasise the importance of such guidelines and ensure that they are adhered to in practice? One means in which psychologists are meant to inspire and guide the next generation of psychologists is via supervision… it is crucial.

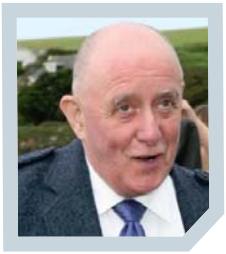
Names and addresses supplied

obituary

Tony Coxon (1938–2012)

Professor Tony Coxon died on 7 February 2012, having been diagnosed with a brain tumour in late 2011.

Although not a psychologist, Tony made a major contribution to psychology indirectly, through his work on research methods. His worked touched on all aspects of social sciences, and he is particularly well known for his work on multidimensional scaling and the method of sorting (www.methodofsorting.com). He was one of the few methodologists who could successfully combine quantitative with qualitative methods, and even developed software to do this (see HAMLET at www.newmdsx.com).



A lesser-known contribution was that Tony introduced SPSS to the UK research community, accurately predicting how popular it would become. He thought that this popularity stemmed from how SPSS reflected what social scientists actually did, rather than on what statisticians thought they ought to be doing!

Tony's research began with social stratification and 'cognitive sociology' and then moved to sexual behaviour, funded by a major grant from the Medical Research Council and Department of Health. This developed into the SIGMA research project, which still runs today, recording aspects of gay/bisexual men's sexual behaviour. He made a major contribution to HIV prevention efforts, and to research methods across the social sciences.

Dr Gareth Hagger-Johnson
Department of Epidemiology and Public Health
University College London

NOTICEBOARD

I am researching career-sustaining behaviours, personality traits and the impact on professional quality of life (the quality one feels in relation to their work as a helper, both the positive and negative aspects of doing's one job). I am **seeking to recruit clinical psychologists who are currently practising to take part in an online study** by completing four questionnaires which should take approximately 20 minutes to complete. If you would like to participate or find out more please contact me using the details below or go the Research Network page on the DCP website.

Jason Codner
Teesside University
J9079449@live.tees.ac.uk,
0784 524 8824

obituary

Gerald George Kent (1948–2012)

My husband, Gerry Kent, died recently at the age of 63.

Gerry grew up in Toronto, Canada. He gained a first class degree in psychology from the University of Toronto in 1972, before joining Sheffield Psychology Department's expanding graduate school, where I met him in 1973.

Gerry remained at Sheffield University throughout his career. He spent over 20 years in the Psychiatry Department, moving to the Clinical Psychology Unit in 1997. He was promoted to reader before enforced retirement on health grounds, in 2005.

David Shapiro, one of Gerry's PhD supervisors, remembers Gerry as 'an energetic, inventive and dedicated student but also a charming, reflective person with wide interests, a gentle disposition, genuine interest in the experiences of others, lively wit, and an enquiring mind. Throughout, Gerry's integrity has been manifest in strong links between the personal and professional; thus, his personal valuing of friendship was reflected in his PhD research, which revealed how tacit understandings between friends are expressed in their dialogue.'

Colleagues recall Gerry as an inspiring teacher and supervisor, a generous enabler beyond the call of duty, his open door always welcoming.

His mission as a teacher in the medical school was to persuade future doctors of the centrality of behavioural science to medical practice, while providing a firm theoretical background in psychology. His textbooks for medical and dental students went to three editions and were translated into a number of languages.

He was a creative and enthusiastic research worker, with over 80 refereed journal articles. A core value underpinning Gerry's research was the importance of sensitivity and respect toward the experiences of those affected by ill health and the receipt of health care.

When working in psychiatry, Gerry studied fear, in particular the factors influencing pathological dread of threats to physical integrity. He focused on dentistry, his approach being to see this as exemplifying general psychological principles. Over time, he applied this approach to a widening range of studies of psychological aspects of medical and dental conditions, including needs assessments, and studies of disfigurement focussing on shame and experiences of stigmatisation vs. acceptance. He also worked on issues of research ethics including informed consent.

Gerry also undertook many professional activities including BPS working parties, peer reviewing, external examining, and clinical work at a pain clinic in Nottinghamshire. He brought his characteristic blend of creative energy, commitment, empathy, and intellectual grasp to each of these. His 1997 election to Fellowship of the BPS recognised his professional and research contributions.

In 2004, unexpectedly, Gerry suffered major strokes. After nearly a year in hospital, he returned home severely physically incapacitated, and with some cognitive impairment, including an inability to read. Initially he was despairing and frustrated by his limitations. But over time, his amazingly positive spirit triumphed. He used his telling experiences of being on the receiving end of services for disabled people to improve services, by sharing them with ex-colleagues and trainees, researchers at Sheffield Health and York University, and with an access group at Sheffield City Council: as ever, the essential Gerry integrating the personal and professional.

He became increasingly appreciative of his many friends, sunshine, art, gardens, and was 'disappointed' that these would be curtailed by his shock diagnosis of cancer in November 2011.

Dr Mary Dalgleish
CPsychol AFBPsS
Sheffield

obituary

Amanda Caine (1954–2011)

Our friend and colleague Dr Amanda Caine died in November after a long illness. Amanda spent the three decades of her professional life as a clinical psychologist working in Rochdale (now Pennine Care Specialist Mental Health Trust) until two weeks before her death.

Amanda studied for her undergraduate degree in Psychology and Zoology at Hull University graduating in 1976. She then joined a team of three postgraduates at Hull working on topics of human development with Professor Alan Clarke. Her PhD, 'A 15 year follow-up of ex-patients from an adolescent psychiatric unit' was awarded in 1985, interrupted by her training in clinical psychology at the University of Manchester.

Amanda made a substantial contribution to the development of services for people with learning disabilities, both at a local and regional level. She was hugely influenced by her friend and mentor Herb Lovett, an American psychologist who challenged traditional ways of working with people with difficult behaviour. This enabled Amanda to provide new clinical insights based on sound psychological theories, to understand the importance of listening empathetically and the power of relationships. As a result she made a huge contribution to improving the lives of the people with whom she worked. She was active in the Citizen Advocacy movement, safeguarding the rights of people with learning disabilities. She also co-authored *Clinical Psychology and People with Intellectual Disabilities* with Eric Emerson, Chris Hatton and Jo Bromley.

In the latter part of her career she filled many senior management positions in clinical psychology and in the NHS trust. Amanda was committed to, and passionate about, the development of clinical psychology training. As a result she provided inspiration to many to pursue a career specialising in working with people with learning disabilities.

In the summer of 2005 Amanda became very ill and was diagnosed with ovarian cancer. She showed enormous resilience in her clinical and professional life and ongoing commitment to working with clients and providing leadership to colleagues. In the last year of her life she was invited to be a key speaker in a debate on the relative contributions of psychological and medical models. She was diligent in preparing her arguments on a topic she was dedicated to and passionate about. This included rehearsing her talk with me during an interlude of *Swan Lake* at the Lowry Theatre! Those who knew her personally were astounded by her fortitude and determination to get the most out her life both in and outside of work. She had an exceptional ability to 'hold' people at times of distress and will be sadly missed by so many whose lives she touched.

Nicholas Tarrier
Manchester

obituary

James Smith (1943–2012)

James Douglas Smith (Jimmy) was a charismatic and enthusiastic educational psychologist. Jimmy studied psychology at Strathclyde University, then Jordanhill College to become a teacher, later qualifying through the University of Glasgow as an educational psychologist.

Jimmy was a 'natural', a catalyst. He enjoyed people, was interested in their lives and helping students, friends and family achieve their goals. Because of his penetrating grasp of detail, his ability to have an overview and his dedicated vision of 'how things should be', wherever he was Jimmy made a difference.

When working in Glasgow in the 1970s Jimmy was instrumental in setting up SALGEP – the Scottish Association for Local and Government Educational Psychologists. The forward-looking psychologists, on the SALGEP committee, were catalysts in coordinating educational psychology throughout Scotland, pushing for similar standards across authorities, and raising awareness of the skills of educational psychologists.

Jimmy's effect on psychological services was literally far-reaching as, after working in Glasgow he became the Principal Educational Psychologist in Shetland (1978–1986), then in the Borders, and after taking early retirement continued to travel throughout Scotland to assess and recommend support for individuals with dyslexia. Jimmy gained 'Great Satisfaction' throughout his life from helping folk but particularly after retirement helping adults who for the first time realised that they had dyslexia. They came from very varied backgrounds, including the police, the Scottish Government, banks, local authorities and universities.

During his time in Shetland, Jimmy doubled the number of educational psychologists and quadrupled the number of support staff. He steered significant developments within the arenas of Adult Basic Education and provision for children with severe and profound special educational needs. Jimmy argued successfully for the benefits of a dedicated building for the Psychological Service and this achievement is still going strong 25 years after his departure. Jimmy's fast driving developed during his time in Shetland, and no subsequent Shetland EPs have ever approached the times he could achieve between ferries! Beyond professional recognition in Shetland, Jimmy's open and welcoming approach to others formed friendships all over the islands, which continued right up until his death.

Jimmy continued to act as a catalyst and have far-reaching influence after retiring. He was a founder member of the Borders Party, launched in 2006. As Secretary, Jimmy emphasised the importance of listening to local residents to improve life in the Scottish Borders. Jimmy believed strongly in 'Integrity, Honesty and Service'. He also made a significant contribution to Harmony, which provides free musical concerts to older people in the care sector, catering as Jimmy himself described 'to their social and emotional needs' in an enjoyable interactive manner.

Jimmy was proud to be a Heritable Freeman (Baron) of his birthplace Prestwick. He moved when young to Dumfries where he met his childhood sweetheart Ann Smith who became his wife. He is survived by Ann, two children, four grandchildren, and his sister Anne. His demise has left a great gap not only with his family but also his many friends who will miss his challenging discussions on psychology and determination to live life enjoyably and to the full. Jimmy was an exceptional man.

Jim Kane
Shetland Islands Council

obituary

Michael Siegal (1950–2012)

On 20 February our friend and colleague Professor Michael Siegal died of a heart attack, at 61. He was found by his partner, Gila Taylor, lying in his bed, with a serene expression. Doctors said he probably passed away while asleep. He was scheduled to have a heart surgery a week later.

Michael was a very good friend to so many people in so many parts of the world. I had the privilege of working with him for more than 15 years, after inviting him to the University of Padua as a visiting professor in 1996 and, more recently, at the University of Trieste, where he spend three years as a Marie Curie Chair holder.

At the time of his death he was Professor of Developmental Psychology at the University of Sheffield. Previously he held a position as a Reader in Psychology at the University of Queensland, Brisbane. He studied for his PhD at Oxford University and for his MA at the McGill University.

Michael made substantial contributions to psychology by carrying out experimental works in a remarkable wide range of research areas, including: fairness and moral development; theory of mind; biological cognition and contamination sensitivity; disgust and food psychology; numerical cognition; cosmological conceptions and spatial cognition; and pragmatics, conversation and bilingualism.

Michael worked mostly on typical development, but he also wrote several important papers, books or chapters on children and adults with aphasia, deafness, blindness, autism and brain damage. Psychology has lost a great scientist, we can only hope that others will be able to continue his work on cognitive and moral development, cognitive architecture and the effects of conversational experience on social cognition.

We will all greatly miss Michael for many other reasons apart from his scientific merits and qualities. He was a truly good person, able of a spontaneous and deep respect for others, regardless of their ethnic group, gender, religion, age or academic status.

He was kind and warm to everybody and had a nice sense of humour. It was so nice to spend time with him not only because he loved to discuss important scientific issues, but also because he loved good cuisine and wine, having a beer in an old pub, going for long walks on the Peak District moors, riding his mountain bike and paddling the kayak in the Venice lagoon. He loved going to a garden centre to find rare types of roses, listening to Leonard Cohen's songs and reading Bill Bryson's books on science and travels. He did not care for expensive cars and clothes, and laughed at hypocritical attitudes when he noticed them in politics and academia.

Michael was a very generous person, especially with the most precious goods, time and attention: he was a hard worker, but rarely sent away people saying that he was too busy to talk to them. He loved to work with people from different cultures, both as a colleague and as a teacher. He will be remembered with affection and by all his colleagues and doctoral students around the world.

Luca Surian
University of Trento

A seminar to celebrate the life and work of Michael Siegal is being held at the University of Sheffield, Firth Court, Tapestry Room on Friday 18 May 2012. Contact Josie Cassidy at j.cassidy@sheffield.ac.uk by Thursday 10 May if you would like to come.