

Recovered memories – new interpretation

Psychologists have proposed a new interpretation for what's going on when people suddenly 'recover memories' of having been abused as a child. For many years, Richard McNally of Harvard University and Elke Geraerts of the Universities of St Andrews and Maastricht, and their associates, have rejected on scientific grounds the notion that memories of child sexual abuse (CSA) can be repressed for long periods, prior to their recovery during therapy in adulthood. Based in part on the fact that traumatic memories are known to be difficult to forget, they've argued that such recollections are likely to be examples of false memories, planted by suggestion.

In a new paper, however, McNally and Geraerts propose that some memories of CSA are indeed recovered spontaneously – not because they've been repressed, but because either the experience has not been recalled since it occurred, or prior recollections have been forgotten

(*Perspectives on Psychological Science*: tinyurl.com/c9j7pu). According to this view, the abuse likely wasn't perceived as traumatic at the time (consistent with many real-life accounts), although reappraising the experience as an adult is often traumatic. The fact the experience was not traumatic at the time helps explain why, unlike traumatic experiences, the abuse memories can go for so long without being recalled.

Supporting this interpretation, the pair point to recent research they've conducted

showing, for example, that people who spontaneously recover memories of CSA outside of therapy are more prone to forgetting prior recollections in the lab, are better able to suppress emotional memories, and yet, unlike people who have recovered memories in therapy, they do not show a heightened propensity for false memories. Moreover, in another recent study, a comparison of

corroboration rates for abuse memories recovered spontaneously outside of therapy matched corroboration rates for never-forgotten memories, whilst memories recovered in therapy went completely uncorroborated.

'Our research suggests that many people who forgot their CSA did not experience the abuse as a trauma when it occurred. Others may have forgotten previous recollections of the experience, resulting in the illusion that they had forgotten their abuse for many years,' McNally and Geraerts wrote. 'In summary, a genuine recovered CSA memory does not require repression, trauma, or even complete forgetting.' 

SOCIAL SCIENCE HONOURS

The Council of the Academy of Social Sciences has conferred the title of Academician on 49 eminent people who have actively promoted the social sciences.

The distinguished scholars and practitioners from academia and the public and private sectors were nominated by the British Psychological Society member networks. They include Professor Richard Crisp (University of Kent), Professor Jane Ireland (University of Central Lancashire), Professor Elizabeth Kuipers (Kings College London), Professor John Oates (The Open University), and Professor Jonathan Smith (Birkbeck College, London). Professor Christopher Brotherton (Heriot-Watt University) and Professor Ann Colley (Chief Executive, The British Psychological Society) also receive the award.

Meanwhile, the Academy have also announced the appointment of Professor Cary Cooper CBE, the well-known occupational health psychologist and media commentator, as its next Chair. Speaking of Professor Cooper's appointment, the President of the Academy, Professor Sir Howard Newby, said: 'I am delighted that Professor Cary Cooper will be the next Chair. A long-standing Academician, Cary will bring energy and profile to the Academy's public benefit activities, born of long experience of all kinds of media and public affairs, including significant involvements with government for his evidence-based research on stress in the workplace.' 

Professor Cary Cooper CBE

Protected titles

The s60 Health Care and Associated Professions (Miscellaneous Amendments and Practitioner Psychologists) Order 2009, which will take psychologists into statutory regulation, was agreed by the relevant parliamentary committees in the House of Commons on 31 March, and in the Scottish Parliament the following day. It still has to be debated and agreed by the House of Lords, and that debate is scheduled for 5 May. Unless the Lords reject the Order, it now appears that the planned start date for the Health Professions Council opening of the 'psychologists' register on 1 July 2009 is on course.

The legislation will regulate nine titles by law, seven of which refer to domains of practice: Clinical Psychologist, Counselling Psychologist, Forensic Psychologist, Educational Psychologist, Occupational Psychologist; Health Psychologist, Sport and Exercise Psychologist, and a further two being umbrella titles, Registered Psychologist and Practitioner Psychologist, which can be used by all psychologists on the HPC Register.

This is how the changes will affect Society members:

- 1 If you have established eligibility to use one of the seven adjectival titles – Chartered Clinical / Counselling / Forensic / Educational / Occupational / Health / Sport and Exercise Psychologist – through current or past Full Membership of the relevant Society Division: Your name will be automatically entered in the Practitioner Psychologist part of the HPC Register when it opens. The HPC will then write to you to ask if you wish to remain on their Register.

CANCER AND SEXUAL FUNCTION

This month sees a new campaign from the charity Macmillan Cancer Support, aimed at raising awareness of how cancer and its treatment affects sexual relationships. A recent Macmillan survey showed that over 70 per cent of cancer patients were not spoken to by their health professionals about sexual function, yet almost half of them experienced sexual problems. The charity says: 'We know that there are NICE guidelines stating that cancer patients should have psychosexual support but it is clear from our survey that they are not being implemented. PCTs should be providing all healthcare professionals with training in rehabilitation needs assessment, in line with the supportive and palliative care guidelines.'

Dr Darja Brandenburg, Macmillan Clinical Psychologist, told us: 'I am very pleased that Macmillan has chosen to run a national campaign on this very important and rather neglected area. I have been involved in piloting a sexual rehabilitation service for cancer patients over the last number of years. Our findings demonstrate that a multidisciplinary approach, including medical, psychological and sex therapy expertise, is central to the treatment of sexual dysfunction in cancer.' JS

For more information, see www.macmillan.org.uk and click on 'Learn Zone'



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MACMILLAN.
CANCER SUPPORT

Schizophrenia guidelines revised

The National Institute for Health and Clinical Excellence (NICE) has published revised guidelines on treating and caring for people with schizophrenia. The British Psychological Society helped develop the guidelines via its membership of the National Collaborating Centre for Mental Health. The original guidance for schizophrenia was published in 2002 and was the first NICE guidance to be released.

According to the revised recommendations, all patients with schizophrenia should be offered CBT and their family members should be offered family therapy. Arts therapy also receives a whole-hearted endorsement and is particularly recommended for helping relieve the so-called negative symptoms associated with schizophrenia, such as withdrawal and lack of

motivation. By contrast, counselling, supportive psychotherapy, or social skills training should not be offered routinely as specific interventions.

Professor of Clinical Psychology Elizabeth Kuipers at the Institute of Psychiatry acted as Guideline Development Group Chair. She said: 'We have also emphasised the importance of regular health checks from GPs, because of evidence of impaired physical health for this group. There is good evidence that people with schizophrenia will recover. To ensure this, we need to find ways to help manage continuing problems and overcome remaining difficulties.' CJ

The revised guidelines can be downloaded via www.nice.org.uk/Guidance/CG82

- I If you have Practitioner Full or Full Membership of the Division of Neuropsychology and have also established eligibility to use a Chartered 'adjectival' title (e.g. Chartered Clinical Psychologist, Chartered Educational Psychologist, or Chartered Occupational Psychologist): Your name will be automatically entered in the Practitioner Psychologist part of the HPC Register when it opens as you will be able to use the appropriate title (e.g. Clinical Psychologist, Educational Psychologist, or Occupational Psychologist). The HPC will then write to you to ask if you wish to remain on their Register. The title 'Neuropsychologist' will not be protected and therefore you will be able to continue to use it.
- I If you have Practitioner Full or Full Membership of the Division of Neuropsychology but have not established eligibility to use another Chartered adjectival title: You will not be eligible for automatic entry on the HPC Register. You will however have the option of applying via the HPC's grandparenting procedures during the following three years for entry under the appropriate adjectival and protected title. It may be helpful to consider Route A, which requires you to demonstrate that for three out of the last five years your practice has been lawful, safe and effective. For further information on these grandparenting procedures, please visit the HPC website (tinyurl.com/dfay4j). Since the title 'Neuropsychologist' will not be regulated, you will be able to continue to use it.

- I If you have a practising certificate but do not qualify for transfer by having eligibility for an adjectival title, and you wish to gain entry to the HPC Register: Despite the Society's policy and campaign that all Chartered Psychologists with a current practising certificate should be eligible for automatic registration with the HPC, you are likely to have to apply via the HPC's grandparenting procedures during the following three years for entry to whichever of the seven regulated domains best reflects your practice. If you undertook a route to Chartered Status that was accredited by the Society at the time you completed it, although not recognised now, you are advised to apply via the HPC's UK approved course route. A list of previously accredited programmes in psychology will appear on the HPC's website in due course. The HPC's grandparenting criteria are currently described on their website (tinyurl.com/dfay4j).

Please do not forget that until 20 May 2009 you can apply to the Society for Full Membership of an appropriate Division, which would give you an adjectival title, although it must be made clear that not all applicants will be successful as each decision is made on the current criteria.

Grandparenting procedures are proposed to operate for three years following the opening of the Register. After that time the only way to become registered, for UK-trained individuals, will be to complete an HPC-approved programme of education and training.

Stopping school shootings

In March a school-based killing spree in Germany left many people dead, including pupils and teachers. Inevitably, the usual questions have been asked about whether more

FAME LAB

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YOUNG RESEARCHER

Dr Katie Slocombe from the University of York has been selected as the recipient of the European Federation of Psychologists' Associations' Comenius Young Researcher Award.

Dr Slocombe was nominated by the British Psychological Society's Research Board. She was the recipient of the Society's Doctoral Award in 2006 for her outstanding and groundbreaking research in the area of chimpanzee communication (see www.bps.org.uk/slocombe).

The Comenius Selection Committee said: 'Dr Slocombe's contribution to psychological science and profession has been extraordinary and absolutely outstanding. She has published widely in top journals and has published by contributing with excellent chapters in books. Dr Slocombe has been invited as presenter internationally at top level within her area, and she has made a number of presentations at central international scientific fora. It is clear that her research has led to a shift in the landscape of different disciplines.'

Dr Slocombe will be invited to deliver a speech at the European Congress of Psychology opening ceremony in Oslo, Norway on Tuesday 7 July (see www.ecp2009.no).

could be done to understand and prevent such incidents from recurring. By coincidence, a paper was published online in January in the journal *Aggression and Violent Behaviour*, in which the authors Traci Wike and Mark Fraser (University of North Carolina) attempted to answer those very questions (<http://dx.doi.org/10.1016/j.avb.2009.01.005>).

A persistent hurdle to any research in this area is that although each incident represents a terrible tragedy that causes justified horror and outrage, such incidents in fact remain rare. As Wike and Fraser point out, the odds that an American high-school student will be a victim of homicide or commit suicide in school is no greater than one in a million. Any conclusions or strategies are therefore by necessity based on an extremely narrow evidence base. As the authors explain in the context of school shooter

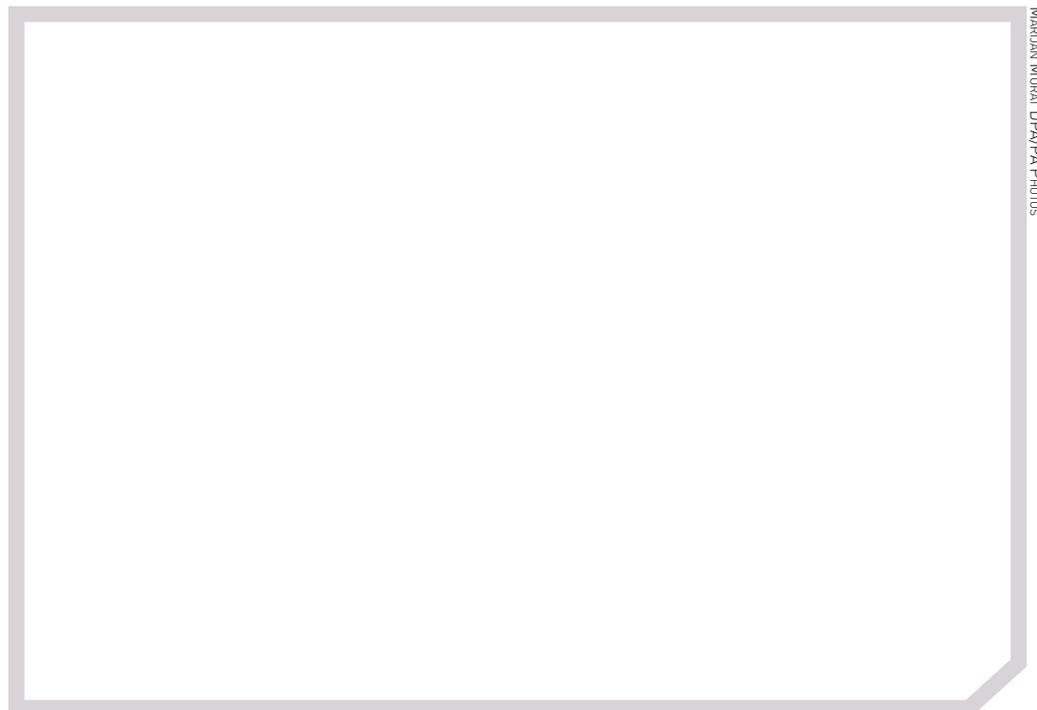
profiling, 'many more students would fit a putative profile than those at true risk for perpetrating a school shooting, and conversely, some shooters would likely not be identified'.

Notwithstanding these practical obstacles, Wike and Fraser believe patterns are discernible from the incidents that have occurred to date. Drawing on case comparisons, media reports and expert testimony, including the 2002 final report from the Safe School Initiative commissioned by the US Secret Service and Department for Education, Wike and Fraser have identified six strategies that could help reduce the vulnerability of schools to a deadly shooting incident:

- | strengthening pupils' attachment to their school (in nearly all prior school shootings the killers have lacked this attachment);
- | reducing social aggression, for example through

- | conflict resolution programmes;
- | breaking down codes of silence, in which there is an implicit agreement among pupils not to share information with teachers and parents;
- | establishing resources for troubled and rejected students (the Safe School Initiative found that 71 per cent of attackers had experienced bullying and harassment);
- | increasing basic security measures; and
- | bolstering communication within the school (e.g. by introducing a mass text message alert system) and between school and community agencies, allowing, for example, the rapid review of pupils whose essays and compositions may betray signs of mental distress.

'If implemented successfully, programs based on these six



MARJAN MURAT DPA/PA PHOTOS

Pupils are led out from the Albertville School in Winnenden, near Stuttgart, Germany

strategies are likely to reduce social stratification, increase school bonding, and provide early intervention to ostracized and angry students who, if exposed to other risk factors, may have a higher likelihood of violence,' the authors wrote.

On a related note, Charlie Brooker's *Newsnight* programme for the BBC in April raised the issue of the role the media plays in copycat incidents. Brooker played an interview with forensic psychiatrist Park Dietz, in which he outlined ways to reduce such incidents. Brooker interspersed the interview with clips from coverage that followed the recent shootings in Germany, showing how news outlets flouted every aspect of this advice, including: leading stories with blaring sirens, publishing photographs of the killer, giving incidents 24/7 coverage, making the body count the lead story, making the killer an anti-hero, and failing to localise the story as far as possible to the affected community. 'Every time we have intense saturation of coverage of a mass murder we expect to see one or two more within a week,' Dietz warned. **CJ**

FROM THE RESEARCH DIGEST...

From talking to doing

There's plenty of research evidence for the effectiveness of cognitive behavioural therapy (CBT), but for some reason it doesn't always seem to work so well in real-life settings. In what many psychologists will surely find a readable and helpful paper, CBT expert Glenn Waller outlines why this is often the case, providing solutions along the way.

The biggest single problem, according to Waller, is that real-life clinicians often fail to deliver proper CBT with all its active ingredients. For example, one of the most important aspects of CBT is behavioural change, yet clinicians often shy away from encouraging clients to adopt the changes they need to make, especially when such changes are likely to provoke increased anxiety in the short term.

'Many clinicians make the effort to reduce or to avoid immediate patient distress (and hence their own anxiety about whether they are doing the right thing) by being "nice" to the patient,' Waller explained. 'However, this short-term strategy means that we do not press for critical therapy tasks to be done, thus leading to long-term therapeutic immobility.'

Writing in *Behaviour Research and Therapy* (see tinyurl.com/waller), Waller reminds clinicians they need to work with their clients to agree on a formulation, and an agreed plan of action, with both parties recognising that this plan, while bringing long-term benefit, might well be difficult in the short term.

Clinicians also need to be assertive in bringing structure to sessions. Many clients may well arrive at therapy sessions keen to discuss immediate crises in their life, but spending each session reacting to these crises rather than working through the long-term goals of CBT will prevent any progress being made.

It's a similar story with so-called 'therapy interfering' behaviours – many clinicians find themselves complicit in a client's avoidance of home-work even though this is a crucial part of CBT. Clinicians should remind clients of the rationale for the home-work and how vital it is for lasting change to be achieved.

Waller says one reason clinicians will often avoid challenging their clients' avoidant behaviours, especially if this is stressful for the client, is because they fear being negatively judged. 'The clinician needs to know that he or she is not being judged by short-term, necessary negative transitions (e.g. increased patient anxiety),' Waller said. 'Rather he or she needs to be helped in supervision to focus on the value of long-term outcomes that probably depend on those negative short-term steps.'

Other advice in the paper includes recognising when therapy isn't working and bringing it to an end, and resisting switching, without a clear rationale, to so-called 'third-wave' therapies, such as schema therapy, which often lack a behavioural change element.

This item originally appeared in the Society's free Research Digest. For more and to sign up, see www.researchdigest.org.uk/blog

RSA hears how brain is shaped by experience

The Royal Society of Arts (RSA) awarded its Benjamin Franklin Medal to the psychologist Elizabeth Gould of Princeton University in March, for her work showing how new neurons continue to be formed and integrated into the adult mammalian brain, and how this process is affected by experience and the environment.

In her award lecture, Gould focused on research she's conducted with monkeys that's shown the paradoxical effect parenting can have on neurogenesis – that is, the number of new neurons formed.

For both mothers and fathers, parenting reduces rates of neurogenesis, but for those new cells that are formed, parenting simultaneously acts to increase the proportion that are incorporated into existing neural networks. This two-sided effect is likely related to the fact that parenting is both stressful, which is known to reduce neurogenesis, and rewarding.

The functional correlates of the greater incorporation of new cells isn't entirely clear, but Gould said there is some evidence that parents show improved

performance on certain tasks post-partum, perhaps due to the integration of these new cells.

'The overall message is that it's never too late to change,' Gould said when pushed to elaborate on the real-world implications of her work. 'There's often a barrier to helping adults, but the fact that brain structure continues to change throughout adulthood suggests it's never too late to make environments that are less stressful and that enrich lives more.' **CJ**

See <http://tinyurl.com/cuofbt>

Faking the IAT lie detector

A reliable means of lie detection remains elusive, and so it was with some excitement last year that Giuseppe Sartori and colleagues at the University of Padua published evidence suggesting a version of the implicit association test (IAT) could be used as an effective lie detector, with accuracy at over 90 per cent (*Psychological Science*: tinyurl.com/d8t2uc). It may be time to temper the excitement. In a new study, Bruno Verschuere at Ghent University and his colleagues have shown this form of the IAT can be easily faked, and they argue the conclusion of Sartori and his colleagues was premature (*Psychological Science*: tinyurl.com/dms7uq).

The IAT exploits the fact that people are quicker to respond when the same key response is allocated to categories they associate in their mind, compared with when it is allocated to categories that they don't associate. Applied to lie detection, Sartori's team had shown in a mock crime

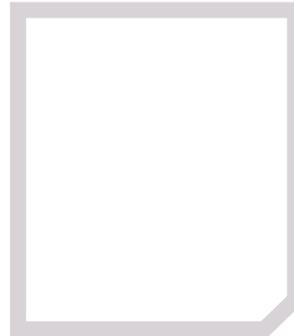
scenario that guilty participants responded more quickly when the same key was assigned to a confession statement (e.g.

'I went into the room to steal the CD') and a true autobiographical statement (e.g. 'I am taking part in an experiment'), whereas innocent participants responded more quickly when a confession statement was assigned the same key as a false autobiographical statement (e.g. 'I'm at a tennis match').

Bruno Verschuere's team replicated the mock crime scenario used by Sartori but they also instructed guilty participants on

how to fake the test by deliberately slowing down their responses in the task condition where a confession was paired with a true autobiographical statement. Although the IAT exposed lying at the start (albeit with lower accuracy than Sartori's group reported), it lost its effectiveness once the participants started faking. This remained true even when a shorter deadline for responding was introduced, and regardless of participants' prior experience with the IAT. 'We demonstrated that, like other lie-detection tests, the autobiographical IAT is not resistant to faking,' Verschuere's team said. 'After receiving faking instruction, a considerable

percentage (39–78 per cent) of the guilty participants was able to alter performance so as to obtain an innocent test outcome.' **CJ**



Bruno Verschuere

CHARTERED STATUS & STATUTORY REGULATION



The
British
Psychological
Society

20 MAY 2009

The HPC Register is due to open to psychologists in July 2009
(*subject to final legislation*).

The deadline for applications for Chartered Status and Full Membership of a practitioner Division is midday on
20 May 2009. If elected, you will be transferred automatically to the HPC Register.

For full details visit www.bps.org.uk/membership

Investigating funding

A Society-funded public engagement project has succeeded in spreading the word about investigative psychology to more than 3000 A-level students across England.

The project, 'Offender profiling and beyond', was led by Professor David Canter at the University of Liverpool. It aimed to produce supportive educational resources to complement one-day interactive events at a variety of venues. The events gave students and teachers the opportunity to hear from experts who work within the field of forensic and investigative psychology (academics, researchers, prison psychologists, senior police officers), take part in tasks and exercises on geographical profiling and eyewitness testimony, watch career videos on being a prison psychologist and a researcher, interact with the speakers, and ask

questions about careers relating to psychology and crime. A booklet and website (www.forenspsych.co.uk) ensured that students took away study references and careers information.

Professor Canter said: 'We hope students and teachers took away a better understanding of the science of investigative psychology from the individuals involved in its development, that provides a more valid representation of the discipline and the debates around "offender profiling" than is currently taught within the standard A/AS level syllabus.' JS

I Professor Canter was awarded £7434 by the Publications & Communications Board's Public Engagement Grants scheme. This year's round of funding is now open – see www.bps.org.uk/grants for more information. Deadline for applications is Friday 10 July.

Evidence-based trauma

A new report by psychologists at the University of Leicester has warned that jury service can cause significant anxiety, and for a vulnerable minority it can lead to severe clinical levels of stress or the symptoms of post-traumatic stress disorder.

The study, led by clinical psychologist Dr Noelle Robertson in collaboration with Professor Emeritus Graham Davies and Alice Nettleingham, has been published in *The Howard Journal*. It is the first UK exploratory study to look at the possible traumatising of jurors. Dr Robertson said: 'If called to jury service, citizens of Britain, as well as the US and most Commonwealth countries, are obliged to serve and may be exposed to gruesome exhibits and

harrowing stories, which, the study shows, can lead to traumatising for some of them.'

The times during trials when jurors were required to make decisions were cited as the most stressful, but having to deal with evidence that might be horrific was also a concern, particularly for women, who were also more adversely affected by dissent and questioning in the jury room.

The report recommends more support for jurors, including more

comprehensive preparation, briefing and clear directions, as well as guidelines for the decision process in the jury room. It also recommends that Crown Courts could provide a supporter for jurors, who might lessen the sense of isolation jurors can feel, since they are unable to discuss the court case outside the jury room.

Dr Robertson commented: 'Jury service is a civic duty, yet we know little about its consequences for the individual. At present, anyone who talks openly about their experiences runs the risk of being charged with contempt of court.' JS

FUNDING NEWS

The **Higher Education Academy Psychology Network** has two funding opportunities to help support learning and teaching within higher education. The **Department Teaching Enhancement Scheme** provides additional funds to develop and implement some aspect of practice that will lead to an improved learning environment for students. The **Miniproject Scheme** promotes the use of effective learning and teaching activities in psychology. Closing date is 29 May. tinyurl.com/c8ugel

The Feminist Review Trust offer research grants of up to £10,000 for research and study into the **social, economic and legal position of women** and to disseminate the results of this research. The types of projects that are supported include conferences and workshops, the preparation of teaching materials, community projects and original research. Next closing dates – 31 May and 30 September. tinyurl.com/cgs68v

The National Institutes of Health (NIH) have calls for research on **biobehavioral methods to improve outcomes and developmental and formative behavioural research into cancer prevention and control** See <http://grants.nih.gov/grants/guide>

The Association for Frontotemporal Dementias provides support for basic and clinical research in **frontotemporal dementias**. Grants up to \$60,000 are available. The closing date is 29 June 2009. See <http://tinyurl.com/caqrrv>

The **Association for the Treatment of Sexual Abusers (ATSA)** is offering **Pre-doctoral Research Grants** for student research projects. Research should focus on sexual aggression including research on the assessment, management and treatment of identified sexual offenders, on the assessment of risk for reoffending, and on the treatment of the victims of sexual abuse. The closing date for applications is 1 July 2009. www.atsa.com/awdPreDoc.html

The British Academy has many schemes available to support **joint projects between British and international scholars**, in Australia, Spain, France, Commonwealth countries and Japan. Closing date is 30 September 2009. tinyurl.com/dmv9rv

info

For more, see www.bps.org.uk/funds
Funding bodies should e-mail news to Elizabeth Beech on elibee@bps.org.uk for possible inclusion

Storm in a coffee cup

Tom Stafford on misrepresentation

It all started with a few casual words on the *Today* programme. The researchers at Radio 4 had called to ask if I could comment on the psychology of coffee. I'd attracted their attention because of an article I wrote for *The Psychologist* a few years ago (the first hit if you type 'psychology' and 'coffee' into Google). During the two minutes or so I had on air, I gave them my professional opinion (based on my research into learning and the neurotransmitter dopamine) that coffee is, fundamentally, a vehicle for caffeine, a drug of reward that affects the brain's natural learning systems to make us enjoy and repeat those things consistently associated with the delivery of that drug of reward. Hence favourite coffee mugs. 'Are these rituals just a distraction?' asked Edward Stourton. 'Absolutely not', I said. 'It might be arbitrary and irrational but it is also absolutely true. My coffee really does taste better from my favourite cup.'

And that was how my glittering (and entirely fictional) career of 'research into favourite coffee mugs' began. My phone rang all day, and all the next day. The 'story' made the *Daily Telegraph* ('Tea and coffee really do taste better from a favourite cup or mug, research has found') and *The Sun*. As far away as India and China you could read about my 'research' and 'findings', which was all pretty galling given that I hadn't done any research on coffee, I had just offered an opinion that seemed plausible. I was slammed by the blog of the *Reading Evening Post* for wasting public money ('Only mugs could've done cuppa survey!').

I'm certainly not the only researcher to be misrepresented recently. Following his recent experiences, Professor Simon Baron-Cohen wrote in *New Scientist*

about how 'Media distortion damages both science and journalism' (see tinyurl.com/dyqff8). And Dr Nattavudh Powdthavee enjoyed much media attention following his article in last month's *Psychologist*. The *Daily Telegraph* again led the way with 'Children don't make you happy, says expert who doesn't

have any' and there was a resounding chorus of commentators who were prepared to weigh in on the conclusions of Dr Powdthavee's comments, without discussing the methods of his research or the theoretical basis.

Our experiences illustrate something important about how the media works. Sources feed on each other for stories, and psychology is only likely to become 'big news' once it is repackaged from primary sources into a form that the rest of the media will notice.

The problem is, of course, that at this stage, as a researcher, you are beginning to lose control of how your research is represented.

Another interesting feature is how the media tries to 'tame' psychology by making it obvious or stupid. Everyone has ideas about how the basic psychological elements of thoughts, feelings and behaviour work. This human interest factor is a great strength when trying to communicate psychology to the public, but I also think it means that reporters can act as if they already know what a piece of psychological research is about, or should know. It is easier to present psychology as reworked common sense than it is to engage with discussion about psychological theory.

Does this mean that we shouldn't speak to or court the media? I believe not. Some misreporting of research is inevitable in a media universe composed of so much froth and noise. The lesson

I take, however, is that my 15 seconds of fame did allow me to speak directly to a wide section of the public. On national and local radio shows I got to say my piece, in my own words, and these were reported verbatim (or nearly verbatim!) in publications around the world. So what if some journalists were too lazy to check their facts? This reflects badly on them. The original story is easily available for anyone with more than a passing interest in the topic to find. We shouldn't slip into the misconception that the public are a passive, fickle lump which must at all times be correctly

informed about matters by scientific and journalistic authorities. Yes, standards of accuracy matter, but the public – at least all those that were ever likely to take more than a passing interest in psychological theory – are capable of making critical judgements for themselves.

Misinformation and correction is part of the dialogue scientists must have with society.

Psychologists talking to the public, via the media, is a good thing and we shouldn't let a little misreporting put us off.

It is important to realise that if your research is going to be part of a story, then you need to be part of the story too. Make yourself available to journalists so you can have your say. Make sure your contact details are readily available. If journalists can't reach you on the day they want to write your story, they will write it without talking to you.

Having your research discussed in the media can be immensely rewarding. As well as making your mum proud, it gives you a chance to talk directly to many people who would never otherwise hear about your work. I would gladly do it again, and so would Dr Powdthavee. I'd advise anyone in a similar position to brace themselves to be misunderstood a little, to be prepared to get out there and try to get their message across.



