

# The dyslexia debate – words of caution

I am sure as a specialist tutor for students with a label of dyslexia or specific learning difficulties in higher education it is not surprising that I would take umbrage at Professor Elliott and Professor Grigorenko's vigorous promotion of their book *The Dyslexia Debate* and related conference 'The end of dyslexia in HE?'. I am clearly not impartial. However, I would like to say a little about why these ideas and their promotion make me so uncomfortable, and offer those interested a couple of things to hold in mind when they come to read Elliott and Grigorenko's book.

Elliott considers mainstream understanding of dyslexia to be based upon a number of myths: dyslexia is a 'special' difficulty experienced only by a proportion of poor readers; 'special tests' are needed to identify these people; dyslexia 'will remove false attributions of laziness or stupidity'; 'diagnosis' will positively shape appropriate intervention; and 'special accommodations' are rightly given to those with the label (see Elliott & Grigorenko's research briefing: [tinyurl.com/pjaygw1](http://tinyurl.com/pjaygw1)). It would be inappropriate to answer this

claim fully before having a chance to read the book (soon to be released as I write), and I am sure others will be lining up to do so in due course; but I would like to pick out elements of the authors' position and offer my reflections upon these as a practitioner in HE.

Firstly, Elliott and Grigorenko make a couple of valid points that are hard to dispute. Their characterisation of dyslexia diagnosis as inconsistent, unclear and over-professionalised is justified. As a specialist teacher who has to battle with an array of diagnostic reports, some of which are poor quality and base diagnosis upon a very narrow range of tests, I wholeheartedly agree there is a need for regularisation and debate about what makes a sound assessment (interestingly, though, assessments undertaken by specialist teacher assessors appear to have greater consistency now they are rigorously monitored by the Professional Association of Teachers of Students with SpLDs). Secondly, their position on the use of discrepancy with 'intelligence' as a means of diagnosis is spot on. The idea of a single, measurable intelligence is one

few in my field would go along with.

However, from my perspective as a teacher within higher education I disagree with the idea that those with a label of dyslexia should not be identified as distinct from others with reading difficulties. The dyslexic students we teach are as good at grasping concepts, solving problems, thinking critically and generating ideas as their non-dyslexic peers; they are not as good as their peers in demonstrating these abilities through assessment methods which demand they process information quickly, memorise and regurgitate information, or read and write under timed conditions. This is because they have specific difficulties with reading and writing, and very often with working memory and processing speed in these narrow academic contexts. With specialist help, these students can build strategies that help them perform better on such tasks, and allow them to more accurately represent their conceptual understanding. It is the specific nature of their difficulties at this level of education that justifies access to specialist help.

For students who do not have a

## A Royal College of Psychologists? – official response

There may well be a need for a debate about a Royal imprimatur in the title of the Society. If this is the intention of the signatories to the letter entitled 'Call for formation of a Royal College of Psychologists' (April 2014) it is unclear. The [www.rcpsychol.com](http://www.rcpsychol.com) website, however, says that the intention is to provide a new home only for statutory registered psychologists, which of course will exclude many members, including our very important students.

Examining the proposal in more detail, it is unclear as how becoming a Royal College would actually address any of the issues raised, nor how it would automatically make for greater influence. The Society vigorously pressed for the protection of the title 'psychologist' in the run up to statutory regulation, to no avail; this debate unfortunately seems to be lost. There is no evidence presented that the inclusion of 'Royal' will produce any different reaction from the government and others when dealing

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specific difficulty in performing on the described tasks, but instead have a more generalised intellectual difficulty that includes difficulty in reading, working upon the same strategies would arguably make little difference to the level of their participation in the higher education context. Whether they instead should be entitled to all-round help with intellectual understanding is a different argument (though still an important one).

Elliott and Grigorenko's work is important, and I do not doubt that their arguments will be rigorously supported, nor do I consider that the authors' will deny the difficulties some people experience with literacy at any level; but I am concerned that the broad interpretation of their work will be an understanding that dyslexic people are taking something they don't deserve.

The 'selling' of Elliott's ideas in order to increase book sales and cement a kind of fame lends itself to oversimplification and misunderstanding of the message, which, in such reduced form is easy fodder for those in influential positions to argue for the removal of supports for students who rely upon assistance to participate on a more even playing field to their peers.

Removal of support is not the answer. A well-balanced conversation between dyslexic people, educators and scientists is surely necessary before sweeping conclusions are drawn and radical reform is imposed. With this in mind, I would ask that readers of *The Dyslexia Debate* and attendees at the conference 'The end of dyslexia in HE?' also engage with some of the alternative perspectives on this topic, question the extent to which Elliott and Grigorenko have sought to explore the experiences of educators and students within the higher education system, and consider the tensions between the desire to sell books and their desire to make positive change.

**Harriet Cameron**  
*University of Sheffield*

**Editor's note:** An article by Elliott and Grigorenko will appear in *The Psychologist* later this year.

with psychology, or whether it will have any effect on our status in the eyes of the public.

Furthermore, there is the question of how this would all be paid for. The Honorary Treasurer has looked at figures for a range of Royal Colleges in 2012 (2010–11 figures) that showed that the BPS had the lowest membership fee (much cheaper than for nurses and in the region of 25 per cent of that for medical Royal Colleges for example), a lower annual income than anyone but the Royal College of Anaesthetists and much lower assets than anyone but Royal College of Psychiatry.

Indeed the pursuit of Royal status in itself would be a significant expense both financially and in terms of diverting the Society from other activity. That too would need paying for, potentially in increased membership fees. What is more, if becoming 'Royal' was not simply a renaming of the existing Society, the current assets of the charity would not transfer and the new College would be starting from scratch.

It is important to emphasise the current inclusiveness and breadth of our Society which (unlike the HCPC) exists (to quote our Royal Charter) 'to promote the advancement and diffusion of a knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of Members of the Society by setting up a high standard of professional education and knowledge'. It is clear that we are not always the best publicist of our own activity and that there is much more that could be done or done better. We do need to find ways of especially improving our media coverage, and it is hoped that the new Strategic Plan will provide an impetus to progress.

**Peter Banister**  
*BPS Vice President*

## Think outside the psychology box

I am writing in response to Lauren Bishop's letter ('Alternatives to clinical psychology', March 2014). I agree with Lauren in that I have also seen many fellow graduates battle to secure the almost elusive 'assistant psychologist' post, and struggle to get 'clinical' experience. I think we all need to be more open-minded and look beyond the classical 'clinical' route. It is important to remember that our skills as psychology graduates are sought after in so many other disciplines and avenues.

I graduated with BA Hons Psychology from NUI Maynooth (Ireland) in 2009 and then travelled to Australia. I have gained great experience here and now work as a Community Living Coordinator for the Autism Association of Western Australia, whilst currently completing my



### Set sail for a better experience?

MSc in Health Psychology through the University of Ulster, in the UK. In my post, I work collaboratively with psychologists, psychiatrists, nurses, speech pathologists and occupational therapists, as well as in-depth with individuals and their families. I couldn't have asked for better experience and opportunities – but it took me to look beyond what everyone else was doing, and to take a risk elsewhere.

So many people become disheartened by psychology, and I've heard so many people who say they should have chosen a different degree... but there is no need – you just have to have the courage to think outside the box.

**Sarah R. Lappin**  
*Perth*  
*Western Australia*

# The NHS – excitement and dejection

I was interested to read Ian Wray's interpretation of the 'Decline of the NHS' (Letters, February 2014). I can relate to Ian's concerns over 'increasing control from above, with clinicians' opinions being ignored'. In my own Trust, there is very much a feeling amongst clinical staff of 'being done to' by management. This seems to be beginning to change slowly, but there are still huge problems and what I would describe as a massive abyss between management and ward level, which desperately need to be addressed.

For me, the crux of the problem is communication. If we can develop efficient, effective and transparent systems of communication and consultation throughout our Trusts, we will be able to stall the 'decline' and build the first-class organisation that the NHS should be.

In the short time I've worked for the NHS, I have seen many examples of senior management imposing unreasonable, impractical and frankly useless processes on ward-level staff. Decisions are made without consideration of the views of people who will be involved in actually implementing the change. It's all well and good to prescribe a process that fits in terms of organisation-level goals, but without any idea of the practicalities involved in implementing changes on a ward, all that's happening is extra work is being created often for little or no benefit. Either that or the process simply doesn't get done, meaning everyone's time has been wasted and nothing achieved.

Imagine that a proportion of the time spent discussing a new system at Board level were spent consulting with ward staff to determine a mutually beneficial solution? A simple and (I think) obvious suggestion, yet this type of communication simply is not happening. All the while, tasks that are supposedly in the interest of 'patient safety' are demanding disproportionate quantities of

I was, by turns, highly sympathetic, frustrated and then dejected on reading Dr John Kelly's letter 'Lean times in the NHS' (March 2014). My sympathy arises from being subjected to a working lifetime of managerial rhetoric, predominantly of American origin, which – like the 'Lean' production techniques referenced by John Kelly – is predicated on the 'machine' model of organisations (Morgan, 1997). No matter that the notion of 'Lean' stems from manufacturing; doctors, nurses, paramedics, administrators and the rest are merely, to the mechanistic management mind, usable and disposable components of production.

My frustration is that, nearly 100 years after the death of F.W. Taylor – the woefully misnamed 'father of scientific management' (Taylor, 1911) – his influence on management thinking



remains so salient and profound. It is as though all the real science, and particularly the enormous contribution of psychologists and sociologists (for the most part American) stands largely ignored, or at best occasionally cherry-picked to suit particular interests. Why? Because, as Morgan (1997, p.25) asserts, 'one of the great attractions of Taylorism rests in the power it confers to those in control'.

Twenty years ago I was naive enough

nurses' time and preventing them from giving the good-quality care they strive to provide.

What's needed it for us to all work together a little more, with management taking the time to really understand clinical staff and vice versa. Systems that enable this need to be implemented; for instance, board members should spend more time on wards, and the expertise of people who understand both sides of the coin need to be utilised. I do what I can to encourage this in my own Trust.

I have seen some small improvements starting to happen across the Trust, but I find it frustrating how much is still wrong and feel that things are not changing anywhere near fast enough. However, I am hopeful that the changes started will continue to develop and help us grow into the excellent organisation we have the potential to be.

Anyway, it's not all bad! Whilst a lot needs to change, great things are happening in mental health services at the moment. Recovery-focused treatment is really coming to the fore, and hospitals across the country are implementing fantastic initiatives such as Safewards. Personally, I'm really excited about these advancements and proud to work for a Trust that is embracing them. And, of course, I'm keen to do my bit to make sure they are successful and that positive changes continue to be made!

So, in sum, whilst I share Ian's despair over the decline of the NHS in England, I can see good work emerging and things starting to get better. We must endeavour not to get disheartened and disillusioned with the bad stuff; if those of us who want to change things lose our enthusiasm and give up, things aren't going to get better. Instead, let's take positive steps towards changing the bad stuff, embrace the good stuff with open arms and each do our bit to contribute to the rise of the NHS.

**Lauren Bishop**

*Poole, Dorset*

to believe that, ultimately, good science would prevail; that managers would one day realise that applying evidence-based psychology to the workplace would prove – economically as well as socially – more fruitful than allowing themselves to be influenced by the bare-faced quackery of numerous 'consultants' and peddlers of 'one best way' panaceas.

My dejection stems from my fear that social science has all but lost the battle, including in the NHS. It seems a bitter irony that an organisation that strives to apply scientific rigour to the treatment of its patients appears unable or unwilling to take the same approach to the treatment of its employees.

**Dr Graham Mole MBPSS**

*Woodbridge, Suffolk*

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Ian Wray's letter focusing on the way the setting of targets has been helping to destroy the NHS in England (along with other organisations), which was given prominence in the February issue of *The Psychologist*, prompts the question of why psychologists have not more often banded together to protest against evidently misguided management policies in education, health care and elsewhere. The answer usually given is that it would not be appropriate for the members of a professional association to engage in political activity.

But there is also a serious ethical argument suggesting that it might indeed be not only appropriate but actually required by our Charter to take concerted professional action. Psychologists have privileged *professional* knowledge of the destructive effects of many policies pursued in the 'educational' and 'healthcare' systems. As such, it seems to me that they have a professional ethical responsibility under their Charter to challenge these policies and procedures.

To appropriately inform policy debate one requires *comprehensive* studies of *all* the short- and long-term, personal and social, desired and desirable and undesired and undesirable consequences of alternatives. But instead one finds thousands of psychologists proudly presenting what they claim to be studies to support 'evidence-based policy' which look only at average scores on short-term outcomes on only a few selected 'variables' (many of which are, in fact, incapable of supporting claims to measure change) when, in fact, different people respond very differently and most important outcomes cannot show up on the kinds of psychometric measures we have come to espouse. This is both unethical and unprofessional.

In reality, this is the tip of an iceberg. What image of governance or management gave a couple of ministers in a temporary government the right to take decisions which bind the behaviour of tens of thousands of professionals and millions of people?

Whatever one may think of Adam Smith and Fred Hayek (both of whom have been proposed for the title of 'greatest psychologist of all time') they were concerned to harness the expertise which lies in the hearts, heads and hands of billions of people... information which is continuously changing and mutually influencing. They were concerned to facilitate the expression of diverse reactions to current provisions and meet these divergent needs and priorities. They were concerned to promote a process of evolution, not the system-wide implementation of some half-baked ideology.

Smith's 'market mechanism' was not designed to make money as some believe but was rather a design for a public management – governance – system which would operate without central direction. Many people even seem to be unable to grasp the basic notion that an organic, non-hierarchical, multiple-feedback system can be construed as a *governance* system.

Instead, in practice, we attempt to operate on the basis of Weberian models crudely based in ideology and soundbites in which central government prescribes procedures and sets targets. It conspicuously does not and cannot work. Researchers such as Deming and Seddon have essentially shown that, from the point of view of at least the manifest goals of policy, targets always make things worse.

This is but one lesson from systems research which shows that common-sense-based intervention in poorly understood social systems always has counterintuitive, and usually counterproductive, effects.

My point is this – whatever about protesting about current policies, surely it behoves psychologists to band together through their professional organisations to promote research designed to evolve more appropriate images of the forms of governance that are required in complex organisations and societies.

**John Raven**  
Edinburgh

## The media, vulnerability and consent

I read Sian Williams article on the media dealing ethically with those they interview with interest (Voices of the vulnerable', March 2014). I think, however, she has missed a trick by focusing on vulnerable groups, which provides a rather parochial view of the problem. Generally, if policy or practice needs modifying to account for a, usually, minority, group, then we normally have to consider whether it would actually benefit everyone. Many of the aspects she discussed should, ideally, be in place for dealing with everyone, as informed consent is not just an issue for the vulnerable.

I was also curious about her discussion of the effect of war zones, disasters, etc., on the reporter. This is not just an issue of the reporter: if they think that being an observer of slaughter and disaster is traumatising to them, have they ever considered what the effect is on their viewers? How many times have the UK news media shown us pictures of mutilated dead bodies? And from my observations, it is usually those who have died in the Middle East or Africa, not from disasters in Western countries. This suggests that it is appropriate to show the dead and dying from 'other' countries, not our 'own', which just furthers outgroup thinking. Where is the informed consent in this situation, in terms of the dead and dying, their families, and us the viewer?

Coincidentally, I was reading a chapter about New Age therapies and the issue of informed consent and vulnerable groups, which certainly broadens the view of vulnerability from just those with mental health issues. 'Vulnerability is increased when an individual is elderly or aged, very young, brain damaged, ill, drugged, drunk or alcoholic, frightened, stressed, fatigued, exhausted, rushed, distracted, dependent, lonely, unsophisticated, uncertain, indifferent, or uninformed' (Singer & Nievod, 2003, p.184–185). Williams appears to see vulnerability as dichotomous – you either are or are not – but it is likely that it can be better conceived of as a continuum; and given the right set of circumstances, we may all be vulnerable at some time or another. It is time that journalists and those associated with the media were held to a higher standard of account.

**Dr Jo Saunders**

*School of Psychological Sciences and Health  
University of Strathclyde*

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# BPS – obsessed with false memory syndrome?

The Savile story broke in October 2012. In *The Psychologist*, between May 2013 and March 2014 there were at least five glowing articles about three psychologists linked to false memory syndrome (FMS) groups – Beth Loftus, Gisli Gudjonsson (twice) and Chris French (twice). In the latest edition (April 2014) there are two more. On the back page there is a one-on-one with Stephen Ceci. The centrefold ‘Crudely erased adults’ and subtitled ‘Image from A.R.Hopwood’s False Memory Archive’ is essentially an advert for a piece of FMS publicity.

There are two types of inaccurate memory – false positive (believing something has been experienced when it has not) and false negative (believing that something has not been experienced, when in fact it has). The FMS societies are only interested in false positives – they do not want to talk about false negatives.

Let’s be clear. The term ‘false memory syndrome’ is not to be found in DSM-5, because it is not a diagnosis recognised by any professional body. It is a term invented by a pressure group.

Dissociative amnesia, on the other hand, is defined in DSM-5 (‘An inability to recall important autobiographical information, usually of a traumatic or stressful nature...’), and inability to recall an important aspect of a traumatic event is one of the defining features of PTSD. Dissociative amnesia, unlike ‘false memory syndrome’, is recognised worldwide by the international professional community. Since October 2012 I cannot recall an article in *The Psychologist* about the real and relatively common

phenomena of traumatic/dissociative amnesia, nor anything about the stress for victims of abuse, or how psychologists or courts might help this stress be managed and reduced.

At the beginning of 2013 Frances Andrede, a mother in her forties, committed suicide mid-trial of the teacher who abused her decades earlier. This happened after she was accused by the defence barrister of being a liar and a fantasist. Her abuser was subsequently found guilty, and received a prison sentence. Within hours of this news breaking, the BPS decided to postpone its Ethics Committee investigation into members lending their names to inaccurate information about abuse on the British False Memory Society website.

We like to think of researchers as being objective. Those with links to FMS groups generally restrict themselves to research on false positives. This is where the conflicts begin. They research one part of a problem, and ignore another. Then they sit on FMS advisory boards, and BPS committees, and may act as expert witnesses (generally for the defence in criminal prosecutions), and are given glowing reviews in *The Psychologist*. This does not seem like good practice.

In contrasting FMS advocates with victims of abuse, a colleague put it succinctly to me: the former is a very small group with a very loud voice, whereas the latter is a very large group with a very quiet voice.

To an outsider it might very reasonably appear that the BPS, as portrayed through *The Psychologist*, makes the situation worse.

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It appears to have something of an obsession with the invented condition 'false memory syndrome' and no interest at all in dissociative amnesia, or in understanding the psychological consequences for victims of abuse, or helping these individuals with the problems arising from the abuse that they have suffered.

I believe that this bias puts psychologists in a very poor light, and balance from *The Psychologist* is long overdue.

**Ashley Conway PhD**

*Pinner, Middlesex*

**Jon Sutton, Editor of The Psychologist replies:** Neither *The Psychologist* nor the British Psychological Society has links with the British False Memory Society. However, we see no issue with featuring the work of psychologists who are members of it; and some of our members will naturally also be members of the British False Memory Society. I am informed that the Ethics Committee meeting you refer to was cancelled due to unavailability of members and had to be rescheduled. We are and always have been very happy to receive submissions on the topic of dissociative amnesia or the consequences of abuse – see [www.thepsychologist.org.uk/contribute](http://www.thepsychologist.org.uk/contribute). For example, last year we published an article on the effects of childhood abuse (featured on the November cover) and an interview with Kevin Browne on his international work with abused children (June).

## Value of meta-cognition

February 2014 saw the release of the Sutton Trust/Education Endowment Foundation Teaching and Learning Toolkit (see [tinyurl.com/q3j7oev](http://tinyurl.com/q3j7oev)), which summarises the best ways for schools to use their money to improve the attainment of disadvantaged pupils. The Toolkit compares the impact of particular strategies to the cost and takes into consideration the strength of the evidence provided. The report helps schools to identify ways to help pupils' further progress while ensuring the school is getting good value for money.

What is particularly impressive is the importance of meta-cognition (e.g. 'learning to learn' strategies) within education, evidenced to provide a further eight months progress when compared with not using meta-cognition. This looks even better when compared with how many months progress other activities can allow: after school programmes (two months); extended school time (two months); mentoring (one month); parental involvement (three months); and homework (five months).

It appears the approaches that schools are best known for don't provide the same impact that meta-cognition is capable of.

When comparing costs, meta-cognition fares quite well too. Research shows that it can cost just £100 per pupil to see the eight months progress gained. Compared to the per pupil costs of other approaches this is great value for money: increasing the use of digital technology (£300), one-to-one tuition (£800) and after-school programmes (£1000) are all more expensive.

The Sutton Trust report shows that having a good understanding of how people learn has a great deal of positive impact on their education, and this highlights the importance of psychology. While many once held the belief that education is all about hard work and the amount of time spent doing something, the evidence found suggests that working smarter, not harder, really does come with benefits.

**Liam Betney**  
*Chorley, Lancashire*

## FORUM MUSIC NOTES

Music is all around us, a key part of our personal, social and occasionally professional (see p.320) lives. Sometimes, a snippet of music comes unbidden to the mind and goes on to repeat outside of conscious control. This is an 'earworm': the ubiquitous experience of a tune stuck in the head. Why do earworms happen? This question drives the 'earworm' project at the Music, Mind and Brain (MMB) group at Goldsmiths University of London.

Earworms came to MMB via an interesting route. In 2008 MMB founder Dr Lauren Stewart heard a BBC Radio 6 Music feature where people discussed their earworms. This was an intriguing data source: real-life stories of sticky music. It was our starting point.

In 2009 Daniel Müllensiefen and I began a grant in collaboration with 6Music. We launched the 'earwormery', an online survey ([www.earwormery.wordpress.com](http://www.earwormery.wordpress.com)) that collects earworm stories as well as demographics, personality scales and assorted lifestyle factors. Our aim was to investigate three questions: What triggers earworms? Who gets them most? and How might we control them?

We scanned thousands of reports to determine what people were doing when an earworm appeared. As expected, repeated music exposure was a clear earworm trigger, but there were other more surprising results. For example, earworms often matched people's physical or mental states, the beat of their jogging or their mood (Williamson et al., 2012). Current MMB research is investigating the link between how we move or feel, and the music that gets stuck in our head.

Who gets them most? Not professional musicians, but rather music lovers. We also found a link with people who sing along to music – they get more earworms but also enjoy those experiences more than people who don't indulge in a good sing-song in the shower or in the car (Müllensiefen et al., 2014).

How might we control them? My favourite, the 'cure' project, uncovered the many fascinating methods people adopt to banish their earworms, including verbal games, exhaustive listening and 'cure tunes' (Williamson et al., 2014). The MMB group is now testing these methods to see if they really can eliminate unwanted mental music.

Earworm research was in its infancy when our project began, and as our own research has expanded (see [www.gold.ac.uk/music-mind-brain/earworm-project](http://www.gold.ac.uk/music-mind-brain/earworm-project)) there has been a parallel increase in earworm research worldwide (for example, search 'earworm' on the Society's Research Digest at [www.researchdigest.org.uk/blog](http://www.researchdigest.org.uk/blog)), spurred on by great public interest in the phenomenon.

On a final note: we believe that earworm research goes beyond simply understanding mental music. Earworms are just one of many 'involuntary cognitions', experiences that may consume up to 40 per cent of our waking life. Could uncovering the secrets of the 'spontaneous' mind by studying earworms shed light on the foundations of other elusive involuntary cognitions, such as rumination or creativity?

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**Dr Victoria Williamson** is in the Department of Music at the University of Sheffield. Her new book, *You Are the Music*, is out now. This column aims to understand and celebrate the psychology of music; e-mail your comments and suggestions to [psychologist@bps.org.uk](mailto:psychologist@bps.org.uk).

# All our yesterdays

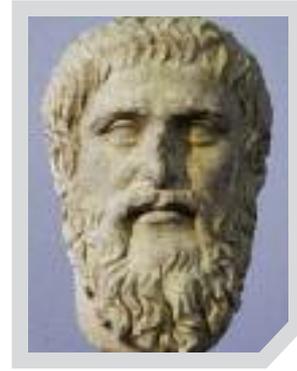
Digital databases are here to stay, and very welcome too. Christopher Green ('PsyBorgs on the loose!', April 2014) has invited comments on this, and I have two.

One concerns availability. Digital databases could be of assistance in reducing individual and collective ignorance. His example is instructive as to the huge corpus of work produced by major founders of psychology, such as James and Wundt, most of this barely recognised, much less analysed. Too true. But digital accessibility is variable and virtually random – there are rich digital feasts for the work of Binet (<https://sites.google.com/site/alfredbinet18571911>) or Piaget ([www.fondationjeanpiaget.ch](http://www.fondationjeanpiaget.ch)), but only poor pickings for the work of others, such as Bühler or Claparède.

Similarly variable are digital versions

of journals, in some cases a full catalogue (e.g. *British Journal of Psychology*), a limited catalogue in others (e.g. *Human Development*). As well, there is an aggravating constraint, the lack of an index listing digital resources. A Google search is far better than nothing, but a comprehensive and regularly revised online gateway devoted to psychology would be better still. Test yourself: did you already know the Binet and Piaget websites before reading this? Then generalise this question elsewhere in psychology. By the way: I claim no omniscience for myself, but I do recognise serendipity in my own digital searches.

My other suggestion concerns the quality of digital resources for which



A shrewd reminder of Plato

I have dual criteria: readable online or by pdf, and amenable to advanced search. The latter is necessary, firstly because the 'full back catalogue in psychology' (no

doubt a misnomer) is beyond the grasp of any individual or culture, and so intelligent search is the rational way forward.

Plato's *Meno* is a shrewd reminder why search can be successful only in terms of criteria known in some sense in advance by the searcher. Such criteria are subject to an indefinite number of individual differences. Secondly, some digital texts are legible but basic. Others have been

## NOTICEBOARD

As part of my research doctorate, I'm looking to interview people (aged 30–60) who've had a **sudden cardiac arrest five or more years ago**. I'm looking at outlook and emotional well-being in survivors years later. It would involve a one-hour face-to-face interview in London. If you would like to be part of this study, please contact me.

**Tania D'Aloia**

[TD240@live.mdx.ac.uk](mailto:TD240@live.mdx.ac.uk)  
[www.facebook.com/SCASurvivorsStudy](http://www.facebook.com/SCASurvivorsStudy)

The **online MMU Psychology Journal (Dissertations) UK** including the work of graduates from 2010 to 2013 is now 'live' at [www.did.stu.mmu.ac.uk/MMU\\_Psychology\\_Dissertations\\_UK](http://www.did.stu.mmu.ac.uk/MMU_Psychology_Dissertations_UK)

Colleagues from all UK psychology departments are invited to submit (up to) two final-year undergraduate dissertations for publication in September 2014. Submission instructions can be found on the above website under 'Journal Information'. Please contact me for further information.

**Andy Bell**

[A.Bell@mmu.ac.uk](mailto:A.Bell@mmu.ac.uk)

## Treating PTSD through decompression

Setting aside severe physical effects of conflict, such as brain damage, Is PTSD a pathology – or could it be a successful adaptation that no longer serves? In other words, is what we call PTSD – at least in significant measure – our label for an adaptation to an environment that is so different to the one in which the psyche now finds itself that it cannot reconcile the two realities, and jumps from one to the other, perhaps in an attempt to do so?

If so, might the cure be to take the person through a decompression process, over a number of weeks or months, that begins with an artificial high stress environment and then, working like an electrical transformer, or staircase, downsteps the individual towards normality?

This would reconcile the two worlds of experience and allow the fabric of the mind to mend and resolve itself into cohesive or viable worldview that allowed the processing of hyper-intense information in the form of psychokinetic memory entwined with sense of self, etc. It would do so by creating the loose weave of threads between the ragged edges of one self and the forgotten edge of the other self, which had been left behind for a more brutal experience of self-reality.

We know the crucial importance of perceived control. This dynamic should be used such that, in partnership with a mentor, who controls stress levels, the ex-combatant is solicited for when and how much to reduce the stress levels, and what kind of stress he would 'like' to experience next. (We see from Stockholm syndrome, sado-masochistic

practices, and the results of childhood trauma, that a person can gain a sense of 'enjoyment' from experiences that people not exposed to such high stressors would shun and find abhorrent. Similarly, I suspect, and this would need to be tested, that returning combatants would in a considerable number of cases gain a sense of satisfaction, 'peace' and 'relief' from experiencing scenarios that those not exposed to combat would find highly stressful or even 'terrifying'; the human psyche being highly adaptable.)

If a trial along these lines yielded success, then there are implications for the specific, managed treatment of other kinds of trauma – which being comparatively subtler would require a subtler version of the treatment. This would again I suspect revolve around the carefully managed experience of controllable stress, with more and more parameters being placed in the hands of the recipient of treatment itself – initially via mentorship and then with the person in direct control of stressors in, say, a gaming environment.

In the PTSD context, this feature of increasing autonomy would facilitate the normalisation of autonomy that is one of the other main challenges for those transitioning from military to civilian life, since purposefully and otherwise the 'autonomy switch' has been so assiduously turned off, often from a very early age, via regimented highly regulated formative environments and establishments, sometimes called 'educational'.

**Andrew Fynn**

*London NW6*

## Tomorrow, and tomorrow, and tomorrow

designed with flair and insight, beautiful to read along with online annotations with pointers to complementary or contrary perspectives. A paradigm example is a Latin version of Spinoza's *Ethics* ([www.ethicadb.org](http://www.ethicadb.org)) accompanied by nine translations in six languages. If you are tempted to say 'that ain't psychology', then it's pretty clear that in your training you have been force-fed on a miserly diet. Try Book 1 axiom 6; then substitute its contemporary equivalent: representation; and then consult Wittgenstein (1972, 2.21–2.224) for a compelling critique of the representational theory of mind, still rampant in 21st-century psychology. There's history for you!

**Leslie Smith**

*Professor Emeritus  
Lancaster University*

### Reference

Wittgenstein, L. (1972). *Tractatus logico-philosophicus* (2nd edn). London: Routledge & Kegan Paul

I have read Abramowski's piece on 'active procrastination' (New voices, March 2014) but am not, on this occasion taking her advice. Instead, her thoughts touch on three points I'd like to mention which I might as well do straight away.

In the 1950s and 60s Professor Alec Rodger teaching occupational psychology at Birkbeck underlined that in developing a career there were at least two opposing strategies which might try to match an individual's inclinations and abilities with external circumstances and opportunities. For some, a headlong target-oriented

approach was appropriate in developing one's career; while for others (guess who I am thinking of), both external fortune and internal inclination better prescribed a procrastinatory (though agile at the right moment) strategy. The idea is an old one, and none the worse for that.

The strategy applies not only on a grand scale to an individual's design of one's life; it can also be applied on a micro scale as when one attends a public meeting intending to make an impact with some point. Does one speak early on – or reserve one's contribution until late in the session? Doing the

latter allows one to take into account the forces in play and to try to pitch a comment or question in a niche that has not been explored and in a way that either suits or challenges the emerging consensus.

There is one deadline, however, that not all active procrastinators can rely on beating – the Grim Reaper's call. For people 'of an age' it is as well to focus on what one might want to achieve in the unpredictably limited time that remains – and there are some projects one can prioritise while leaving others to take their chances.

**Mallory Wober PhD**  
*London NW3*



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# Potential of self-publishing

I read Mike Bender's article 'Self-publishing without illusions' (March 2014) with interest. I too am a self-publishing psychologist. For me, this was an active choice. I have never tried to get a traditional publishing contract.

The benefits of self-publishing are significant. The time scales, title, design, branding, genre, pricing and promotional strategy are all within your control. You can choose when to give books away to potential or current clients – a useful 'enhanced business card' on occasions. You decide how many to get printed. You decide when or if to offer discounts. You own the rights and the ISBN. It never goes out of print unless you decide to withdraw it.

The technology has broken down the barriers to entry in the publishing process. E-books can be published cheaply and quickly. Print-on-demand services are high-quality and not expensive. My books are available all over the world as paperbacks or e-books. I was surprised how relatively straightforward it is to achieve that.

Mike is right that the promotion process can be daunting. It is as big a job as the writing. For me, this is a long-term, slow-burn process that allows me to channel my writing urges into something that supports my psychology practice. To be successful, you have to love writing and love a project. But that's true of writing a book however it is

published. It also helps to remember that few writers do it for the money.

For psychologists, I think the potential of self-publishing is massive. As *The Observer* newspaper noted in December 2013, 'the publishing sector predicted to grow exponentially in 2014: self-help books' (see [tinyurl.com/klskkno](http://tinyurl.com/klskkno)). Psychologists of all stripes are well placed to be writing them. Arguably, we *should* be writing them as part of our profession's aim to 'share our science'. No doubt most of us have rolled our eyes at some of



the popular books on the self-help shelves. Perhaps it is time to reclaim some space on those shelves rather than loftily dismissing them.

Personally, as an occupational psychologist and as a writer, I have no greater reward than when it appears that I have genuinely helped someone through my work or my writing. I know most

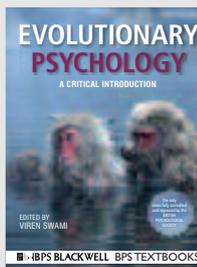
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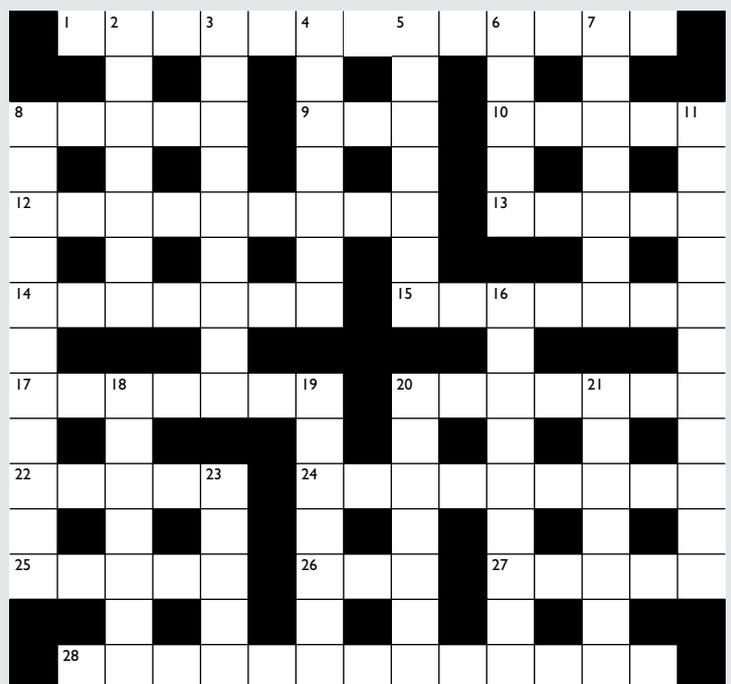
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**no 74 solution** Across 1 Psychologist, 9 Ogres, 10 Catatonia, 11 Assonant, 12 Upend, 14 Drip, 15 Scotch, 17 Fur, 18 Ark, 19 Ardent, 20 Iris, 23 Tiara, 25 Medicine, 28 Causation, 29 Inapt, 30 Mental disorder. Down 1 Proband, 2 Yardstick, 3 Hosing, 4 Lacan, 5 Note, 6 Untruth, 7 Sense, 8 Pander, 13 Stun, 16 Coda, 17 Ferdinand, 18 Attack, 19 Adamant, 21 Shelter, 22 Libido, 24 Abuse, 26 Ennui, 27 Pill.

psychologists feel like that. Books enable us to connect with more people than we could do otherwise.

One of the big qualms about self-publishing is quality control. How can we be sure a self-published book is any good? It is, of course, a real risk.

However, if we want to build a good reputation, as psychologists and authors, it is essential to do this self-publishing thing properly. No half measures. This means employing an editor and designer. It means being open to criticism and being prepared to re-draft and re-draft. It means asking 'beta-readers' (I included other psychologists here) for feedback. It's no different from

publishing a book in any other way.

The ease with which people can publicly review books is starting to sort the wheat from the chaff in books of all genres too. One in five e-books is now self-published. Most readers don't care who published a book. They do care about quality.

I have learned a lot, and continue to do so, by belonging to groups such as the Alliance of Independent Authors, and Nottingham Writers' Studio. It's important not to become isolated. This matters – both for the quality of your books, and for your own sanity. I speak from experience!

**Sarah Dale**  
Nottingham

## FORUM THE LIGHTER SIDE

*The Psychologist* is 26-years-old this year. Back in 1988 there was no internet, no iPhones, no Nick Knowles, no Fearne Cotton. It wasn't all bad. But times change and psychology must, of course, change with it.

No self-respecting academic is without a Twitter account these days. But it is not a field for the uninitiated, the impetuous or the foolhardy. Psychologists need guidance. And this is it. No need to clap.

To assist you in your navigation through the perilous eddies of the interweb, *The Psychologist* has collated some top Twitter tips just for you. This will help you avoid becoming the social pariah of the common room or the laughing stock of your own trousers. Ready? Right. Here we go.

- | Everyone loves an eccentric. However, do avoid making your avatar a baboon in a frock and declaring 'My passions are Pot Noodle and Umbongo' in your biography as this is unlikely to come across as endearing.
- | If you are a professor, always include "Professor" in your Twitter handle as that will make you very attractive, well-balanced and well-liked.
- | Do repeatedly tweet links to your own blog as nothing is more exciting than being asked to read your thoughts on the *Daily Mail's* views on bikinis at least 20 times a day.
- | Always act like a censorious, self-appointed, vinegary Torquemada at all times. This is always attractive and guaranteed to get you invitations to lots of parties.
- | If you have more than 10,000 followers, remember never to reply to anyone who is not a family member or a celebrity, as this is a breach of Twitter etiquette.
- | If you passionately believe in something, always ensure that you tweet about this daily, often several times an hour as, otherwise, the strength of your passion and conviction will be unclear.
- | Under no circumstances, do this if your belief is in pixies, healing magnets or evolutionary psychology.
- | Remember, nothing is guaranteed to stoke others' interest in your thoughts more than including '1/15' at the end of your tweet.
- | For maximum impact, always advertise your blogs with 'linkbait'. Suggestions include: 'Psychology – it's just aromatherapy with scanners'; 'Why all my students should attend lectures naked'; or 'My night with Sybil Eysenck'.
- | Avoid undermining your credibility and intellectual depth by rendering your Twitter biography pithy and witty. Instead, list all of your qualifications and as many posts that you hold as you can possibly squeeze into the word limit.
- | If you are a therapist, please pay very close attention to spacing and line breaks when writing your Twitter biography. VERY close attention.

If readers have any other helpful tips, please do e-mail them to me and I will routinely ignore them before deleting them all along with the good news about my Nigerian lottery win.

**Dr G. Neil Martin** is Reader and Director of Psychology at Regents College University, London. His Twitter name is @ThatNeilMartin. He no longer uses the avatar of the baboon...

This column aims to make you laugh (or raise a wry smile), and then think. Send comments / suggestions to [jon.sutton@bps.org.uk](mailto:jon.sutton@bps.org.uk)

### across

- 1 Taken once morphine's impaired cognitive process (13)
- 8 Psychologist's initially a long time with parts of book (5)
- 9 Encourage brain scan after reflection (3)
- 10 Carpentry tool that works both ways (5)
- 12 Sadly, roué tends to deteriorate (3,2,4)
- 13 Drinks with English flirt (5)
- 14 Place for growing fruit or vegetable (7)
- 15 Speech is laid back regarding shock treatment (7)
- 17 Speech to house (7)
- 20 I, for one, in favour of sister receiving love (7)
- 22 It's sinful to get unclothed with unspecified number just for kicks (2,3)
- 24 Valiant, he slew monster (9)
- 25 Vessel in river overturned without companion (5)
- 26 Largely assess lab animal (3)
- 27 Penny lies around – indeed! (5)
- 28 Capital landmark for clinical neuropsychological test (5,2,6)

### down

- 2 Like some produce transported in cargo (7)
- 3 Idyllic composition of clergyman on drink (9)
- 4 Encourage foremost intellectual (7)
- 5 Edition's first part repaired and edited (7)
- 6 & 8 down Leave notable archaic term for schizophrenia (5,11)
- 7 Do away with alumnus by way of note (7)
- 8 See 6 down
- 11 Place rent payers with officers (11)
- 16 Bother with allocation of love (9)
- 18 Fed up with act - love actually (2,5)
- 19 New Orleans port (7)
- 20 Friend suppresses one vote almost key (7)
- 21 Books with word of introduction to syndrome (7)
- 23 Inert variant of salt (5)