YouTube as a source of data

Psychology People in Profile: Claudia Hammond

Tips on travelling abroad for conferences

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Examples of areas that will fit our Strands include: Integrity and trust; Well-being; Performance; Coaching; Understanding and developing people or organisations (private and public); Social responsibility; Creativity; and Servant leadership. All submissions must clearly show how Science meets Practice. We are looking for creative inputs through Interactive papers; Symposia; Short papers; Research forums; Posters; Case studies; Workshops; and Discussion sessions.

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Welcome to the 83rd edition of the PsyPAG Quarterly. The deadline for this year’s PsyPAG Annual Conference 2012 is fast approaching and we look forward to seeing many of you there. The conference will be held at Northumbria University, in Newcastle, from the 18–20 July and has confirmed a fantastic host of keynote speakers. More details can be found at www.psypag2012.co.uk. Conferences offer a great opportunity to network and share your research with others, and in the first article of this issue Professor Mark Griffiths gives some useful advice on travelling abroad for conferences. His handy tips cover from before you leave to the point when you return to ensure that everything goes smoothly.

To follow this, Iuliana Hartescu provides the first conference review of the issue with her article on Worldsleep2011, the 6th International Congress of the World Sleep Federation held in Kyoto, Japan. She describes the themes covered and the sessions that were on offer, alongside information on the venue itself and what she took from the experience.

Israel Berger offers an interesting piece on using YouTube as a source of data. He discusses how YouTube may offer students access to a vast amount of information at a time where data retrieval must be achieved rapidly. He also raises a number of vital points such as consent and copyright issues. This is followed by Lucy Czwartos’ fascinating conference review on ‘The Paranormal Event of the Year’. She discusses her experience of the 30th Annual Conference of the Association for the Scientific Study of Anomalous Phenomena (ASSAP), in Bath. We then turn to Elly McGrath’s insightful piece on the conflict of religion in therapy, which highlights the importance of psychologists being aware of the cultures and traditions belonging to different religions. Kate Doran then presents the next instalment of ‘Psychology People in Profile’. In this interview, Kate speaks with the award-winning broadcaster, author and psychologist Claudia Hammond. Claudia, amongst other things, talks about her BBC Radio 4 show, All in the Mind, and her upcoming book Time Warped.

Clare Allely’s article takes a neurological perspective on eating disorders and discusses how the brain activity and brain structure is altered in sufferers. Mastafa Sarkar then reviews the recent work of sport psychologists at Loughborough University. He talks about how psychological momentum can be developed and managed, and how coaches work to get the best out of their players. The British Psychological Section Social Section Annual Conference review, by Diana Onu, details the diverse keynote lectures and the variety of approaches and methods covered within the conference. Diana also discusses her own experience of presenting and why these annual conferences are a great opportunity for postgraduate researchers.

Emma Jackson and Kirsten Bartlett put forward an article on behalf of the PsyPAG Committee. They present the recent findings from an inquiry by the Science and Technology committee into Peer Review. Their article highlights postgraduate views on the value of peer review and its strengths and weaknesses. The final article in this issue pays tribute to the late Professor Tony Coxon. Tony had a huge impact on psychology through contributions to research methods. Here, we republish a PsyPAG Quarterly article where Dr Gareth Hagger-Johnson, a former PsyPAG Quarterly editor, interviewed Tony about his life’s work.
We hope you enjoy reading these articles and invite you to get in touch if you would like to contribute to future editions of the *PsyPAG Quarterly*. This publication is distributed to all postgraduate institutions in the UK and is a great way of communicating your research with other psychologists.

We look forward to hearing from you!

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**PSYPAG DEVELOPMENTAL SECTION FREE PRE-CONFERENCE WORKSHOP FOR POSTGRADUATES**

The seminar will be held from 12.30 p.m. till 4.30 p.m. on **4 September 2012** in the School of Psychological Sciences and Health at the University of Strathclyde.

Registration is free for all psychology postgraduates and the session will include: General postgrad support with writing for publication, managing workload, viva preparation and developing your teaching career...

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The workshop will run prior to the British Psychological Society Developmental Section Annual Conference 2012.

Further information about the conference can be found at: [www.strath.ac.uk/humanities/research/bps2012/](http://www.strath.ac.uk/humanities/research/bps2012/)
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Over the past few years, all of my PhD students have been lucky enough to go abroad several times to give papers at high profile conferences in their research area. This appears to be coming more prevalent (at least based on the students I have supervised). Travelling abroad for a conference can be stressful at the best of times, so I thought it might be useful to give a few travel tips to make things go a little smoother.

Before you travel

Scan important documents electronically: Rather than photocopying all your important travel information (e.g. passports, insurance documents, etc.), scan all of them electronically and then e-mail them to yourself. You will be able to retrieve them from anywhere at any time if things go wrong. (The Identity and Passport Service also has practical advice: ips.gov.uk).

Check your plastic: Before your trip, check all your credit cards for wear and tear as you could be stuck in a foreign country without access to cash machines or the ability to buy anything. Also, think about getting credit cards that include air miles, lounge access and upgrades (e.g. Amex cards).

Don’t get currency at the airport: Pre-ordering your currency will almost certainly be cheaper than the exchange rate at the airport currency bureaus. Make sure you get some low denomination notes and coinage for tips, taxis, etc. However, if the country you are travelling to has a strong currency, it might be better to exchange large amounts of money there rather than in the UK.

Check your insurance: Has the university paid for you or do you need to get it yourself? There is nothing worse than losing your luggage and then discovering that you weren’t properly insured.

Check the weather forecast: There’s nothing worse than turning up in a country with the wrong type of clothes. Check the medium-range weather forecast so that you know whether you will need that coat or jumper!

Know what you will need to pack: In addition to all the academic things you might require (laptop, memory stick, reading material), don’t forget the necessities in addition to passport, tickets and currency (e.g. adaptors, toiletries, medical supplies). Check if the hotel has Wi-Fi. If they don’t, take an Ethernet cable as they may charge for borrowing one. Crease-free clothing can also be a help as not every hotel will have an in-room iron and ironing board. Also, pack some plastic carrier bags for your dirty laundry.

Travel as lightly as possible preferably hand luggage only: Take as little luggage as you can as you will always come back with far more than you went with (e.g. papers, conference programmes, conference freebies, leaflets etc.). For one or two night trips, take all your items on as hand luggage. This can often save a lot of waiting at the baggage carousel. To avoid bulk in your luggage, decant shampoos, etc. into smaller bottles so that you carry only that which is necessary on your trip. Miniaturise as much as possible including toiletries.

Get easily identifiable luggage: If you have to take non-hand luggage, tie a brightly coloured ribbon or something unique to your luggage so that you will easily spot it on the baggage carousel. Others are less likely to pick up your bag by mistake and may save you time.
Make sure that people know when and where you are going: Given all the things that can possibly happen abroad, make sure you let both family and the university (supervisor, head of department, etc.) know where you are going to be.

Charge up your laptops and mobile telephones: Make sure all your electronic items are charged up. Keep your chargers in your hand luggage as you may be able to charge up at the airport and/or the plane itself.

Check-in online: By checking-in online, you will be able to print your boarding pass and select your seat before you even get to the airport. If you have hand luggage only, this will save valuable time – especially if you are stuck in traffic on the airport bus or your train is delayed.

On the plane itself

Go vegetarian: If you want to maximise sleep time on long-haul flights, pre-order the vegetarian option as these are usually served first.

Take food and water on board with you: If you are flying on a budget airline, buy a ‘meal deal’ at the airport (or make your own sandwiches) as the food on board will be more expensive. Buy a bottle of mineral water at the airport as you cannot get liquids through baggage checks and on-board drinks may be pricey.

Book an aisle seat: On long-haul flights, always book or ask for an aisle seat. This means you will be able to get up and move round at your convenience rather than have to keep asking people to move.

Eat and drink alcohol in moderation: It is very tempting to drink free alcohol and eat anything that’s placed in front of you on long trips. However, you should try and limit yourself as you could suffer both dehydration and indigestion.

Beware the in-flight entertainment: The in-flight entertainment service may not be to your liking so take some interesting reading and/or a few DVDs (and play them on your laptop). DVDs are also useful if you are in a hotel that has no English language television stations!

Wear headphones: If you want a peaceful stress-free journey without talking to anyone next to you on the plane, wear mp3 player headphones (even if you are not actually listening to anything). If you are going to actually use headphones, then invest in noise-cancelling ones as they will be better for the journey (and better than the ones provided by the airline itself).

Bring your own eye mask and ear plugs: If you are on an overnight long-haul flight, bring your own ear plugs and eye mask as the plane may not supply them and even if they do, they may not be of good quality. An inflatable neck pillow can also be very comfortable. Wet-wipes can also be useful in helping you feel refreshed after a few hours of sleep.

At your destination

Find the local university: If you are short of money, try to find out where the local universities are in a city. The canteen is likely to sell cheap meals and the students will tell you about the most economical places around.

Avoid internet roaming charges: As soon as you are in the country of your visit, turn off your data roaming on your tablet computer (e.g. iPad) or smart phone (e.g. iPhone) to avoid charges for things like emails and web browsing.

Make use of the hotel facilities: If your hotel gives free access to its facilities (e.g. business centre, gym, swimming pool), then take full advantage and use them. Use the business centre to email if the hotel charges in-room Wi-Fi access.
Use a Skype headset to call home: If you take a Skype headset with you abroad you can contact loved ones more cheaply from your hotel room than the extortionate hotel phone costs.

Adjust to the local time as soon as possible: On the plane, change your watch to the local time and try to stay up and go to bed at your ‘normal’ time. If you get home in the daytime, resist the urge to have a nap as you will feel much worse for it later. Medical supplements such as melatonin may also help overcome jet-lag.

Ask where your room is: If you don’t ask where your hotel room is located you might end up being right next to the lift or in an outward facing room where you hear all the noisy traffic. Alternatively, take some ear plugs with you, just in case.

Know a few words of the native language: Learning even a few basic words of the country’s language will help you in most situations.

On getting back
Have convenience food to hand: Make sure you have something easy to prepare for eating (e.g. a ready meal in the freezer) for when you come back as you may get back late when no shops are open.

Get in touch with your new contacts: When you are back home, email your new contacts along with anything you promised to send (like the paper you gave at the conference) to help facilitate new working relationships.

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MY PhD study programme is centred on novel behavioural treatments for insomnia. I found that internationally recommended levels of physical activity appeared to provide a common threshold for superior health and sleep outcomes among older people. I was invited to present my findings at Worldsleep2011, the 6th International Congress of the World Sleep Federation organised in Kyoto, Japan. The congress is a major event in sleep research, organised by the World Federation of Sleep Research and Sleep Medicine Society (www.wfsrms.org/). The Federation brings together regional sleep societies from four continents, and their mission statement includes facilitating international collaborations and co-operation among professional sleep societies around the world.

One of the prevalent themes of the conference was standardisation of research methods across the sleep research community. The use of non-standardised methodology presents problems in both identifying different phenotypes of sleep disorders and makes difficult the task of collating and analysing sets of data from different trials. The keynote speech by Damien Leger, of Descartes University in Paris, illustrated the point by presenting his latest findings from the EQUINOX survey; a large international project aimed at evaluating characteristics of insomnia symptoms. Such projects make an important contribution to testing the validity and reliability of currently used nosologies within different systems in different cultures.

Of particular interest to me were the sessions on Geriatric Sleep Medicine, which addressed current issues on successful ageing and sleep quality. Research methodologies appropriately tailored to different populations were discussed as the main emerging themes of the conference. I held my oral presentation within one of these sessions, alongside colleagues from the UK and Germany, and had interesting and challenging questions from the audience. It was useful to have the views of both researchers and clinicians, as it widened my understanding of the ethical and practical issues involved in geriatric research.
Educational lectures, aimed at trainee researchers, were given by outstanding sleep researchers such as David F. Dinges (Pennsylvania University) and Charles Czeisler (Harvard University). During these sessions, open discussions on current issues in sleep were held, and I had the chance to understand where my research fits in with other universities/centres’ interests. It was also an opportunity to network and begin working relationships which could prove fruitful in the future. In addition, there were trainee programmes aimed at research students only, which included sessions on complementary skills for researchers, such as how to write a scientific publication.

The venue was in itself another attraction – the International Conference Centre (ICC) in Kyoto, Japan. Kyoto is a beautiful city, and we had time off the conference to visit its magnificent sites. Kyoto includes 17 UNESCO World Cultural Heritage Sites, which are situated in a cityscape dominated by 2000 temples and shrines. The ICC is an impressive venue, surrounded by lush gardens and lakes and place of important former conventions, such as the UN Climate Change ‘Kyoto Protocol’ in 1997.

The conference was truly an amazing networking opportunity. I met and discussed my research with leading expert researchers in my field. As a result, various collaborative projects are currently being considered with other universities. It was also an opportunity to make friends and socialise with a truly global crowd. It gave me a chance to bond with my colleagues and project supervisor, as we went through the long trip and six days of conference together. To conclude, I found the conference to be an excellent networking and learning experience, and I look forward to attending the next one in another four years time.

Acknowledgements
I would like to thank those who made my attendance to the conference possible, including PsyPAG who awarded me a travel bursary for this purpose.

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YouTube as a source of data

Israel Berger

As recording and data technologies have become more accessible to the general population, video self-publishing sites such as YouTube have cropped up worldwide. These websites provide a potential data source for researchers who are interested in the perspectives, interactions, and recording practices of people from diverse backgrounds and locations. Students in particular could benefit from YouTube as a source of data, as they may have a short period of time in which they can collect data.

Although other disciplines such as sociology, anthropology, and communication (e.g. Reynolds, 2011), have embraced video self-publishing sites such as research sites, psychology has been somewhat slower to do so. The reason is perhaps two-fold: (1) we work in the shadow of Milgram (1963), the Stanford Prison Experiment (Haney, Banks & Zimbardo, 1973a, b), and other well-publicised ethically problematic studies; and, (2) much of psychology involves experiments, interviews, or surveys, rather than description of naturally occurring phenomena. In this paper, I will outline ethical and legal issues involved in using video self-publishing sites, with a focus on YouTube, as data sources, in playing extracts for audiences, and reproducing data in publications. This paper is divided into sections on copyright, human participants, consent, and data verification.

I write from the perspective of a researcher who uses video data for research purposes, not a solicitor. One should always consult a copyright solicitor and ethics committee on specific issues or projects. Information provided here on policies and licences are with respect to YouTube; other sites may vary.

YouTube’s Terms of Service (TOS) can be found at www.youtube.com/t/terms, and the TOS for Google, YouTube’s current owner, can be found at: https://accounts.google.com/TOS.

Human participants

When using published material for research, there are no human participants. This means that there is no need for ethical review for human subjects research according to any national or international professional bodies. Rather, copyright is the only mandatory consideration. Individual institutions may have stricter policies. Additionally, concern for accurately reflecting the perspectives of those in the videos should be similar to concern for accurately reflecting interviewees’ perspectives.

However, for the sake of argument, let’s assume there were in fact considered to be human participants. When doing research in public without obtaining consent, we must not use anything other than what people would reasonably expect to be heard or seen by strangers in public. If something is published on YouTube, then it is expected to be viewed by strangers many times. One does not even need an account to view YouTube videos.

Consent

People publish material on YouTube for a variety of reasons. Sometimes people publish their opinions either as one-off videos or as a public video journal. They may also publish major life events, educational videos, skits, or parodies. Sometimes people publish recordings of events of public interest. The fuzziest area for researchers using data from services such as YouTube is that of consent. Who in a given video has given consent to be recorded and published? It is here that we have to rely
most heavily on social norms and the legal responsibilities of YouTube and users who upload videos.

If a video features only people who are talking to or performing for the camera, then one can reasonably assume that they are aware of being recorded and consent to having the video published, given current social norms. If a video is published by a company or medical provider, we can assume that patients have signed media releases.

With regard to videos involving medical consultations, if a video is published by a patient, it is obvious that the provider knows that the consultation is being recorded because of orientation to the camera’s presence, the use of handheld cameras (as opposed to a hidden cameras which have different movements of the picture), and that some doctors show up again and again whilst others only give interviews or don’t show up at all. It is reasonable to expect that videos such as these will end up online, and it is a form of free advertisement for those who are comfortable working in front of a camera.

YouTube removes videos that are legal violations, including non-consensual recording. In order for YouTube to remove a recording for which parties haven’t consented, the parties have to know it’s there. However, the terms of agreement for uploading include a declaration by the user. It is their responsibility to ensure that consent has been obtained (YouTube TOS 7.4). Users (including researchers) can, therefore, safely assume that consent has been obtained unless a video has been removed or there are signs that consent is being withheld (except in areas where public servants such as police officers consent to being recorded as a job requirement). A pseudonymised transcript, which is copyright the transcriber, can be used for publications and presentations even if a video is subsequently removed by YouTube or the user.

Data verification
Some argue that YouTube is problematic for research in that clips can be removed leaving no data to verify. However, most raw qualitative data isn’t shared with outside parties, but rather pseudonymised transcripts (which are copyright the transcriber) are shared in the event that there is a question about the analysis. Therefore, if the video has been removed, a record for the purposes of data verification is still available.

A similar issue could easily occur with live broadcasts or with archives that have been dumped by the network. Additionally, in live observational research, the researcher’s coding or account of the events (equivalent to a transcript in this sense) is the only available record of the data. By taking issue with the lack of video available should something be removed, we would effectively take issue with any other method that uses events that do not get recorded, including naturalistic observational methods and ethnography.

Copyright
All material uploaded to YouTube remains copyright the copyright holder. By uploading a video, the user provides YouTube with a worldwide, non-exclusive, royalty-free, transferable licence to use, reproduce, distribute, prepare derivative works of, display, and perform it (YouTube TOS paragraph 8). This license is also extended to other users but with certain limitations (YouTube TOS paragraph 5). Although users are allowed to play videos to audiences for non-commercial purposes, it must be done through the YouTube player.

The current YouTube TOS allow for freer use of videos than that of television broadcasts, DVDs, music, etc. Under general copyright terms, material cannot be played publicly without the consent of the copyright holder. However, even under these terms, conferences, workshops, data sessions, and classrooms do not count as public in this sense but as educational settings. In most countries, educational settings are exceptions to the term ‘public’. Even when playing
YouTube videos in educational settings, one must play them from the YouTube player. Clause 5.1.5.12 of YouTube’s TOS prohibits downloading videos onto one’s computer, even temporarily. Moreover, this avoids inadvertently playing something that a user has deleted (and thereby no longer wishes to have public).

A transcript, and especially with specialised notation used in some methods such as conversation analysis, is in most countries copyright the transcriber, not the copyright holder of the recording. Such transcripts may be published in books and journals, presented at conferences, etc. An obvious exception would be a recording of a story being transcribed and sold as a story. However, pseudonymising transcripts is a worthwhile practice, which while not a legal requirement, is in most cases ‘the right thing to do’ and may even be a required by ones ethics committee.

**Conclusions**

YouTube is a viable source of data that disciplines other than psychology have already embraced. Psychology has perhaps been slow to embrace YouTube because of psychology’s preference for certain methods and ethical conservatism. YouTube videos are considered published material, which are not subject to human subjects research guidelines. Even if one were to consider people featured in published materials human participants, YouTube is a public forum where people expect to been seen by strangers.

Consent to record or publish can be assumed to have been obtained from all parties unless the video has been removed, as users agree to this when they upload. YouTube removes videos that are in violation of local or international laws. Reason should, however, be used in concluding whether parties are aware of and consent to being recorded or published. Although a video
that is removed by the user or YouTube leaves no video to verify in the event that the analysis is questioned, pseudonymised transcripts remain copyright the transcriber and may be used. Ruling out YouTube as a data source because of the potential to lose the video would be akin to ruling out methods that involve naturalistic coding or field notes.

While ethical considerations are necessary, the real question of viability of YouTube for research is copyright. The current YouTube TOS is quite liberal and allows users to play videos for general audiences as long as they are played from the YouTube player and are not played for profit. Even under standard copyright restrictions, such videos could be played in education settings such as conferences, research meetings, and classrooms. The YouTube TOS does not rule out publication of video extracts, because the copyright remains with the copyright holder (usually the uploader). Any use not specified in or prohibited by the YouTube TOS may still be possible with permission of the copyright holder.

YouTube and other video self-publication websites are potential data sources for psychology and other disciplines. These websites are especially useful for students who may have limited time for data collection but want to do studies that would otherwise involve lengthy data collection times, such as longitudinal studies using video journals. Using YouTube and similar websites as data sources could greatly improve the quality and creativity of student research as well as provide material that may be otherwise unavailable to researchers.

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This manuscript is the result of discussions with users of the Language Use listserv (in particular Edward Reynolds), my supervisor John Rae, and members of the Roehampton University Ethics Board. Although these discussions have contributed significantly to the development of this manuscript, any errors or faults that remain are my own. This paper is written from the perspective of a researcher, and legal questions should be addressed to a knowledgeable solicitor.

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References
THE Association for the Scientific Study of Anomalous Phenomena (ASSAP) celebrated its 30th Anniversary in the beautiful scenery of the city of Bath. The biggest paranormal conference for a decade took place at the University Campus, and was masterminded as a two-day event full of presentations, speeches, ‘Paranormal Olympics’, book stands, and complemented by the Gala Dinner. The pièce de résistance for all horror movie fans was the Gala Dinner Speaker: Stephen Volk, the author of the infamous *Ghostwatch*, *Afterlife*, *Gothic*, *Octane* and *Superstition*... to name just a few.

The interest in the paranormal crosses the borders of many professions and sciences. An example of the multidisciplinary nature of the paranormal research was the fact that conference speakers represented a wide variety of professional backgrounds including sociology, archaeology, anthropology, computer forensics, law, chemistry, instrumentation technology and psychology. The presentations included a broad range of subjects from crop circles, ghosts, mediums, Bigfoot, paranormal TV, and electronic voice phenomenon to Black Dog apparitions and UFOs. What added to the variety of perspectives what the fact that some speakers represented the Believers in paranormal phenomena while others appeared to be more on, the so-called, Sceptics’ side. The conference offered a rare opportunity not only to learn about subjects one was particularly interested in, but also to broaden one’s horizons with knowledge one wouldn’t otherwise seek. For example, although I had no interest in UFOs I was intrigued by the findings on disinformation and deception techniques presented by Mark Pilkington, author of the book *Mirage Men*.

Particularly interesting from my perspective, as a graduate psychologist, were the presentations of two senior lecturers in psychology, Dr Simon Sherwood and Dr Paul Rogers. They approached the subject of anomalous phenomena from two very different perspectives. Dr Sherwood, from the Centre for the Study of Anomalous Psychological Processes (CSAPP) at the University of Northampton, presented the results of preliminary qualitative thematic analysis of the reports of apparitions of Black Dogs. By using his website (www.blackshuck.info) to gather reports of Black Dog apparitions he collected 60 cases, including 52 first-hand accounts. Although Black Dogs are often seen as part of the British folklore, Dr Sherwood’s analysis indicates that the reports of their apparitions come from many other countries, especially the US and Canada. Dr Sherwood collected the reports, between 2000 and 2008, which suggests that the Black Dog apparitions, rather than being a forgotten part of folklore, are phenomena which are still being reported to this day. An unusual addition to his collection of reports of apparitions was his own account of his childhood encounter with a ghostly Black Dog. Dr Sherwood is currently conducting a survey of people who have and have not experienced ghostly phenomena (https://survey.northampton.ac.uk/ghostly).

His research is focusing on the exploration of individual traits, which might affect our tendency to experience ghost apparitions.

Dr Paul Rogers, from the University of Central Lancashire, is also pursuing his interest in the study of individual differences in the experiences of paranormal phenomena. Dr Rogers’ presentation, however,
appeared to have much a more sceptical focus. He presented the results of numerous studies which indicate that Believers in paranormal are poorer at some probabilistic reasoning tasks and they tend to misperceive randomness and co-occurring events. His presentation was met with a lot of questions from the audience. Although the implications of his research might have been difficult to accept for some of the participants they remained respectful in voicing their opinions. Presenting his research at the conference, which attracted at least as many Believers as Sceptics, was a brave step, which exposed the audience to findings of studies which might have challenged their beliefs.

The centre piece of the event was the big announcement that ASSAP had become recognised by the UK Government as the national professional body for paranormal investigators. The majority of the members welcomed this announcement as good news. More information on that subject can be found on the ASSAP website: www.assap.ac.uk/.

The conference attracted people interested in paranormal phenomena but one should not presume that the beliefs of all participants were united. In fact, most of them would describe themselves as either believers in paranormal or as sceptics. In spite of apparent differences in opinions and beliefs held by the two groups the conference was characterised by a friendly and peaceful atmosphere, full of acceptance and mutual respect. It offered a rare opportunity to interact with people from different backgrounds and representing dissimilar, or even contradicting, views. Although being non-judgemental is exactly what all good psychology courses teach, how often do we purposefully put ourselves in an environment where our ability to suspend our own preconceptions and belief systems is going to be challenged? Surprisingly, the most remarkable advice, which was offered at the conference, did not come from a psychologist, but from a chartered chemist: Dr Hugh Pincott. He pointed out that ‘being both scientific and sympathetic may achieve positive results’, and that as researchers we should ‘involve Sensitive in our experiments as equal partners.’

The interest in paranormal is frowned upon in some university circles and often rejected by mainstream scientists. As Dr Matthews Johnson, a clinical child psychologist from Oregon, pointed out: ‘being (a) child psychologist who saw a Big Foot isn’t good for business.’ Paranormal phenomena are undoubtedly a challenging area of research. It is rather sad that psychological interest in studying such phenomena has been suppressed by physics envy and fears of losing one’s professional credibility. A better understanding of experiences, which contemporary sciences struggle to explain, might offer invaluable insight into human behaviour. For example, could working with mediums help us gain better understanding of hearing voices experienced in schizophrenia? Perhaps it is worth to dare to be open-minded and practice our non-judgemental psychological attitude on the one of the most intriguing subject of all: paranormal research.

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‘Conflict' of religion in therapy – fact or fiction?

Elly McGrath

Across all fields of work, religion and politics are considered both very personal and highly debateable topics, and if approached in the wrong way can become taboo subjects. Yet, since the ‘enlightenment’ era of the last century, this issue has been raised time and time again in the medical world, due to the constant debate surrounding the antagonism of religion and spiritualism against the medical model (Clarke, 2001; Randall & Argyle, 2005). The basic opposition of faith in the unknown compared to medical trust only in the proven is often discussed from worldwide news stories to staff room conversation. In some cases, however, serious consideration is needed. Therapists in the modern psychological workforce are trained to use evidence-based therapies, as well as criticise and test their theories empirically, and so when it comes to delivering therapy to an individual who holds strong religious beliefs that drive their behaviour, issues can often arise (Clarke, 2001; Coyle, 2008). This holds more ground under the suggestion that the majority of clients that a therapist sees, will hold religious or spiritual beliefs (Stander et al., 1994).

These instances of conflict can even occur in the early stages, such as during initial assessments of clients. Often when assessing for psychotic experiences clients are asked about any unusual religious experiences that they may have experienced (Randal & Argyle, 2005); it is a required element for using the Structured Clinical Interview for the DSM-IV. They may also be asked questions on grandiose and persecutory delusions which can produce answers that show clear links to their beliefs. Yet there is always room for debate about what constitutes an unusual experience. Firstly, most people are only aware of the cultures and traditions that belong to one religion (Ali, Liu & Humedian, 2004), and so something that would not be unusual for the client could easily be scored as unusual by an unaware practitioner. Secondly, those practitioners without religious beliefs may be biased in the way they view these experiences, and conversely practitioners with strong beliefs may not view them as unusual at all (Stander et al., 1994). To combat these issues it is important that psychologists are both aware of the cultures and traditions that belong to all major religions, and that they are open to discussing these further.

Also, when assessment situations such as those are encountered, psychologists should not be afraid to question the client further, enabling them to explain the meaning of their beliefs and culture to them. Although religious experiences are constantly trying to be conceptualised by psychologists, and have even been linked to temporal lobe epilepsy (Fenwick, 2000), how a client interprets this experience is necessary and more important to understand, as the meaning they attribute to their experience may be key to therapy (Clarke, 2001). In fact, it has been shown that most religions share common goals that are helpful in therapy such as unconditional self-acceptance and high-frustration tolerance (Ellis, 2000). And it is clear that showing a genuine interest to try and understand a client, and the beliefs they hold most strongly, will undoubtedly aid in developing a trusting relationship (Clarke, 2001).

In reality, developing rapport with a client who is highly religious or spiritual can be most difficult, when the therapist is in a position of holding no belief themselves.
On several occasions during my own appointments, clients have been animatedly describing their beliefs, and have interrupted their train of thought to enquire outright about my own beliefs. Under this questioning there is some debate about if it is easier or more helpful to agree with the client’s beliefs as they are often searching both for validation and common ground. However, what is probably the more sensible option is to be honest in these situations, bring the focus back to the client and again explain, that although you may not hold their beliefs, you are keen to understand them better in order to be able to help them therapeutically in a way that will be most suitable. In some cases where it is easier to understand the client’s experiences, such as ‘sense of presence’ experiences after the death of a loved one, it has been suggested that those experiences can actually be used and built upon in a way through therapy that will aid recovery (Steffen & Coyle, 2008). Conversely, when a therapist is treating a client with the same religious views, or even from the same religious community, it can leave the client more vulnerable, or in some instances the therapist more vulnerable. These situations can both lead to a less successful and less professional relationship, for example, couples involving their therapists in their religious arguments during family therapy (Stander et al., 1994), which are instances that would need monitoring.

In some cases it may even be evident that clients are rationalising certain unhelpful behaviours through their religion, or even not appreciating their own progress in using helpful behaviours due to the same rationalisation process of attributing their actions to a higher being (Beckford, 2003). Both of these situations can be difficult to observe as the therapist, and even more difficult to try and work with therapeutically. In the first instance it may be clear that if the client accepted responsibility for their actions, that they might be forced to change or deal with them directly. In the second instance, however, if the client were able to believe that they themselves had helped to improve their situation then a resultant higher self-esteem and confidence could only help their therapeutic progression (Ng & Shek, 2001; Clarke, 2001). In situations where further questioning about those beliefs is required, it is important not to offend or challenge a client’s belief, but perhaps to question in the same style as before, from the viewpoint of wishing to understand their beliefs better. By perhaps using naïve questioning in the right way, the client may come to some of these conclusions alone – but these ideas must never be forced upon them. Failing that, it is possible to work with such absolutistic religious views by focusing on those principles mentioned before, such as unconditional acceptance of others and self, that are common between therapy and religion (Ellis, 2000), instead of challenging causal beliefs.

There are, of course, separate issues when a client is currently in a religious crisis. The DSM-IV recognises having a ‘religious or spiritual problem’ as a diagnostic category, which does not just involve losing faith, but also questioning its values or undergoing a conversion. In such instances clients often experience the change as feeling sudden, and may be searching even more than usual for validation of their beliefs. The symptoms they present with can appear the same as many types of psychosis, such as delusions and interpersonal difficulties (Randall & Argyle, 2005). Conversely, many therapists have shown that when faced with these issues they use countertransference reactions rather than deal directly with what the client is describing (Lannert, 1991). This, however, is not the most effective way of helping the client, and there have been some alternatives put forward. Randall and Argyle (2005) suggested using the term ‘spiritual emergency’ as an explanatory model to help normalise the client’s experience, whereas Hendlin (1985) suggests encouraging a client to continue rather than cease their religious practices whilst directly helping them deal with their practical ones. Overall,
most suggestions share a general focus towards helping the client structure their experiences in a simple way without invalidating their ideas.

In this way, what can only be a positive about this ‘conflict’ is when both parties are able to appreciate that the client finds strength to progress through therapy from their spiritual or religious beliefs. This can help to strengthen relationships as well as feature as a good starting point to move their progression along. This is, of course, not necessary for therapists to implement, and in fact there is no statistical evidence that being more accommodating towards a client’s beliefs in therapy actually improves outcomes, nor is it less effective (McCullough, 1999). However, it is clear that whether a client holds strong beliefs about their religion or lack of, being considerate and informed about that can both help develop rapport and avoid unnecessary barriers to progress. Respect of client’s beliefs is paramount, but in reality the most important factors are those that should be applied to all therapy; being well interested and informed about a client’s background, showing no judgement and developing goals based on commonalities. It is only how these skills are applied that needs to differ. What does require more serious consideration is future research concerning this ‘conflict’. Research must both take the personal experience of spirituality and religion seriously, and also recognise its own limits in being able to understand it as a concept (Coyle, 2008). As long as personal meaning and desired achievements can be recognised and utilised between religious and therapeutic processes, then conflict between religion and therapy should no longer exist.

References

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Psychology People in Profile: Claudia Hammond

Kate Doran

In the week following the announcement that Claudia Hammond, psychologist and presenter of BBC Radio 4's All in the Mind, was to receive the British Psychological Society’s 2012 Public Engagement and Media Award, Kate Doran spoke with Claudia about her work.

Kate: Thanks for making the time to meet today. Tell me, what does your job involve?
Claudia: You’re welcome. My job involves a whole mixture of different things: I present All in the Mind on Radio 4 (see Boxed Feature 1); I present Health Check on the BBC’s World Service; and I lecture in psychology at Boston University. I don’t go to Boston, the students come to London and stay three to four months at a time and I go their base for the lectures. Also, I’ve just finished writing my second book, so the rest of the time I’m writing. I’d say radio takes up two-thirds of my time and then lecturing and writing takes up the rest.

Kate: How big is your working week?
Claudia: Finishing off writing this second book (see Boxed Feature 2) has been really busy. When I wrote my first book I was a reporter then rather than a presenter, so I just reduced the amount of reporting I did and kept half my time free to write the book. It took me about 18 months. Now that I’m presenting, obviously I want to carry on doing my programmes, so I’ve been writing my second book much more in my spare time which has been much harder. Thankfully, I gave it in a few weeks ago. But it means that for the past six months, apart from going to weddings, I’ve been working all the time at weekends, and then trying to do it at home in the evenings after a full day’s work on other things.

Kate: What influences and experiences led to your work in radio?
Claudia: We always had Radio 4 on at home and I always liked it. At the age of 10, I was interested in being a journalist and I remember thinking radio was the area I’d like to work in. I can’t remember exactly why.

Boxed Feature 1: All in the Mind
All in the Mind has been broadcast on BBC Radio 4 for 24 years. Archived episodes may be accessed via the link: www.bbc.co.uk/radio4/science/allinthe mind_archive.shtml
During its two seasons a year the programme is broadcast on Tuesdays at 9.00 p.m., with episodes repeated the following day at 3.30 p.m.
When I was 14, I started doing hospital radio and I presented a programme called Claudia's Sunday Requests. When I think back on it now, it was a pretty terrible programme. But it was that programme which got me interested in psychology and in particular health psychology. I used to go around the wards to get requests to play on the programme and I became really interested in talking to the patients. I’m sure none of them listened to the programme and didn’t care at all whether their song was played. But what they did know was that, if they had a record request ready, they could talk to me all about their song, and then they would start telling me about everything else, including the symptoms they didn’t want to bother the doctor with. They were telling a 14-year-old very serious things, rather than troubling the doctor, and that intrigued me. I ended up going earlier and earlier to do the programme in order to have more and more time to talk to people while I got the requests. I did that until I left school.

In my year out, before going to Sussex University to do Applied Psychology, I got a job as a newsroom radio production assistant in local radio which was fantastically exciting. The whole time I was at university I worked part-time at Radio Sussex. Then I did an MSc in Health Psychology at Surrey University, supported by an ESRC studentship in the days when you could have all your education paid for. I did research looking at doctor-patient communication in a Breast Cancer Unit which was published. At that point I was torn; I really liked radio; but I really, really liked psychology. I didn’t know what to do. So, I started doing some lecturing in psychology for the Open University. Meanwhile Radio 5 Live had just started and I applied to do freelance shifts there as a researcher. I was given the same shifts as a broadcast journalist which was totally terrifying because I didn’t entirely know what I was doing. But I got the reputation for being studious because I was very quiet — but actually it was because I didn’t know what to do, so I stayed quiet and listened and learnt from what everyone else did. It was nerve-wracking at times, but it sort of worked. Then I started reporting for Woman’s Hour and for various other Radio 4 programmes covering a whole range of subjects, but gradually was able to do more and more about psychology.

It’s much easier now because everything I do is either psychology, mental health or health and all the things fit together. Having twin-track careers going on at the same time was very hard work!
**Kate:** Moving specifically to *All in the Mind:* who is that programme aimed at?

**Claudia:** It’s aimed at a general audience rather than at psychologists, although we know a lot of psychologists like to listen. One-point-two million listeners tune in each week. The idea is that anyone can listen and understand what’s going on. We make sure that any jargon is explained. The programme covers four areas: psychology, mental health, neuroscience, and investigation journalism into mental health services. We try to get a balance between these things in each programme and then do the occasional special like the one we did recently on the Behavioural Insights Team at the Cabinet Office. Not everyone is interested in mental health, but we are all interested in ourselves, so I think that having a programme which combines psychology with mental health means that people then find themselves listening to the mental health items which I hope dispels myths and reduces the stigma.

**Kate:** How do you choose material for the programme?

**Claudia:** We look for subjects we haven’t covered before where something new is happening. There needs to be a reason for doing it now. So, it might be new research; it might be a new scheme that’s started; or, it could be a bigger question like ‘Do people misunderstand neuroscience and how much it can really tell us about the brain?’ The two brilliant producers and I come up with a list of ideas at the beginning of a series and these develop as the series goes on. We’re never short of topics to cover, particularly as psychologists increasingly come to us with suggestions because they know we’ll take psychology seriously, which is really nice.

**Kate:** What’s the most stimulating aspect of your job?

**Claudia:** Two things. One is doing the interviews. I get to meet the most eminent psychologists in the world doing the most interesting research (see Boxed Feature 3). And the other thing is I get paid to learn about new things every single day and to carry on reading really, really interesting journal articles.

**Kate:** What skills do you need to do your job?

**Claudia:** The ability to listen hard to what people are saying, but to fill a silence if a programme is live; the ability to put people at their ease so they can talk about their most personal problems, even though they only met you two minutes before; being able to read the journal articles critically; and then the journalist skills: making sure everyone’s got a fair chance to have their say; that it’s balanced; and that it’s never allowed to be about my opinion. If I’m doing my job right, no one should know what I think, apart from that I think it’s interesting.

**Kate:** What’s your philosophy of journalism?

**Claudia:** To find out lots about the subject before you interview the person so that you really know about it yourself; and to make sure everyone has a voice, particularly those who get less of a chance to have their say, such as people with mental health problems. It’s important to let people speak for themselves and not to have experts speak for them.

**Kate:** How do you think that impacts your approach to public engagement with psychology?

**Claudia:** I’m always looking for something new and interesting and I’m always looking...
for another way of convincing people why psychology is an interesting and worthwhile subject. Economists are everywhere, every committee has an economist on it; I’d like to see the day when there’s a psychologist on every committee.

**Kate:** Finally, what advice might you have for our readers who might be looking towards developing a career within the media?

**Claudia:** It depends on what people want to do. If people want to do something like I do, it’s important to learn the skills of journalism. Then it’s a question of finding an outlet. It’s not as though lots of jobs combining journalism and psychology already exist. In a sense I invented my job by gradually persuading Radio 4 to cover more psychology. Now there’s plenty and so you’d be hard pushed to convince them to do more, but you could look for somewhere else where psychology could be covered more. But to work in the way I do does mean being prepared to be freelance. I’ve not had a staff job since I was 18. If you want to be interviewed about your own research in the media, then you need to ensure your university press releases your research and to find ways of making it accessible to people and relating it to everyday life.

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**Boxed Feature 4: What Claudia is most proud of in her career to date**

‘The announcement of two awards, the BPS 2012 Public Engagement and Media Award and Mind’s Making a Difference Award, in one day was very nice and very exciting. I like the fact that one’s for psychology and one’s for mental health: they’re the two main things that I do. You can’t ask for much more than to be told what you do is making a difference. Even though All In The Mind is aimed at a general audience, I really appreciate that the BPS award was voted for by psychologists. It’s really important that, although it’s not aimed at them, it is accurate enough for them to not hate it!’

*All in the Mind* received the Making a Difference Award in recognition of its work in agenda setting and initiating change in mental health.

‘And also, my first book, *Emotional Rollercoaster*. It’s just really exciting seeing your name on a book!’
Boxed Feature 5: A highlight of 2011
'I went to Ethiopia to make a Health Check for the BBC World Service on child marriage. I interviewed teenagers who'd been kidnapped and forced to marry at the age of about 13, or in one case at the age of 10. The men are in their mid-20s when they marry them. It is illegal, but still takes place a lot. I visited a village where a tiny charity called Ratson was making a real difference by starting after school clubs for girls where the girls planned how to influence the older people in the village to convince them to stop the practice. They even made plans for how to alert their school and the authorities if they discovered they were to be married that day. After the programme was broadcast a big British company contacted me saying they'd like to make a sizeable donation to this charity to allow them to expand their work. Programmes are designed to raise that money, but to feel a programme made a difference like that is really amazing.'

Boxed Feature 6: In the run up to London 2012...
...Claudia is making a series of programmes for the BBC World Service about an athlete's life – and mindset – from birth to death. In January she's off to Kenya to learn about how they spot children really young who might become long distance runners. The first recorded programme will start with a baby being born: will this baby be a runner? Probably not! But then she'll go to a school to see how potential runners are spotted and trained. After this, she's off to Jamaica for the second programme which asks: how do they turn someone with really good promise into an amazing sprinter? For the third programme, she'll go to Germany and see how athletes and trainers use technology to get a tiny edge: how they get one second on someone else by living in an altitude tent, for example; and how psychology is used to give athletes competitive advantage. The final programme will explore what happens to athletes' bodies afterwards: for that, Claudia is going to the US to visit retired American footballers to see how years of contact sport have taken their toll on their bodies.

These programmes will go out from 29 February onwards for five weeks in a row. The first programme will be broadcast live from the car park of Bush House where there'll be people running around the car park for the entire hour-long programme. Claudia assures me she can't run and talk at the same time, so she'll be staying still!'
Developing an integrated model of eating disorders: A neurological perspective

Clare Allely

Clare Allely investigates altered brain activity and decreased grey matter in individuals with eating disorders: is it a neuro-developmental disorder.

EATING DISORDERS are defined as a disturbance of eating habits or weight-control behaviour which has a detrimental effect on physical health and/or psychosocial function (Mühlau et al., 2007). The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) states that the diagnostic criteria for anorexia nervosa (AN) is the ‘refusal to maintain body weight at or above a minimal normal weight’ – specifically, maintaining a body weight at a level less than 85 per cent of normal weight for age and height. This is coupled with an intense fear of putting on weight, disturbed self-evaluation of own body weight and shape and amenorrhea (the absence of a menstrual period in a woman of reproductive age). Many AN patients also engage in compulsive exercising. AN is split into two types: (1) the restricting type, in which patients primarily restrict their eating; and (2) the binge eating/purging type, in which patients regularly engage in binge eating then purge what they have consumed. Despite these clearly differentiated categories of types of AN, there is frequently a combination of symptoms displayed over time in the sufferer with a significant amount of individuals with AN going on to develop bulimia nervosa (BN) or an atypical eating disorder (unusual or troubled eating habits).

According to the DSM-IV (1994/2000) the criteria for BN includes recurrent episodes of both overeating or binge eating (with a feeling a lack of control of one’s eating during the episode) and compensatory purging behaviours (i.e. self-induced vomiting or use of laxatives or diuretics) to prevent any weight gain after binge episodes. In order to be diagnosed as suffering from BN, the patient must display these behaviours at least twice a week for at least three months. Moreover, sufferers of this disorder put an unhealthy level of credence on their body weight and shape. It is important to point out here that bingeing and purging are also characteristics of one major type of AN outlined above, namely, the binge eating/purging type. This overlap can, understandably, pose significant confusion between AN and BN. However, BN can be reliably identified from the binge eating/purging AN type if we examine the weight of the individual, since BN patients are unable to maintain a body weight which is below the 85 per cent cut-off and, therefore, fail to show amenorrhea. BN is subdivided into the purging-type (i.e. use of self-induced vomiting or laxative, diuretic, or enema abuse) and the non-purging type (i.e. fasting, exercising, or other non-purging means of compensating for binge eating). The difference between the two types of BN appears to be limited to the method used to reduce calories, a difference which more than likely has little ‘conceptual significance’. Although bingeing is a diagnostic feature of BN and bulimic-type AN, there is relatively little information outlining exactly how to identify a binging episode. For instance, exactly how much food would be deemed larger than the normal amount and how do we measure the loss of control that is argued to characterise a binge? Impulsivity is one factor that can help us distinguish BN from AN. Elements of impulsivity, such as
sexual promiscuity, suicide attempts, drug abuse, and stealing or shoplifting are common amongst patients with BN. Indeed, impulsiveness may be the driving factor behind the transition from anorexia to bulimia in some sufferers. Specifically, there may be some situations where some individuals aspiring to be anorexic cannot restrict their food intake and resort to an overeating episode. Having giving into temptation, the individual is left feeling that they have lost control and subsequently compensate for this act of weakness by purging – regaining some control. This pattern of behaviour appears to characterise both BN and bulimic-type AN patients with the only difference between the two being the weight level that they fluctuate around (Polivy, & Herman, 2002).

**Altered brain activity even after recovery from bulimic-type eating disorders**

Evidence for a neural disturbance in eating disorders is compelling (Uher et al., 2004). However, the underlying neurobiological mechanisms that account for the onset and maintenance of various eating disorders are not fully understood. For instance, we do not know for certain whether individuals with BN have primarily a disturbance in the ability to regulate appetite successfully as opposed to a disturbance which is primarily psychological in origin. The regulation of appetite is multifaceted comprising of various factors such as smell, taste, conditioned learning behaviour, numerous neurotransmitter systems and both peripheral and central neurotransmissions. Evidence of the role of taste perception, for instance, in the regulation of appetite comes from a study carried out by Franko, Wolfe and Jimerson (1994) which demonstrated altered taste perception in women suffering from BN. Compared to women not suffering from an eating disorder, the women with BN had a tendency to prefer the sweeter stimuli (Franko et al., 1994).

Research suggests that there are various areas of the brain underlying the modulation of taste and other aspects of eating such as its rewarding properties, namely the orbital frontal cortex (OFC), anterior cingulate cortex (ACC), anteromedial temporal cortex and the insula. This was explored by Frank et al. (2006) who studied 10 participants recovered (equal to or greater than one year) from a bulimic-type eating disorder and compared them to six control participants. Participants who were recovered were recruited to avoid the confounding effects of a current eating disorder and to investigate potential trait-related disturbances. Participants were given a solution of glucose or artificial saliva (the control solution) while being scanned using functional magnetic resonance imaging (fMRI). Interestingly, this study revealed that the ACC contributes to the ‘anticipation of reward’ since individuals recovered from a bulimic-type eating disorder had significantly less activation in this region. This suggests that individuals with a bulimic-type eating disorder may have a decreased reward response to food and nutrients, a decrease which may in fact underpin their vulnerability to overeating in binge episodes.

Schienle et al. (2009) was the first to demonstrate differential brain activation to visual food stimuli in patients suffering from binge-eating disorder (BED) and BN compared to controls. Sixty-seven female participants were assigned to one of four groups (overweight BED patients, overweight healthy control subjects, normal-weight healthy control subjects and normal-weight patients with bulimia nervosa). All participants fasted overnight prior to taking part. The researchers recorded the brain activity of the participants using fMRI during the visual exposure to three types of picture conditions; high-calorie food, disgust-inducing and emotionally neutral pictures. The participants were asked to rate the affective value of all the stimuli that had been presented to them during the fMRI study. The researchers
showed that all four groups perceived the food pictures as being very pleasant. For all participants, the visual food stimuli produced greater activation in the OFC, ACC and insula than the emotionally neutral pictures, with BN participants showing the highest arousal, ACC and insula activation. The BED patients reported greater reward sensitivity and had increased medial OFC responses while presented with food pictures compared to the other two groups. No difference in brain activity found across the groups in response to the disgust-inducing stimuli. This was the first study to demonstrate the existence of differential brain activation to visual food stimuli in individuals with BED and BN.

Using fMRI, Uher et al. (2004) recorded the brain activity of 26 female patients with eating disorders (10 with BN, 16 with AN) and 19 healthy female comparison participants (matched for age and education) during the presentation of food and aversive emotional images. They found that women with eating disorders perceived the food stimuli as threatening and disgusting. When presented with the food stimuli, the women suffering from an eating disorder displayed much more activity in the left medial orbitofrontal and ACC while displaying less activity in the lateral prefrontal cortex, inferior parietal lobule, and cerebellum, compared to the control group. The increase in activity of the medial orbitofrontal region of the brain during the presentation of food stimuli was evident in both individuals with AN and BN and, therefore, presents itself as the common functional neural substrate underlying both eating disorders. This supports the notion of eating disorders being transdiagnostic at the neural level. Even more interestingly, this abnormal increase in activation of the medial orbitofrontal region of the brain to particular stimuli is a common feature across a variety of illnesses such as obsessive-compulsive disorder and addictive disorders and may, therefore, be the region responsible for the compulsive component across these disorders.

Decreased grey matter in individuals with AN

The brain regions that may underlie AN remain uncertain. It has been repeatedly found that there is a decrease in cerebral tissue during extreme malnutrition in individuals with AN. However, what remains unclear is whether this damage to the cerebral tissue can be reversed. Muhlau et al. (2007) investigated, using magnetic resonance imaging (MRI), region-specific grey matter (GM) changes and global cerebral volumes in 22 recovered patients with AN and 37 healthy control women. Surprisingly, findings revealed that global volumes of grey matter (but not white matter) were reduced by around one per cent in patients with AN. The researchers also revealed a reduction of around five per cent in GM bilaterally in the ACC. Even more interestingly, region-specific GM reduction in the ACC was found to be associated with the severity of AN, highlighting the significant part this region plays in the pathophysiology of the disorder (Muhlau et al., 2007). This study is consistent with the findings of altered brain activity in the ACC in eating disordered patients discussed earlier (i.e. Uher et al., 2004). Further studies could explore whether this GM reduction is ever reversed in the patient’s lifetime.

Similarly, Gaudio et al. (2011) examined anorexia nervosa restrictive type (AN-r) adolescent patients during the initial stages (less than 12 months) of the illness using MRI. Their participants included 16 AN-r female patients (with no evidence of any other psychiatric disorders) and 16 age-matched healthy female participants. Findings highlighted a global significant decrease in GM in the AN-r patients. Specifically, there was a significant region-specific reduction in GM volume. These findings suggest a significant early GM loss in AN-r adolescent patients indicates a potential region-specific GM vulnerability that may underpin the pathophysiology of the illness. The fact that those affected regions are those involved in the manipulation of mental images and the
mental representation of the self may provide us with a potential explanation for the existence of a distorted body image common in these patients.

Lastly, Lambe et al. (1997) used MRI to compare the brains of 12 participants who were weight-recovered from AN (time since weight recovery, one to 23 years) with the brains of 18 healthy control participants as well as 13 low-weight patients with AN. The researchers found that there was evidence of persistent grey matter volume deficits in participants weight-recovered from AN. This indicates an irreversible component to the alterations in the brain that occur as a result of developing an eating disorder. Clearly, the neuropathological features of this persistent decrease in GM need to be explored.

Conclusion
Numerous studies have indicated that there is altered activity in various brain regions in individuals suffering from BN and AN, as well as significant loss of GM in certain regions in individuals with AN. Currently, treatment for eating disorders such as AN is poorly accepted and overall, ineffective. In order to create a full explanatory model for the development and maintenance of eating disorders, evidence from neuroscience data needs to be integrated into current psychological theory. Supporting this idea, Gillberg and colleagues (1994) have argued that the eating disorders, particularly AN, should be regarded as neuro-developmental disorders. Future research into eating disorders is necessary to ascertain the cause, specificity and functional consequences of the alterations in brain activity that is associated with this illness.

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THE HOME TEAM is 2–0 down with 43 minutes on the clock. In first half injury time the away team score to make it 2–1. During the half-time interval, the match commentators talk about how the away team has got the momentum going into the second half. Sure enough, they come out strongly and soon equalise...

But what exactly is momentum and how can it be developed and managed within the context of team sports such as football? This article will discuss ways in which coaches can nurture various factors in their players in relation to momentum to help them maintain consistent levels of individual performance and help them contribute to team output frequently.

Momentum has been defined as an added or gained psychological power that gives the person a feeling that they have an edge over their opponent (Iso-Ahola & Mobily, 1980). Despite the belief that momentum is a powerful determinant of success and failure in sport, momentum remains a largely unknown concept. It is considered to be a hidden force that is felt and sensed by competitors, positively and negatively, yet about which nothing systematic is done by coaches or players.

Sport psychologists at Loughborough University (Jones & Harwood, 2008) recently gathered information on individual player perceptions of momentum with the aim of providing practical insights for coaches working with teams and individual team members. When recalling their experiences of positive and negative momentum, the players identified a range of momentum triggers and associated outcomes of perceiving positive and negative psychological momentum.

Confidence
A common trigger and outcome of perceived positive momentum was that of confidence. For instance, one player said:

*I think gaining momentum you have to have confidence and be enthusiastic and believe in your own ability.*

While no single factor explains momentum, the importance of confidence in developing and maintaining this phenomenon should not be underestimated. It is vital that confidence is fostered throughout a player’s football career from an early age. Related to this concept, the participants reported that knowing they had accomplished success before competition gave them the confidence to achieve again. One player gave an example of this by saying:

*If you hit a cracking shot and it just goes wide it feels good in a way...even if you didn’t score...it gives you the confidence to do it again because you start believing in your own ability and momentum probably transfers.*

Therefore, the coach’s ability to draw out mastery experiences for players before competition would appear to be a relevant strategy to consider. Furthermore, with the help of a sport psychologist, coaches could also develop an imagery script that used recollection and re-creation of successful past performances to create a sense of confidence.

Opponent factors
Another trigger found to have a significant impact on momentum was opponent factors, where the actions of opponents are seen as
triggers of perceived momentum. For example, if a player saw an opponent’s negative body language it could trigger positive perceived momentum. This is shown quite nicely by a participant who said:

‘It is like having a psychological upper hand when you see the other team arguing and you almost thrive off that because you know if they are not getting on as a team then you must be doing something right to wind them up.’

Similarly, opponents playing to their strengths or maintaining possession may trigger negative perceived momentum. Therefore, to reduce positive perceptions of momentum in opponents, coaches should increase awareness of the effect of negative body language and teach strategies to increase positive body language in the event that negative psychological momentum is perceived. This could be done with the aid of sport a psychologist who could help coaches employ intra- and inter-personal emotional awareness training, for example, to help players control perceived psychological momentum. Specifically, players with these elements of emotional intelligence are those who control their own emotions and body language to give nothing away, whilst being sensitive to negative emotions in opponents to stimulate their perceptions of momentum.

**Tactical preparation**

As well as confidence and opponent factors, participants also noted the importance of a positive attitude and talked about ensuring optimal preparation as a method for developing a positive frame of mind:

‘If you are thoroughly prepared you will go into it with a lot more positive frame of mind and you do gain the momentum because you are in that positive frame of mind.’

Close attention should be given to the role of preparation by coaches, to prepare players tactically, technically, physically and mentally to build confidence and a positive attitude. Furthermore, preparation will allow coaches to brainstorm various ways in which they could change a game tactically to ensure that players overcome negative momentum:

‘I think strategies that you use to bring the momentum back in your favour could be the manager could say ‘look, you know if we do go 1–0 down, or we feel like it’s going against us, let’s just think two-touch, let’s keep it simple, let’s play the ball in their half and keep possession.’

Going back to basics in terms of skills executed, keeping possession and altering player formations were tactical strategies that the participants found useful in not only overcoming negative momentum but also maintaining perceptions of positive momentum. These ideas could be discussed with players before a game and would ensure players are prepared in case they go a goal down, for example.

**Team cohesion**

As well as preparing players tactically, coaches could manipulate the perception of personal and situational sources (e.g. game events). This was reiterated by participants who talked about the importance of encouragement from teammates and coaches when they perceived negative momentum. This idea is reflected in the following quote:

‘You look to other people in your team. I think you look to your big players, the more experienced players or the players who you regard can lift you.’

This point was supported by another participant who stressed the importance of using the team as a resource for developing positive momentum:

‘It’s hard to build your own momentum but it’s like you just have to keep going. It has got to be a team unit. It can’t just be one person that’s fired up and wanting to meet the challenge. It’s got to be whole team together.’

One participant summed up the importance of team cohesion nicely when he said:

‘I think that every aspect of being a team is important for psychological momentum. It does stretch beyond the football pitch because that is where it does develop.’

With participants describing many elements of team cohesion in developing and maintaining positive momentum and overcoming
negative momentum, team building activities with an emphasis on distinguishing the team by its level of cohesion and communication should be carefully considered by coaches. Participants noted the salience of collective, synchronous efforts and team encouragement through good and bad patches as well as the role of social cohesion and relationships with teammates ‘beyond the pitch’. One strategy that coaches could use is engaging the team in small group exercises where players individually discuss which triggers they personally feel enhance versus inhibit their perceptions of individual and team momentum on the pitch.

In conclusion, despite the fact that psychological momentum remains largely an unknown concept, this phenomenon is starting to be appreciated as fundamental to athletic excellence. Having looked at how individuals perceive psychological momentum based on actual competitive football experiences, this article has introduced a range of applied implications to help guide coaches in knowing how and when to intervene to maximise positive psychological momentum and to minimise negative psychological momentum.

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References
SOCIAL PSYCHOLOGIST? Looking for new ideas, fresh approaches, feedback on your research? Then I wholeheartedly recommend the British Psychological Society’s Social Section Annual Conferences. Having participated in the 2010 and 2011 conferences, I am now happy to have the chance of writing a conference review. I will focus on the 2011 conference, while mentioning the 2010 conference in places.

The 2011 Social Section Annual Conference was hosted at Fitzwilliam College in Cambridge. A postgraduate workshop preceded the conference, including some very useful and fairly interactive sessions on publishing journal articles, doing online research, and increasing the impact of your research. The smaller size of the workshop allowed lots of opportunities to ask specific questions or to discuss various issues, which was very helpful to most of those involved. The 2010 conference was also preceded by a postgraduate workshop, and this presented in both years a fantastic opportunity to make some friends and be in a supportive environment in anticipation of presenting your own work in the conference.

The conference itself provided a great opportunity to gain a broader theoretical and methodological perspective. The keynote lectures presented very diverse approaches, from fundamental psychological research to interdisciplinary approaches at the boarders of psychology with history or political science. A variety of methodologies were also represented, involving experimental work, cross-national surveys, conversation analysis, etc. This year’s keynote lecturers were Professor Susan Condor, Dr Ana Guinote, Professor Colin Leach, Professor James Liu, Professor Susan Opotow, and Professor Elizabeth Stokoe.

A variety of approaches and methods was also reflected in the smaller sessions of symposia or individual presentations, as well as the poster sessions. The conference is large enough to be diverse and informative, but also small enough to provide a constructive and supportive environment, especially for more junior researchers. Several smaller sessions will run in parallel and will typically involve audiences of 10 to 15 people. I felt I have gained very much from the discussions with other researchers following my presentation. It was also extremely helpful to find out about research being conducted in the UK and beyond which is very relevant to my own topic, and which is still unpublished. Had I not taken part in the conference, resources which have greatly helped the progress of my research would have gone unnoticed.

All in all, both the 2010 and the 2011 conferences have been great opportunities for me to present and advance my research. And I believe that such a conference would be an opportunity for any social psychology postgraduate to gain feedback on their ideas and meet researchers of similar interests. If you think this may be the right conference...
for you, check the British Psychological Society’s Social Section website for future conferences: www.socpsy.bps.org.uk.

I would like to thank the British Psychological Society and the Psychology Postgraduate Affairs Committee for their generous financial support, facilitating my participating in this conference.

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Conference Bursaries available from the Division of Health Psychology

The Division of Health Psychology (DHP) will be sponsoring students who wish to attend the DHP Annual Conference in Liverpool, 5–7 September 2012.

Up to eight bursaries are available that will cover registration, accommodation, entrance to the social events, and travel to the DHP Annual Conference.

Applications are welcome from 11 April 2012 until the closing date of 25 June 2012.

UK-based candidates with a first degree in psychology who are not yet eligible for Chartered Health Psychologist status (e.g. postgraduate students, research assistants) will be considered. Applicants should be DHP members. Preference will be given to those who have had a paper or poster accepted (or is under review) at the conference – please include your abstract with your application.

It is a condition of acceptance of the award that the recipient should submit a report of some aspect of the conference to Health Psychology Update by the deadline immediately following the conference.

Applications should be made in the form of a letter addressed to the National Conference Organiser of the DHP (see below) and include: (i) a detailed statement of why a bursary is needed (e.g. because a postgraduate student is not funded by a research council or their institution); why they think they should be awarded a bursary and how they will benefit from the conference, (ii) a supporting statement from a supervisor or referee, (iii) their abstract and submission status (submitted/accepted)). The committee reserves the right not to make awards should no suitable candidates be found.

Applications should be sent to Dr Debbie Smith, Division of Health Psychology National Conference Organiser, at: debbie.smith-2 @manchester.ac.uk

For further information regarding the conference please visit the event website at: www.bps.org.uk/dhp2012
‘Peer review is the most remarkable manifestation of a collaborative spirit of science and needs to be nurtured and fortified where necessary.’
(Pulverer, 2010)

Peer review is an essential part of the journey to publication and is portrayed as an objective exercise that provides constructive feedback from experienced peers and identifies poor quality work. However, although peer review is highly valued, it is also widely criticised. David Kaplan, who serves on the editorial boards of numerous journals, suggests that a list of failings undermine the process:

‘Peer review is known to engender bias, incompetence, excessive expense, ineffectiveness, and corruption.’ (Kaplan, 2005, p.321)

As an example, Kaplan presents Peters and Ceci’s (1982) often-cited piece of research that suggests reviewers are less critical of papers written by known authors. Peters and Ceci (1982) resubmitted a number of papers that had previously been published, to the journals that published them. The papers were disguised by the removal of the original authors name and the addition of fictitious institutions along with changes to title, abstract and opening paragraphs. Very few of the editors spotted that the papers were resubmissions (eight per cent) and the majority of reviewers (89 per cent) rejected the papers on the grounds that they contained ‘serious methodological flaws’. Peters and Ceci (1982) concluded that well-known authors and prestigious institutions benefit from less stringent review criteria. Although this research was conducted nearly 30 years ago, recent guidelines from the UK Research Council (2010) suggest that peer review is still criticised for being time consuming, overly conservative and biased.

Lynne Cooper, associate editor of the American Psychologist, suggests that many of the criticisms levelled at peer review are the result of intrinsically human behaviour, such as confirmation bias which is a very human tendency to accept statements that fit into existing theoretical frameworks and reject those that do not, even if the research has been conducted well (Cooper, 2009). Douglas Newton, of Durham University, also suggests that reviewers in the West see their role as one of attempting to reject submissions, rather than to look for reasons to publish them (Newton, 2010).

Peer review has been the focus of a substantial amount of research and although some journals have attempted to address the issues (i.e. the British Medical Journal conducts reviews with named reviewers), many of the flaws identified up to 30 years ago appear unchanged. In January 2011, The Science and Technology Committee opened an inquiry into Peer Review to which the British Psychological Society (BPS) contributed. The Psychology Postgraduate Affairs Group (PsyPAG) felt that it was appropriate to include the postgraduate perspective and conducted a survey to gather the opinions of postgraduates with experience of peer review. The results of this survey are detailed below.

1 Cited in Scopus 168 times.
Method

Participants
An email was sent to UK psychology postgraduates registered with a PsyPAG mailing list (761) and 16 members responded anonymously.

Measure
An online survey, developed in Survey Monkey, asked for a response to eight questions related to the peer review process made available by The Science and Technology Committee on their website.

Results and discussion
Content analysis was conducted on responses to each question in order to identify patterns and common themes in the comments. Two researchers compared individual analyses of the content until an interrater reliability of 95 per cent or more was obtained. The results of this are below.

Question 1: What are the strengths and weaknesses of peer review as a quality control mechanism for scientists, publishers and the public?

Strengths
A large number of respondents felt that the ability to ensure the quality of research is the main strength of peer review (70 per cent).

‘in theory, scientists should notice flaws in research design or analysis that compromise the interpretation of the results.’

Other strengths proposed were the provision of expert reviews (64 per cent), maintenance of standards (eight per cent), and comparability of research (eight per cent). It was also suggested that a system where the reviewer can also be the subject of a peer review encourages reviewers to be more conscientious (eight per cent).

‘reviewers are “insiders” to the field and are being reviewed in turn, making them more sensitive than, for instance, an independent review committee.’

Weaknesses
A number of authors and assessors of peer review suggest that the current system is biased (Chapman, 2006; Kaplan, 2005; UK Research Council, 2009). Respondents to this survey also identified bias as the main weakness, citing subjectivity of editors and reviewers (69 per cent) and favouritism from reviewers (38 per cent) as the most common forms of bias.

‘it’s weakness is that it can be subjective or open to academic favouritism.’

‘It would be very difficult to publish an article in a journal where the editor does not like your work.’

One respondent suggested that peer review is,

‘A very superficial process – more to do with politics than science at times.’

Time constraints experienced by reviewers and editors can also impact on the peer review process resulting in skim reading, unconstructive feedback, and the use of non-expert reviewers (Cooper, 2009). Responses to this survey mirrored these concerns citing unconstructive feedback (31 per cent) and a lack of available experts (17 per cent) as further weaknesses.

‘I have had the distinct impression that the reviewer has either ‘skimmed’ a paper prior to comment, or that they would like to push their own views into your writing.’

Throughout this survey, postgraduates expressed the opinion that blind or open peer review would improve the system. Here the lack of it was cited as a weakness.

‘Although reviewers are often anonymous, authors are not kept anonymous, and, therefore, sometimes it may not be as objective as it aims to be.’

‘The weaknesses relate to the lack of blind review, which can lead to unfair bias.’

Overall respondents to the survey suggest that peer review can improve the quality of published research but they also identify bias as a main weakness. The Science and Tech-

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2 See www.surveymonkey.com
3 See www.parliament.uk/business/committees/committees-a-z/commons-select/science-and-technology-committee/inquiries/peer-review/
nology Committee conclude from their inquiry that most researchers consider peer review important and necessary (Item 27). They recommend that all interested parties should work together to learn from each other and innovate the process (Item 28), as failures to control the quality of research can damage public confidence in science.

**Question 2: What measures would strengthen peer review?**

Opinions were divided to this question but a percentage of respondents (27 per cent) suggested that standardisation of the process would improve peer review.

‘Having a long letter scattered with points to ‘find’ can be time consuming. A more structured template could save time.’

Eighteen per cent of respondents felt that the process should be more transparent or authors should be anonymised.

‘Anonymous reviewers and authors. Only the editor should possibly have the names of the authors.’

‘Open online peer review is one option where registered reviewers can comment on aspects of an article within a secure website.’

The issue of blind or open reviewing has been the topic of much discussion (see the Boden report, 1990; British Academy report, 2007; Cooper, 2009) Newton (2010) concludes that anonymous reviewing maintains a culture of abuse and suggests that open peer review can make reviewers more objective, but may also discourage them from reviewing. Support for this assumption was found by Rooyen et al. (2010), who tested the impact of advising reviewers that they would not remain anonymous. The study experienced a low participation rate, suggesting that revealing the identity of reviewers does indeed discourage them from taking part. Conversely, the British Medical Journal (BMJ) does not apparently suffer from a deficit of willing reviewers despite operating a system that publishes reviewer’s identities.

Eighteen per cent of respondents suggested that implementation of an appeal system could improve the process.

‘Stronger application of conflict of interest requirements for reviewers. Allow for appeals.’

The BMJ currently has an appeal process and reports that appeals are often successful, especially when authors respond constructively to scientific criticisms and offer to resubmit a revised version.

Overall, the respondents’ suggestions for improvements to the peer review process mirror those in the literature, as well as the recommendations made by The Science and Technology Committee. In their conclusions, they encourage publishers to explore the various models of open and transparent review processes (Item 5). One respondent to this survey also mentioned the PloS ONE model, which was commended by the Committee.

‘I like the Frontiers approach (or PloS) that all articles done correctly should be accepted (with reasonable revisions) and then the crowd should decide, through citation.’

**Question 3: What is the value and use of peer reviewed science on advancing and testing scientific knowledge.**

The majority of respondents (64 per cent) felt that peer review did ensure the quality of research and methodology used in published material.

‘The value is in ensuring quality so that the interpretation of results can be believed as honest and open to challenge.’

Respondents felt that this quality check was operationalised via the processes of having work scrutinised by an expert (18 per cent), revisions suggested via feedback (18 per cent) and promotion of good practice amongst researchers (18 per cent).

‘Knowing that your peers will assess your work encourages you to strive to carry out the highest quality of research.’

A few respondents also offered their opinion that peer review is currently the best system available (18 per cent).

‘It’s the best method we have at the moment, despite having weaknesses.’

The conclusion often expressed in the literature concerning peer review is that although
flawed, peer review is, in principle, the best system devised thus far. Chapman (2006) suggests that peer review is generally considered a ‘good thing’ and a British Academy Report (2007) concluded that criticisms of peer review are often directed at faults associated with the practice rather than the principle.

**Question 4: What is the value and use of peer reviewed science in informing public debate?**

The majority of respondents (63 per cent) reported that the peer review system is valuable to public debate because reports based on reviewed science should be reliable.

‘Peer reviewed research is more trusted.’

‘Authors and journals have a responsibility to ensure the reported results are sound before they enter the public domain.’

However, some respondents (12 per cent) questioned the worth of using peer-reviewed science to inform public debate and suggested that the media misinterpret findings.

‘Only certain issues catch media attention, etc., and by then the research has been over simplified or sensationalised.’

**Question 5: To what extent does the peer review process vary between scientific disciplines and between countries across the world?**

Responses to this question were particularly sparse due to postgraduates not having much (if any) experience with these issues. Only two respondents offered any comments and they illustrate the variation between disciplines within psychology.

‘My experience is that it varies greatly; the ‘harder’, technology-driven disciplines (e.g. neuosciences in the case of psychology) seem to demand greater rigour and transparency, with often a more comprehensive review process, than more theoretical/qualitatively/clinically based research/journals.’

A review of the literature, however, supports the suggestion that practices do vary, for example, in a British Academy (2007) survey of editors of humanities and social science journals, 61 per cent of respondents reported that papers were always reviewed with the author anonymised. However, psychology journals tend to anonymise reviewers but not authors (otherwise known as single blind reviewing). Journals such as the BMJ and Nature operate a system of open review, but the BMJ names the reviewer whereas Nature does not. Considerable variation also exists in the number and type of reviewers used, a common practice amongst psychology journals is to ask for two or three reviews whereas the BMJ has a panel consisting of 15 reviewers.

**Question 6: What are your views on the processes by which reviewers with the requisite skills and knowledge are identified, in particular as the volume of multi-disciplinary research increases?**

Most respondents had limited experience with multi-disciplinary research but did suggest that the process by which reviewers are selected in general varies greatly (29 per cent).

‘There are strengths and weaknesses in of each of the main ways that reviewers are identified; that is by author suggestions, editor’s decision, selection from a pre-identified panel.’

Variations in the selection process are also cited in the literature with some authors suggesting that the outcome of a review can be affected by the selection process (Cooper, 2009; Hemlin, 2009). Cooper (2009) advocates using three reviewers who specialise in theory, an understanding of the particular behaviour being studied and expertise in the type of analysis used. The British Academy report (2007), however, does not see a problem with differing practices and suggests that this variety reflects the diversity of subject matter dealt with by peer review.

**Question 7: What is the impact of IT and greater use of online resources on the peer review process?**

Respondents felt that online resources can make the process of peer review faster, easier (75 per cent), and more transparent (13 per cent).
‘It’s definitely easier and quicker now that online submission and reviewers comments are the norm.’

‘IT makes the process faster and more transparent.’

Although some negative aspects of online peer review were highlighted (e.g. a negative impact on the quality of feedback or those with disabilities), overall respondents felt that the process;

‘can only seem to benefit from the greater use of online resources!’

Mandviwalla et al. (2008) demonstrated that online resources can improve peer review by creating a system that allowed authors to respond to reviewers comments mid review and submit additional material if relevant. Editors used the online discussions as well as traditional peer reviews to inform their final decision. The results suggest that both authors and reviewers felt that the extra interaction allowed a fairer decision to be reached. The Science and Technology Committee, however, caution against the non-prudent use of online tools, suggesting that the potential for information to be disseminated widely and quickly needs to be handled with care (Item 30).

Question 8: Are there any alternatives to peer review?

Most respondents felt that if conducted correctly peer review is the best option (75 per cent).

‘I think peer review is the gold standard if it’s done properly.’

Respondents reiterated their belief that peer review allows for different opinions to be aired (26 per cent) and highlighted once more their concerns that a lack of transparency harms peer review (13 per cent). They also suggested that editors should play a larger part in the final decision process (13 per cent). This final sentiment is echoed by Cooper (2009), who feels that editors should ‘step up to the plate’ (p.87) and play a larger role in the final decision-making processes.

Conclusions

Both current literature and the responses to this survey highlight the view that if executed correctly and without bias peer review should ensure the quality of published material and provide a system that allows research to be improved. Unfortunately, both the literature and experiences of the respondents suggest that the reality of peer review can be removed from the principles that underpin it. There is a suggestion that human heuristics play a role in the failings of the review process (Cooper, 2009) and The Science and Technology Committee report concludes that ‘The integrity of the peer-review process can only ever be as robust as the integrity of the people involved’ (p.92). Hemlin (2009) suggests that biases will never be eradicated and he calls for an editor lead review of practices, suggesting that disagreements ‘based on non-rational grounds must be fought against fiercely’ (p.11). The respondents to this survey would, perhaps, agree.

Acknowledgements

The authors would like to thank the respondents for taking the time to complete the survey that contributed to this article.

For anyone struggling with reviewers’ comments the authors suggest the following article by Daniel Rosenfield and Steven J. Hoffman ‘Snappy answers to stupid questions: an evidence-based framework for responding to peer-review feedback’⁴.

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References


In Memory of Tony Coxon: The Big Interview

Gareth Hagger-Johnson

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 work 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.”

Here, we reprint an interview from an earlier edition of the PsyPAG Quarterly, in which Tony reflected on his career and on the social sciences.
Gareth Hagger-Johnson meets Professor Tony Coxon

Gareth: Can you tell me a little about your background and what your research has involved?

Tony: I originally went to Leeds University because I was training for the Anglican priesthood. I had originally wanted to do psychology, but the Community which was training us, considered it too radical an option. Interestingly, they considered Sociology acceptable so I did my first degree in Sociology and Philosophy! I only moved incidentally into academia when offered a PhD scholarship, in which I looked at the recruitment and socialisation of Anglican Ordinands: biting the hand that fed me, as it were. It was completed in 1966: a crucial period, it later transpired, for major changes in recruitment to the ministry. Leeds being a leading 'left-wing University' (the Daily Telegraph said that if there were a revolution in Britain, the brains would be from Oxbridge, but the activists from Leeds) I became politically involved, but also with a scientific bent, and Peace Research was my first post-doctoral interest, leading to a visiting lectureship at MIT/Harvard which set me up permanently as a methodologist and kindled my interest in mathematical sociology. Whilst there I became involved in simulation studies, computer-aided content analysis and data analysis. On my return to Edinburgh University in 1968 I teamed up with Charles Jones, now at Toronto University, and we used these new techniques in a major project on 'occupational cognition', making extensive use of multidimensional scaling, which has remained one of my main interests, and the General Inquirer, a disambiguated dictionary-based computer-assisted approach to semantic analysis of texts. Both of these were subjects of SSRC grants whilst still here at Edinburgh.

In 1975 I moved round the Celtic twilight to the University of Wales, Cardiff, due to the beguiling interest of a chair in ‘Sociological Research Methods’, uniquely named in the UK, and I became involved first in social research in South Wales, and then whilst in the process of coming out as gay, in the topic of sexualities. This research was overtaken by events when the spectre of AIDS (then called ‘Gay-related Immune Deficiency’) overshadowed all else, and the research took a decidedly medical lurch with the Medical Research Council and the Department of Health funding us to undertake a five-stage longitudinal community-based study of gay men in England and Wales (the Scottish Office solemnly told us in 1982 that AIDS would not be an issue in Scotland). This also involved testing for HIV and other viruses, and we became a team where the routine research skills necessarily involved training in phlebotomy! Coupled with becoming Consultant with WHO of Homosexual Response Studies, my research interests have been in this area for a 15-year-period, and covering a much wider field than just sexual behaviour, until my early retirement last year.

Gareth: You’re well known for the SIGMA diaries. This is an unusual method, particularly for psychologists. In what ways was collecting data in this way useful?

Tony: Well, it all arose because in SIGMA’s study of gay men’s sexual behaviour, there were obvious problems of validity in interpreting (and believing) statements about the number of times one had done X in a given period. First, numbers were clearly ‘guestimates’ and suspiciously rounded, and we began to ask HOW they arrived at the number. Answer? Usually by grossing up. So we began to do a retrospective account with them, and it became clear that if an action was rare, unusual, then it was likely to be remembered accurately, but that the detail of behaviour could scarcely be recalled after a few days. Enter to prospective, rather than the retrospective diary. As a method it had to be developed almost from scratch, especially as we needed a systematic analysis of data obtained by an essentially qualitative method. In one sense, then it was a classic qualitative-quantitative method. The key
issue was encoding: how do you take free-flowing (if constrained) accounts of behaviour and put them into a format, which is comparable and reliable? Answer: you have to have a schema to interpret the data faithfully and systematically. The details of how we did that initially are found in Coxon (1988) and the main book about the diaries, Coxon (1996). Following that, we then wrote special-purpose programs to analyse the diary data and began using the diary method as both a parallel to interviews and also in its own right (for one-off studies). One of the most interesting methodological studies was the direct comparison of diary data AND interviews data of the same time period and referring to the same people (Coxon, 1999).

This was the paper that persuaded us that in most situations diary data of this sort are not only more reliable, but also more accurate and more valid as a source intrusive data of this sort. Most of the publications (which can be downloaded) and diary materials used in data collection are on the website: www.sigmadiaries.com.

**Gareth:** Desert Island Psychology Papers. You are sent away to a desert island, which has ample food and shelter but no psychology library. You can only take three psychology papers or books with you which three papers/books would you take?

**Tony:** The International Encyclopedia of the Social Sciences. This is packed full of information by real experts in their field, and includes Methodology as well as substantive material. Foundations of Measurement: Additive and Polynomial Representations (1971) by Krantz, Luce, Suppes and Tversky. Both because I’d have time to study the difficult parts which I’ve only skimmed in the past, and because it is the most crucial book on the topic, IMHO. Finally, Wirtschaft und Gesellschaft by Max Weber (though in translation as The Theory of Social and Economic Organisation). When the chips are down, I think he was the most important and profound thinker in the social sciences and I would like to savour, and not just his main work.

**Gareth:** Is it true that you brought SPSS to the UK?

**Tony:** OK, I admit it (and it isn’t always pleasant being dragged out of the closet!). I was a visiting lecturer at MIT/Harvard in 1968/1969 (at the height of the student revolt, with ‘teach-ins’ on Vietnam with Chomsky and Samuelson arguing the anti-and pro-case to thousands of MIT faculty and students...but enough of that!). Ithiel de Solla Pool (of content analysis fame) was Head of Political Science – MIT interestingly enough never had a Sociology department – and was grant-holder for an interactive data-analysis system named ADMINS. It was software well in front of developments, but sadly it never became widely adopted. On a Tuesday evening, almost all the staff and graduate students of the department flocked to be instructed in the new package, including Tom Lehrer, the mathematician-and-comedian. (His work was eagerly seized after the class because he even had a way with naming variables, and in those days, of course, the output was on a paper roll, not a VDU). But also, there was a new stand-alone package being developed at Harvard by David Armor, called ‘DATA-TEXT’ – for survey analysis AND content analysis – once again, a development before its time. He was very bitter that a group of upstarts at the University of Chicago (home of ‘dustbowl empiricism’) had stolen a march on him, and his suggestion was that it was not just the stealing of a march but also of the ideas too). They had developed and were pushing a new but considerable more restricted data-analysis package called...SPSS! Its growing popularity stemmed mostly from the fact that its instructions followed closely what social scientists actually did, rather than what statisticians (for instance) thought that they ought to be doing.

At that time, a major problem in the newly-developing field of ‘user-friendly’ software was that it was developed in the US and was also machine-specific, and European governments protected their own computing firms and hence resisted American (meaning
in this context IBM) machines, which was the computer on which all the social science software was being developed. But UK Universities were lumbered with BRITISH machines, produced by ICI, whose architecture was not compatible with IBM. However, large universities with (natural) scientific clout were able to resist this pressure and actually have a real IBM machine. I think there were four such Universities, including Edinburgh.

At the end of that year in Cambridge, Massachusetts, I was starting a new appointment as Lecturer in Sociology at Edinburgh and I brought with me a tape. With the code of SPSS on it, plus documentation, the tape was enormous. Being sent by Professor Tom Burns as Sociology representative into the powerful lair of the University Computing Committee. Here, I found that there was a battle royal over the plans to design the survey package to end all survey packages, except that the powerful departments (statistics, agriculture, etc.) could not agree on its specification. As an apparent naïve new-boy, I was, therefore, able to suggest that whilst such a weighty decision was being made, ‘might it not be useful in the interim to adopt a new development from the US, of which I happened to have a copy with me?’, therefore SPSS arrived! This also incidentally explains why it was Edinburgh that was the location for development of British versions of SPSS, under the aegis of the Program Library Unit, as it then was called, and why Edinburgh was the first university in the UK to have SPSS taught courses! But don’t tell anyone all this, as it is a mixed blessing being thought of even a part progenitor of SPSS, because then people blame ME!

Gareth: How did Edinburgh feature in your intellectual/research development?

Tony: Edinburgh was the ‘return to the UK after major US experience’. At that time Sociology at Edinburgh was very much a ‘hand-chosen’ department. Tom Burns, whose ideas and conception of sociology dominated all, in effect chose the staff. He was an interesting and challenging guy, who successfully combined what would now be called qualitative and quantitative approaches. Coming via MIT and becoming strongly attracted by ‘cognitive sociology’, Edinburgh was an obvious location with a strong Cognitive Studies orientation, Machine Intelligence, and equally strong empirical tradition (represented especially by Frank Bechhofer) and commitment to sociological excellence! In retrospect, the impact of ‘Educational Sciences’ under Liam Hudson also had a major influence, not least because of those in that department who shared a similar viewpoint. I was continually motivated by Charles Jones (with whom I worked on ‘Occupational Cognition’), Sara Delamont and Paul Atkinson (who are now at Cardiff and whose ‘qualitative approach’ interests me). The Program Library Unit helped us developed our interests in computer-assisted content analysis and multidimensional scaling. All in all, Edinburgh was probably the single most important intellectual influence in my academic life.

Correspondence
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University College London.
Email: g.hagger-johnson@ucl.ac.uk

References
## Dates for your Diary

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<td>Division of Counselling Psychology Annual Conference 2012</td>
<td>12–14 July 2012</td>
<td>Mercure Leicester City Hotel, Leicester</td>
<td><a href="http://dcop.bps.org.uk/">http://dcop.bps.org.uk/</a></td>
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<td>18–20 July 2012</td>
<td>Northumbria University, Newcastle-upon-Tyne</td>
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<td>15–16 September 2012</td>
<td>Wills Hall, University of Bristol</td>
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<tr>
<td><strong>Core Committee Members</strong></td>
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<tr>
<td>Chair</td>
<td>Sarah Goldie <a href="mailto:sarah.goldie@northumbria.ac.uk">sarah.goldie@northumbria.ac.uk</a></td>
<td>2012</td>
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<tr>
<td>Treasurer</td>
<td>Jen Mayer <a href="mailto:j.mayer@gold.ac.uk">j.mayer@gold.ac.uk</a></td>
<td>2013</td>
</tr>
<tr>
<td>Vice Chair</td>
<td>Emma Jackson <a href="mailto:e.jackson@worc.ac.uk">e.jackson@worc.ac.uk</a></td>
<td>2013</td>
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<tr>
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<td><strong>PsyPAG Quarterly Editors</strong> (4 posts)</td>
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<td></td>
<td>Claire Miller <a href="mailto:psu525@bangor.ac.uk">psu525@bangor.ac.uk</a></td>
<td>2012</td>
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<td>Daniel Zahra <a href="mailto:Daniel.zahra@plymouth.ac.uk">Daniel.zahra@plymouth.ac.uk</a></td>
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<td>Blaire Morgan <a href="mailto:Bem640@bham.ac.uk">Bem640@bham.ac.uk</a></td>
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<td><strong>Division Representatives</strong></td>
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<tr>
<td>Division of Clinical Psychology</td>
<td>Fleur-Michelle Coiffait <a href="mailto:F.M.Coiffait@sms.ed.ac.uk">F.M.Coiffait@sms.ed.ac.uk</a></td>
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<td>Division of Counselling Psychology</td>
<td>Sarah Baker <a href="mailto:sarah@mkvie.com">sarah@mkvie.com</a></td>
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<tr>
<td>Division of Educational and Child Psychology</td>
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<tr>
<td>Division for Teachers and Researchers in Psychology</td>
<td>Emma Davies <a href="mailto:edavies@brookes.ac.uk">edavies@brookes.ac.uk</a></td>
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<tr>
<td>Division of Forensic Psychology</td>
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<td>Division of Health Psychology</td>
<td>Ruth Laidler <a href="mailto:ruthlaidler88@yahoo.co.uk">ruthlaidler88@yahoo.co.uk</a></td>
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<td>Division of Neuropsychology</td>
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<tr>
<td>Division of Occupational Psychology</td>
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<td>Sarah Wood <a href="mailto:sarah.wood@unn.ac.uk">sarah.wood@unn.ac.uk</a></td>
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<td>Conference standing committee</td>
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<td>Stephen McGlynn <a href="mailto:stephen.mcglynn@new.ox.ac.uk">stephen.mcglynn@new.ox.ac.uk</a></td>
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- PsyPAG runs an annual workshop and conference and also produces a quarterly publication, which is delivered free of charge to all postgraduate psychology departments in the UK.
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