Can we be lobbyists for social change?

We are writing to express our concerns over the impact that the recently announced changes to the benefits system are going to have on the poorest and most vulnerable members of society.

As third-year clinical psychology trainees, we believe it is ethically and morally appropriate to advocate for the welfare of our clients. This includes being engaged and active in the social welfare debates that stand to make important and detrimental effects on their lives. We were encouraged further in a recent teaching session that highlighted the important reciprocal connection between social justice and healing, acknowledging the role of trauma and injustice on our clients’ well-being and that solutions are not only achieved through individual and personal actions but also through collective means.

As we began to think about this amongst colleagues, it was noticeable that many of us could think of at least one (often more) of our current clients that are likely to be placed in incredibly difficult, often impossible, financial positions as these changes are implemented. One of us was struck by a client who is facing the difficulties of ‘Bedroom Tax’ and the expectation that they will need to pay for the ‘empty’ bedroom in their house that exists whilst their child is currently in a long-term foster-care placement. The child’s contact with her mother and potential reunification with her mother is likely to be greatly affected if the mother is required to move out of her community where her social support network is established and move to smaller accommodation where the child would be unable to be accommodated.

Whilst this is not the arena for an in depth discussion on individual cases, the client referred to is simply to highlight our concerns at the number of people that stand to suffer with the planned changes. This leaves us with the question of what, as clinical psychologists could and should we do?

As psychologists, we are aware of our commitment as a discipline to take seriously the social contexts of the lives of individuals. We believe that our role as clinical psychologists is one through which we can contribute to the broader social welfare debate, recognising our role in the relationship between social justice and healing, and that solutions are not only achieved through individual and personal actions but also through collective means.

I was interested in the letter from Phil Topham in the February issue of The Psychologist. Many professionals approaching retirement will be wondering how to make the most of their retirement. For many this will be as long as 30 years during which they will be in good health, and even those with shorter prospects will find life is considerably more agreeable than it probably was for their parents. Most people would be advised to think of retirement as offering a long holiday but only as a comparatively short break from routine. After a few months or a year or so it is best to have a fresh start at something they really want to do and which they have full control over.

I retired 15 years ago and have been engaged in several projects supporting retired professionals and helping them to continue to live in a way that is professionally congenial and beneficial. There are two considerations that are, I believe, essential if retirement is to offer the fullest and most rewarding experience. First, one must stop thinking about it as the tail-end of a career. Better to think of it as a fresh start with as much time and energy ahead as in the past. The second is to avoid joining any organisation that is dedicated to helping older people, because they treat retired people as being defective or deficient in some way or another and liking dependence not independence.

In my case, I moved out of the public sector (universities and civil service) into the private sector, and this has meant a continuing steep learning curve.

Much of my support has come from older professionals and
which we must engage in political matters, owing to the undeniable relationship between social inequality and psychological distress. Along with our remit to work with individuals, families, teams and systems, we believe it is important to engage with policy both in clinical psychology directly as well as our neighbour disciplines in local and national government. It was then a surprise to us that having looked through the BPS website, recent editions of The Psychologist and Clinical Psychology Forum that we did not come across any discussions on this matter.

Our letter comes with an invitation to enter into discussion about this matter and to open up a dialogue amongst our profession. We look forward to engaging in the conversations that we hope will emerge.

Jade Weston
Trainee Clinical Psychologists
University of Hertfordshire

Nic Horley
Trainee Clinical Psychologists

Editor’s note: I share your desire to see discussion and dialogue on this topic. In the February issue (and on Twitter via @psychmag) I called for contributions to an ‘austerity psychology’ special issue: has your teaching, research or practice in psychology been affected by the economic climate? I was surprised not to receive any response, and I am still keen to do so on jon.sutton@bps.org.uk.

I am convinced that the vast resource of experience and ability residing in the retired population is largely untapped and is in fact the missing factor in our national capability in enterprise, business and leadership.

Harry Gray
Manchester

In the 25th anniversary issue of The Psychologist the status of intelligence research was raised by Paul Devonshire, who called for a BPS-wide discussion of its applications and implications for society (Letters, January 2013). Coincidentally, in the same issue, there was a collection of articles on British individual differences research, which included one by Ian Deary and John Maltby that amply attested to the reality and relevance of intelligence, and the important insights it is yielding in the field of cognitive epidemiology.

In a letter in the March issue, Mike Anderson takes up this topic, stating (perhaps a tad uncharitably) that ‘too many of my most intellectually brilliant colleagues… seem to have frittered their talents on largely trivial pursuits instead of focusing on the core question of “What is intelligence?”’ The fact is that far too little is known about intelligence research and testing among psychology students, academics and practitioners – although, this fact, does not discourage, often strongly held, opinions on this topic.

As committed Marxists, we note that the mere mention of ‘intelligence’ evokes in some people a reaction that reminds us of the great Groucho’s definition of politics: ‘…the art of looking for trouble, finding it everywhere, diagnosing it incorrectly and applying the wrong remedies’. It is about time that, in the UK, we fostered an open academic debate about the strengths and limitations of the concept of intelligence – as well as other important individual differences factors. To this end, we co-founded the British Society for the Psychology of Individual Differences (BSPID), which provides a forum for research and debate in an open and inclusive fashion.

As Hans Eysenck noted many years ago, people do differ and this fact should matter to psychology more than it does currently.

Professor Philip Corr
University of East Anglia
Professor Eamonn Ferguson
University of Nottingham

Paul Devonshire’s suggestion (Letters, January 2013) that the Society prepare an agreed statement on the meanings, uses and abuses of ‘Intelligence’ is both enticing and problematic. The breadth of what he might have in mind, and the potential difficulties of doing so, are revealed in the sentence ‘I feel that we are caught in the expectations of the general public for whom IQ remains a potent meme, and, rather than attempting to move them on, we collude with them’. The collusion he refers to in fact follows from what is not said in the APA document he refers to – Intelligence: Knowns and Unknowns. This, very usefully, terminated much unproductive debate and litigation. But it did little, in its discussion of ‘unknowns’ to move us/the public on.

Devonshire reports that he ran a seminar with a title virtually identical to that of our 2008 book Uses and Abuses of Intelligence: Yet the abuses he mentions – such as psychologists using ‘intelligence’ tests with little understanding of either their theoretical basis or predictive validity – while serious, are far from the most important. In reality, it has proved almost impossible to provoke discussion of the abuses. Because of arguments with, and between, reviewers we never managed to get what became my chapter ‘Intelligence, engineered invisibility, and the destruction of life on Earth’ (which essentially argues that most practical uses of ‘intelligence’ tests are unethical because they contribute to, and cement, an environmentally destructive hierarchical society) into mainstream publications. And the chapter itself has been virtually ignored by reviewers of the book. Colluding with the public ‘rather than attempting to move them on’ – by Jove, yes, indeed! It is more than a century since Spearman wrote that neither the tests from which his g had emerged, nor g itself, had any place in schools. This is because they deflect the attention of teachers, parents, and politicians from the business of education. As he saw it, the purpose of education is to nurture (‘draw out’) and recognise the huge range of talents that are available. What have we, qua psychologists, done about this issue in the intervening century?

However, to return to Devonshire, whilst eschewing the use of the slippery word ‘intelligence’, even Spearman failed to note that nurturing the diverse talents available and harnessing them to a common task results in the emergence of a collective intelligence of much greater importance than any variant of individual intelligence.

In short, while I agree that it would be extremely valuable to set out to produce an agreed statement of the kind Devonshire appears to have in mind, getting agreement on the abuses of the term is likely to be both controversial and difficult.

John Raven
Edinburgh
INSTITUTIONALISED FINANCIAL DISCRIMINATION

There have been many letters in these pages over the years on the rights and wrongs of using unpaid workers, specifically within psychological services. The following text is taken from an advert for an ‘unpaid clinical attachment’, which appeared on the NHS Jobs website on 14 February 2013. If ever an advert summed up the ‘wrongs’ with using unpaid staff then this is it!

With a budget of around £200m, three hospitals and 4800 staff, North Tees & Hartlepool NHS Foundation Trust provides acute hospital services to the population of East Durham, Hartlepool, Stockton-on-Tees and a small part of Sedgefield. With a strong financial position and an ambitious strategy which includes the provision of a new, single site hospital, we are committed to achieving excellence in our service.

Pity that despite its ‘strong financial position’, this Trust cannot find the minimum wage out of its £200m budget. While there is clearly an issue with such an organisation recruiting unpaid staff, I do appreciate that there are some third sector organisations, and charities that rely on volunteers, and I would not want to see this practice stop. However, for me, the real ‘wrong’ is the institutionalised discrimination that such practices foster. If entry onto a postgraduate psychology course is dependent on such experience, or the knowledge/support gained through such experience. Then we have to consider that those who are excluded from being able to volunteer for such experience are by definition excluded from postgraduate psychology careers – the graduate who needs to work to pay the rent/mortgage, the single graduate with young children, the financially impoverished graduate who lacks the funds to even pay for the travel to go to a voluntary placement.

On a clinical psychology interview I was asked about ‘formative research’. As psychologists with an understanding of factor analysis, we need to define the specific factors involved. If we can do this then we will look to our own homogeneous workforce, and understand that the reason postgraduate psychology courses, especially clinical psychology, are largely populated by well-to-do young women is that they are the ones who are able (not only willing, but able) to do unpaid work. That is institutionalised discrimination, it might be legal, but it’s still wrong, and the world of psychology lacks diversity and is poorer as a result.

Phil Boyes
Yarm
North Yorkshire

Television cameras in courts

A recent Justice Secretary Kenneth Clark has said that plans now afoot to televise proceedings in courts would aid the understanding of justice. But would it?

This is a question (and there are others) amenable to assessment in which I suggest the BPS should take an active interest. In the 1980s television journalism was eager to get into Parliament. Then in the Research Department of the Independent Broadcasting Authority, I supported a joint project with the BBC for any such provision to be assessed. The goals of the ‘entry camp’ were that televising would:

- increase public knowledge of parliamentary procedures and of their achievements to date;
- improve attitudes towards the work done in Parliament;
- bring about these positive public changes while not altering MPs’ behaviour for the worse (e.g. in alleged episodes of childish disorder);
- and, indeed, help MPs and members of the House of Lords to feel that they were communicating better with the public.

Systematic surveys were done amongst public samples as well as with members of the Houses of Parliament. Results were not widely published by the broadcasters but can be disinterred; and it may be fair to say that while no active harms were demonstrated at least in short-term follow-up, nor were the hoped for beneficial effects identified. Two decades later it would be hard to claim that the desired positive effects have regained momentum, and it might be more likely found that public knowledge of parliamentary work and achievement remains scant while public esteem for and even morale within the Houses of Parliament are not improved either.

Broadcasters remain keen to keep their roles ‘in Parliament’ rather than to leave them to the press, but have not been eager to report or to renew what is called ‘formative research’.

Events in courts are more sensitive than those in Parliament. MPs have chosen to enter the public eye – while many or most court role players have not. Lawyers might wish to ‘play to the public’ but might have to be restrained if so. Research should aim to clarify whether public knowledge of procedures will be improved by seeing broadcasts of proceedings, and whether the course of justice might or might not be disserved.

A special difference with courts is that not only are participants to be served but so too are their ‘third parties’. If it is not improper to cite a recent case example: the son of an accused Chris Huhne had his privacy considerably disrupted simply by publication of his e-mails in print. Disruption to his peace of mind could have been greater (or less, might some argue?) had the scenario been broadcast ‘live’ or even recently recorded and edited.

Experience of televising court procedures can be culled from other societies, though their constitutions and cultures may well be so different from that in the UK that their relevance, if any, would have to be established with caution.

Responsible authorities are the BBC’s Trust and Ofcom. If they permit broadcasting, it should be as part of ongoing assessment, published without delay, (so-called ‘formative research’) and should lead to a decision to continue, modify or even cease televising court proceedings.

Mallory Weber
London NW8
**IAPT – a service user’s perspective**

Improving Access to Psychological Therapies (IAPT) is an NHS programme specially for individuals suffering from anxiety and depression and its aim is to improve the life of so many people who are currently enduring the stressors of everyday living which prevents them from having quality of life.

As a recipient of such ‘therapy’, I would like to propose, perhaps somewhat cynically, that it is the government’s way of fast-tracking sick people back into work, rather than having them languishing at home receiving benefits. As a result of this true motivation behind the scheme, it can be extremely lacking in its ability to support anxious and depressed people, leading to further distress and disempowerment.

I would add that it can also be dangerous, as many of the low-intensity well-being practitioners lack experience and qualifications. The people they are dealing with often require much more support than they can even begin to provide, but because of constraints, they endeavour to force them to receive therapy (in the form of cognitive behaviour therapy), often not even face-to-face but on the telephone.

If a client is fortunate (and able) to see a practitioner, there is a limit to the amount of sessions they can receive, irrespective of whether recovery is likely. High-intensity workers, who would be more equipped to deal with clients with long-term anxiety and/or depression, are in short supply.

Each session involves filling in questionnaires that take up further time and are extremely difficult to complete accurately. Confidence in the practitioner is hard to strive for when some don’t even have a degree in psychology and lack life experience and empathy. Not all practitioners are even equipped to deal with clients who suffer a panic attack in front of them (often through interceptive exposure, a popular technique they use) and completely avoid a holistic approach to care, preferring to focus on a solution to the problem to get immediate results.

Sadly, other groups of people whose disorders enable them to bypass IAPT to be referred to their Community Mental Health Team for assessment, may find themselves waiting several months for treatment.

The thorny road ahead is clear: either suffer the indignity of a two-bit counsellor claiming to eliminate your deeply embedded fears through graded exposure therapy and CBT, without much support/guidance along your journey, so very much self-help… or be placed on the endless waiting list for a proper psychological evaluation, if they deem your ‘disorders’ serious enough.

Is ignorance surrounding mental health really diminishing? I think not. Oh dear, but that would be considered as negative thinking and just will never do…

Fast-tracking sick people back into work

**Obituary**

**J. Richard Hackman (1940–2013)**

In one big virtual community, occupational psychologists globally are united in their sense of collective loss. Professor J. Richard Hackman passed away on 8 January. Richard was one of the founding fathers of occupational psychology and one of the most influential thinkers in the domains of individual performance and team effectiveness at work.

I was fortunate enough to meet Richard in 2011. True to form, it was a quirky meeting, a web-based meeting. I was in Oxford, he in his office at Harvard University; a spritely 70-something-year-old, sporting a hat and smoking a pipe. His office was once the academic home of B.F. Skinner, another founding father of our profession, and the sense of tradition meeting through technology was quite profound.

I was first introduced to Professor J. Richard Hackman’s work as an undergraduate student of organisational psychology in Australia. I recall the Job Characteristics Model, one product of his many years collaboration with colleagues Lawler and Oldham, through the 1970s, ’80s and ’90s. More latterly, he has been known for his role in the Harvard ‘Group Brain’ project and his work in drawing together the organisational underpinnings of team coaching into the theory of team coaching. If you, like I do, work in the area of team and leadership development and/or coaching, then you will most likely be familiar with Richard’s many books and papers. My desert island reads would include Leading Teams: Setting the Stage for Great Performances (2002) and Collaborative Intelligence: Using Teams to Solve Hard Problems (2011).

The work I have done with Richard has most sadly only been at a distance and I have only met him personally in virtual space, indicative in itself of how forward-thinking and modern he was, even in his latter years. I last ‘saw’ him at a conference I was running in 2011, ‘Keys to Team Success’, at the Hawkwell House Hotel in Oxford. Richard introduced delegates to the Team Diagnostic Survey and the research that led to the key conditions for team effectiveness. At the end of the video presentation recorded for the event and handing over to his colleague Trex Profitt, Richard announced: ‘I wish I were able to be present to answer any questions you may have, but Trex will be available and he will be picking up where I am leaving off.’ How portentous.

Pauline Willis
Oxford
http://jrichardhackman.com/obituary
#overlyhonestmethods

Seeking distraction in January, scientists from a variety of disciplines took to the social media site Twitter to share their #overlyhonestmethods with the world. Arguably, these anecdotes reflect the day-to-day trials and tribulations of academic researchers, from PhD students to professors.

Some of these tweets divided opinion within the scientific community, and they have been discussed at length on many blogs (e.g. tinyurl.com/bgwp3). Some argued that, in the light of recent cases of scientific fraud and bad behaviour within science (and psychology in particular), this was not a suitable subject for humour. To a certain extent we agree, and we have been careful with our choice of examples here. But on the whole, is it not good for scientists to show that they harbour a sense of humour under their lab-coats? We have selected a few of our favourite tweets – do you identify with them?

On battling peer reviewers:

- we did experiment 2 because reviewers forced us to – but we knew we were right the whole time
- We forgot to ask participants for their gender but assure reviewers that all participants had one
- This additional experiment was totally redundant, but we did it to convince

the reviewers

- We used a hierarchical Bayesian analysis in the hope it would intimidate and confuse reviewers
- Analysis method X was done because only 10 people in the world know the underlying maths, none of them are reviewers
- Cited papers were selected for higher Unavailability in vague hope reviewers wouldn't bother trying to find them

others tried flattery…

- Refs. 4-47 included only because we are sucking up to potential reviewers
- or sarcasm…

- We ‘thank’ the ‘reviewers’ for their ‘helpful’ comments on an earlier draft of the paper on competition between researchers:
- We didn’t read any papers we cited cause we needed to publish our work before that guy at the conference publishes his
- we WOULD have been the first to publish this data if our evil arch rival hadn’t held up the manuscript in review
- We have chosen not to perform control experiments because we wanted to publish first
- This additional experimental

condition was carried out because we heard our competitor lab was working on it

Other tweets provided indirect arguments in favour of open-access publishing:

- We didn’t read half of the papers we cite b/c they’re behind a paywall
- when I say ‘research indicates’ I mean I read an abstract on pubmed because the full paper was behind a paywall

Other tweets referenced some sensitive issues that the scientific community is wrestling with at the moment, for example p value fishing:

- We did the sacred dance of the P-values until our statistics had enough "s next to them.
- This statistical test was selected by pushing every button we could find in SPSS until we got p < .05

The latter category of tweets was the main focus of criticism, which you can read about online (e.g. tinyurl.com/d64w88). We suspect that many of these tweets are untrue, and most of them are at least embellished for comic effect. As with any profession, there is a discrepancy between the way in which science should be done, and the practices that scientists may adopt in order to actually get it done. At a time when scientific fraud and dubious practices are in the spotlight, and many people are making long overdue attempts to raise awareness of the negative impact of such practices and the need for change (Simmons et al., 2011), is laughter part of that healing process?

You can follow the tweeps who wrote this (@ajj_1988, @field_matt). However, online lads don’t last long so by the time this makes it into print, #overlyhonestmethods will be a distant memory. Indeed, you can now check out #stillnotsignificant courtesy of health psychologist Matthew Hankins (@mnc_hankins).

Andrew Jones
Matt Field
Department of Psychological Sciences
University of Liverpool

Reference
Scotland’s referendum – a research opportunity

By the time my letter (in reply to Mallory Wober’s letter, December 2012) relating to possible bias in Scotland’s referendum question was published in February, the UK Electoral Commission had actually reported. To put the record straight, the question that has now been accepted by the Scottish Government reads: ‘Should Scotland be an independent country?’ YES/NO. Is there any psychological bias in this? The consultant list did not specifically include professional psychologists.

The Electoral Commission emphasised the need for the provision of independent objective information on all key questions of public concern. But how can this compete with the emotive slogans that already predominate?

Clearly the UK political parties are concerned to preserve the ‘future United Kingdom’ (FUK). For rather obvious reasons the NO campaign dismissed the slogan ‘For FUK’s Sake Vote NO’ and chose the far more effective ‘Better Together’. The latter is a winner for a middle-aged demographic. ‘NO’ was also the first to publish a paper on behaviourally based approaches to classroom management.

His early emigration, first to Canada and then Australia in the early 1970s, was a great loss to the UK but a source of enrichment to the many colleagues and students whose life and work were influenced by his leadership, encouragement and friendship. Most of his work was done at Macquarie University in Sydney where he established a classroom-based Special Education Centre which developed high-quality teaching and research and influenced practice and policy, particularly in providing a strong and critical evidence base for the development of inclusive education. He combined inspirational leadership in the Centre with bringing a force for change not only within the university as a whole but also at government level in New South Wales, nationally and internationally. An official history of Macquarie University records him as ‘one of the more original and creative spirits from Macquarie’s first twenty years. Voluble and articulate in a blunt north country way, emotional but intellectually demanding, he relished academic life of the more enterprising kind’.

After Australia, he returned to the University of Victoria in British Columbia to which had first emigrated in 1971 and where he had many friends and former students and later lived in retirement.

Jim will be remembered for the warmth of his personality and for the vibrant humanity and generosity of spirit he brought to everything he did, whether as a brilliant jazz pianist, dancer, tireless collector of antique clocks, winning prizes for billiards, at the wheel of fast sports cars or just being with people.

He was first and foremost a family man, devoted to his wife Doreen to whom he was married for 63 years until her death a few months before his. He is survived by his son Andrew who now remembers him as ‘a true citizen of the world, whose research and passion for his field have benefited child psychology greatly, the most clever, self-effacing humanitarian man that I have ever met …a warm, loving father to me and a wonderful husband to my Mum from whose loss he never recovered.’

Jim is also remembered as a staunch supporter for child psychology and for research and career advancement for Canadian- and New Zealand-trained educational psychologists – examining both YES and NO campaigns. Hopefully they will take advantage of it.

Dr John W. Hinton
University of Glasgow

Letters

James Ward (1929–2013)

Within the UK Jim Ward will be best remembered for his leadership in training educational psychologists and for his membership of the Manchester University team that launched the British Abilities Scale. He was also the first to publish a paper on behaviourally based approaches to classroom management.

The NO campaign has another advantage: the cheaper UK tabloids provide one-sided ‘information’. Almost daily headlines emphasise insecurities of separation: risk to pensions, loss of jobs, etc. The poor and permanently unemployed are led to dread loss of welfare benefits, and others to fear loss of savings and pensions.

The Scottish diaspora is legendary (90 million of Scottish descent around the world). Those with ‘get up and go’ went. Even today many achieving first class degrees head out of Scotland. What is the result of this ‘socio-economic’ selection? Maybe in the remainder there is a raised proportion of more anxious personality types, and those with a ‘dependency syndrome’? Arguably many may feel the country is ‘dependent’ on England. If so, ‘Better Together’ is an advantageous slogan.

This coming referendum offers many opportunities for research by social psychologists – examining both YES and NO campaigns. Hopefully they will take advantage of it.

Peter Mittler
Manchester
Abortion – the most difficult decision

I have just read Jon Sutton’s review of the Panorama programme ‘The Great Abortion Divide’ (Reviews, March 2013) and feel the need to challenge it.

As a clinical psychologist who had a termination for medical reasons at 23 weeks gestation, I am seriously concerned by the final line – that Nadine Dorries has a point. She does not. In the case of a 20-week baby born prematurely, a much-wanted, precious child’s parents fight for all medical interventions to keep their baby alive. In my case, a much-wanted, precious child’s parents made the most difficult decision of their lives to prevent a child’s suffering. Our baby could not be cured or saved by medical intervention, and to carry to term would have had even further-reaching negative consequences for myself, my partner and older children, when months of hospitalisation, pain and anguish would have ultimately led to the death of our child.

So please, before crediting Nadine Dorries with her ‘point’, think more broadly about the importance of a woman’s right to choice. Please contact ARC (Antenatal Results and Choices: www.arc-uk.org) for further perspectives on termination for medical reasons.

Name and address withheld

Views and reviews

I wish to challenge some of the comments by De Vos regarding my review of his book. In his letter (March 2013) De Vos argues that I misread, misunderstood and misrepresented the book. I may have done; but, as I noted in the review, I found some of the text very hard to follow. If I got the wrong impression, then I suspect other readers will too. As for not offering ‘much substantial argument’, I had to keep within the word count set by the editor.

We can agree to disagree, but why make insinuations about my competence? De Vos urges me to ‘make the exercise’ and consider that I might not like a patient because I don’t understand him/her. There’s even a suggestion that I may ‘listen badly’.

I am an experienced psychologist, and as with many colleagues, liking or not liking patients is irrelevant. As professionals, we try and help people to the best of our ability; regardless of any personal feelings. I would also submit that in the UK, a psychologist who listens badly doesn’t get very far. Finally, as I’m from Holland, I can empathise with authors who write in a foreign language. That’s where proofreaders and good friends come in. Perhaps a native English speaker would be willing to review the book again, as no one is served by opinions based on misrepresentation and a lack of knowledge.

Ellen M. Goudsmit
Teddington
Middlesex

Jane Ogden is Professor in Health Psychology at the University of Surrey. Share your views on this and other health-related matters by e-mailing psychologists@bps.org.uk.

FORUM HEALTH MATTERS

A few years back I took my two PhD students to an important meeting with a Professor of Gastroenterology. He wore a bow tie, had a booming voice like Leslie Phillips and a piece of sellotape stuck to his bottom as he showed us his chairs. Soon we were engaged in preliminary chat and I successfully managed to squash a giggle when he offered us some of his muffin ‘which he had already fingered’. But moments later when he mentioned the words ‘itchy anus’ I lost the plot and the mounting hysteria burst forth until my shoulders shook and tears fell down my face.

That feeling of inappropriate laughter is priceless and although it unfortunately gets rarer with age and seniority it feels so incredibly healthy and good for you. But is it?

Early researchers identified six forms of humour: derision and superiority (Basil Fawly?); reaction to debauchery (Sid James?); subtlety (Blackadder?); play on words and ideas (Ronnie Barker?), sex (Sid James again?) and ridiculous wisecracks (Miranda Hart – yes I have entered the 21st century). More recently psychologists have attempted to acknowledge the social, cognitive and affective components of humour (Svebak et al., 2010). In addition, research has drawn upon different theoretical frameworks. Some see humour as a Freudian form of catharsis, some take a stress and coping perspective and some see it as embedded within personality.

But does humour help or hinder our health? Empirical studies have also addressed this question and in general seem to show the following: humour is associated with higher quality of life, lower reports of bodily complaints, a lower fear of death and disease, better coping with daily hassles and lower pain from gall bladder problems. It also seems to be linked with improved life expectancy after end-stage renal failure, and it even promotes longevity up until about age 65 years (Svebak, 2010).

So it’s as I thought; when I lost the plot with that important Professor my belief that laughing was doing me good is now 65 years (Svebak, 2010).

Professor my belief that laughing was doing me good is now 65 years (Svebak, 2010).

A few years back I took my two PhD students to an important meeting with a Professor of Gastroenterology. He wore a bow tie, had a booming voice like Leslie Phillips and a piece of sellotape stuck to his bottom as he showed us his chairs. Soon we were engaged in preliminary chat and I successfully managed to squash a giggle when he offered us some of his muffin ‘which he had already fingered’. But moments later when he mentioned the words ‘itchy anus’ I lost the plot and the mounting hysteria burst forth until my shoulders shook and tears fell down my face.

That feeling of inappropriate laughter is priceless and although it unfortunately gets rarer with age and seniority it feels so incredibly healthy and good for you. But is it?

Early researchers identified six forms of humour: derision and superiority (Basil Fawly?); reaction to debauchery (Sid James?); subtlety (Blackadder?); play on words and ideas (Ronnie Barker?), sex (Sid James again?) and ridiculous wisecracks (Miranda Hart – yes I have entered the 21st century). More recently psychologists have attempted to acknowledge the social, cognitive and affective components of humour (Svebak et al., 2010). In addition, research has drawn upon different theoretical frameworks. Some see humour as a Freudian form of catharsis, some take a stress and coping perspective and some see it as embedded within personality.

But does humour help or hinder our health? Empirical studies have also addressed this question and in general seem to show the following: humour is associated with higher quality of life, lower reports of bodily complaints, a lower fear of death and disease, better coping with daily hassles and lower pain from gall bladder problems. It also seems to be linked with improved life expectancy after end-stage renal failure, and it even promotes longevity up until about age 65 years (Svebak, 2010).

So it’s as I thought; when I lost the plot with that important Professor my belief that laughing was doing me good is now 65 years (Svebak, 2010).

Professor my belief that laughing was doing me good is now 65 years (Svebak, 2010).

A few years back I took my two PhD students to an important meeting with a Professor of Gastroenterology. He wore a bow tie, had a booming voice like Leslie Phillips and a piece of sellotape stuck to his bottom as he showed us his chairs. Soon we were engaged in preliminary chat and I successfully managed to squash a giggle when he offered us some of his muffin ‘which he had already fingered’. But moments later when he mentioned the words ‘itchy anus’ I lost the plot and the mounting hysteria burst forth until my shoulders shook and tears fell down my face.

That feeling of inappropriate laughter is priceless and although it unfortunately gets rarer with age and seniority it feels so incredibly healthy and good for you. But is it?

Early researchers identified six forms of humour: derision and superiority (Basil Fawly?); reaction to debauchery (Sid James?); subtlety (Blackadder?); play on words and ideas (Ronnie Barker?), sex (Sid James again?) and ridiculous wisecracks (Miranda Hart – yes I have entered the 21st century). More recently psychologists have attempted to acknowledge the social, cognitive and affective components of humour (Svebak et al., 2010). In addition, research has drawn upon different theoretical frameworks. Some see humour as a Freudian form of catharsis, some take a stress and coping perspective and some see it as embedded within personality.

But does humour help or hinder our health? Empirical studies have also addressed this question and in general seem to show the following: humour is associated with higher quality of life, lower reports of bodily complaints, a lower fear of death and disease, better coping with daily hassles and lower pain from gall bladder problems. It also seems to be linked with improved life expectancy after end-stage renal failure, and it even promotes longevity up until about age 65 years (Svebak, 2010).

So it’s as I thought; when I lost the plot with that important Professor my belief that laughing was doing me good is now 65 years (Svebak, 2010).

Professor my belief that laughing was doing me good is now 65 years (Svebak, 2010).