

Applied Psychology (C8101)

Autumn Term 2013

Module Document



Module tutors

Module organizer:

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Aims and objectives

This module provides students with an insight into five areas of professional applied psychology. These are Clinical Psychology, Health Psychology, Educational Psychology, Forensic Psychology & Occupational Psychology. Students will learn some of the core psychological knowledge that underpins these applied areas, will cover some detailed examples of the issues that professional applied psychologists deal with, and will learn about some of the research and theories that support these applied areas.

Teaching method

The module is taught by weekly lectures plus a weekly one-hour seminar. Lecturers will give a general overview of the topic; seminars will focus on discussion of key readings, discussion of issues contained in that week's lecture, or will involve student presentations on topics relevant to the week's lecture.

You will find the times of lectures and seminars on your timetable on Study Direct.

Module assessment

The module is assessed by two 1500-word essays. An essay title is given for each topic and you can choose any two from these titles for your two 1500-word essays.

Submission deadlines can be found on Sussex Direct

Submissions must be submitted to the Psychology School Office

Your essay needs to use references and citations in accordance with APA-

style. (For help on APA-style see: <http://www.apastyle.org/>)

Assessment criteria are given at
<http://www.sussex.ac.uk/psychology/internal/students/examinationsandassessment>

The School of Psychology policy is to return essays within 15 term time working days of the submission date.

Student Evaluation

A module evaluation questionnaire will be distributed at a seminar towards the end of the module for you to give feedback on the module and the tutors.

Reading list

The recommended textbook for the module is:

Davey G.C.L. (2011) (Ed) *Applied Psychology*. BPS Blackwell

You will find the contents of this textbook relevant for all lectures.

Reading for each lecture topic can be found in the section for that lecture. In some cases these readings are divided into Core Reading which will be useful for the seminar you will attend on the topic, and Background Reading, which represents some sources that you may use if you wish to explore the topic further, particularly if you write an essay on that topic.

Applied Psychology - Module outline

Times of Lectures and Seminars are given on Sussex Direct.

Lecture Number	Topic	Lecturer
<i>Clinical Psychology</i>		
1	Common Mental Health Problems & Their Treatment	Kate Cavanagh
2	Anxiety Problems: Specific phobias and panic disorder	Graham Davey
3	Anxiety Problems: Generalized Anxiety Disorder, OCD and PTSD	Graham Davey
4	Mood Disorders & Depression	Graham Davey
5	Schizophrenia	Graham Davey
<i>Educational Psychology</i>		
6	Introduction to Educational Psychology: Overview	Robin Banerjee
7	Introduction to Educational Psychology: Bullying	Robin Banerjee
<i>Organisational Psychology</i>		
8	Organisational Psychology	Karen Long
<i>Health Psychology</i>		
9	Health Psychology 1	Richard de Visser
10	Health Psychology 2	Richard de Visser
<i>Forensic Psychology</i>		
11	The Psychology of Facial Identification	Graham Hole

Seminars for the topic will be *after* the lecture.

LECTURE 1

COMMON MENTAL HEALTH PROBLEMS & THEIR TREATMENT

KATE CAVANAGH

Clinical psychology is the application of psychological theory and evidence to the understanding and treatment of psychological distress. Clinical Psychology aims to reduce psychological distress and to enhance and promote psychological well-being. Clinical psychologists deal with a wide range of psychological difficulties, including anxiety, depression, relationship problems, learning disabilities, child and family problems and serious mental illness.

This week's lecture and seminar considers (a) what is 'normal' and what is a 'problem' when it comes to mental health?, (b) what are the most common mental health problems? and (c) what are the main psychological approaches to the treatment of these problems? (d) how effective are psychological treatments for common mental health problems?

Learning Outcomes

At the end of this week's study, a successful student will be able to:

1. Discuss the meaning of normal in the context of mental health
2. Describe at least two common mental health problems
3. Describe the main psychological approaches to the treatment of these problems and comment on their effectiveness

Core reading

Davey, G. (2011) Common mental health problems and their treatment. In G. Davey (ed) *Applied Psychology*. London: Blackwell.

Background reading

<http://www.mentalhealth.org.uk/help-information/an-introduction-to-mental-health/what-are-mental-health-problems/>

<http://www.nhs.uk/LiveWell/Mentalhealth>

<http://www.nhs.uk/conditions/psychotherapy/pages/introduction.aspx>

Davey, G. (2008) *Clinical psychology*. London: Hodder Stoughton.

Davey, G. (2008) *Psychopathology*. Chichester: PBS Wiley: Blackwell.

Cuijpers, P., van Straten, A., Andersson, G. & van Oppen, P. (2008) Psychotherapy for depression in adults: A meta-analysis of comparative outcome studies, *Journal of Consulting and Clinical Psychology*, vol. 76, no. 6, pp. 909-922.

Smit, Y., Huibers, M.J.H., Ioannidis, J.P.A., van Dyck, R., van Tilburg, W. & Arntz, A. (2012) The effectiveness of long-term psychoanalytic psychotherapy—A meta-analysis of randomized controlled trials, *Clinical Psychology Review*, vol. 32, no. 2, pp. 81-92.

Driessen, E., Cuijpers, P., de Maat, Saskia C. M., Abbass, A.A., de Jonghe, F. & Dekker, J.J.M. (2010) The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis, *Clinical Psychology Review*, vol. 30, no. 1, pp. 25-36.

National Institute for Health and Clinical Excellence (2009) *Depression: the treatment and management of depression in adults (update)*.
<http://www.nice.org.uk/CG90>

National Institute for Health and Clinical Excellence (2009) Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults: Management in primary, secondary and community care.
<http://www.nice.org.uk/CG113>

Becoming a clinical psychologist

<http://www.bps.org.uk/careers-education-training/how-become-psychologist/types-psychologists/becoming-clinical-psychologis>

Essay Title

Compare and contrast the main principles in any two of the following psychological therapies: psychoanalysis, behaviour therapy, cognitive therapy or humanistic therapy.

LECTURES 2-5

ANXIETY PROBLEMS, MOOD DISORDERS & DEPRESSION, SCHIZOPHRENIA

GRAHAM DAVEY

These four lectures are designed as an introduction to the types of mental health problems encountered by Clinical Psychologists. They will cover the basic diagnostic features and a discussion of theories of the aetiology (causes) of a number of prevalent psychopathologies. Lectures 2 and 3 on Anxiety will cover topics such as (1) Specific Phobias, (2) Panic Disorder (3) Generalized Anxiety Disorder (GAD), (4) Obsessive-Compulsive Disorder (OCD), and (5) Post-Traumatic Stress Disorder (PTSD). Lecture 4 on Mood disorders and Depression will cover both Bipolar Disorder and Major Depression. Lecture 5 on Schizophrenia will cover the different types of schizophrenia, symptoms of schizophrenia, and theories of schizophrenia. The lectures will take an evidence-based approach to understanding psychological disorders, which mean that we will be discussing theories of these disorders that are based firmly on objective experimental and scientific evidence. You may also want to familiarize yourself with concepts of psychopathology and classification before the lectures begin.

The Lectures will be based fairly closely on chapters 5, 6 and 7 of Davey G.C.L. (2008) *Psychopathology*. BPS Blackwell, and can be found in a less detailed form in Chapter 33 of Davey G.C.L (Ed) (2008) *Complete Psychology*. Hodder Arnold. Second Edition. A broader discussion of the topics in these lectures can be found within a Clinical Psychology professional perspective in Chapters 2-6 in Davey G C L (Ed) *Applied Psychology* (2011) BPS Blackwell.

For each mental health problem, I will be discussing (1) the basic symptoms of each problem, and (2) at least two evidence-based theories of each of these problems. So, at the end of the lectures you should be able to 'compare and contrast' any two theories of how each disorder is acquired and maintained. It is important for you to understand the difference between psychological and biological explanations of psychological disorders. However, these need not be mutually exclusive, and both types of explanation can be useful in explaining different facets of a disorder.

Learning Outcomes

At the end of these four-week's study, a successful student will be able to:

1. Describe the diagnostic features of a number of common mental health problems.
2. Compare and contrast at least 2 theories of the aetiology of one of these common mental health problems.
3. Describe and evaluate the cognitive processes that contribute to the acquisition and maintenance of these mental health problems.

Recommended Reading:

Anxiety Problems (Lectures 2 & 3)

Core Reading

Davey G.C.L. (2008) *Psychopathology*. London: BPS Blackwell. Chapter 5

Davey G.C.L. (2011) (ed) *Applied Psychology*. London: BPS Blackwell. Chapter 5.

Background Reading

Merckelbach H., de Jong P.J., Muris P. & van den Hout M. (1996) The etiology of specific phobias: A review. *Clinical Psychology Review*, 16, 337-361.

Davey G.C.L. (Ed) (1997) *Phobias: A handbook of theory research and treatment*. Chichester: Wiley.

Davey G.C.L. (2002) 'Nonspecific' rather than 'nonassociative' pathways to phobias: A commentary on Poulton & Menzies. *Behaviour Research & Therapy*, 40, 151-158.

Clark, D. A. (1986) A cognitive approach to panic. *Behaviour Research & Therapy*, 24, 461-470

Austin DW & Richards JC. (2001) The catastrophic misinterpretation model of panic disorder. *Behaviour Research & Therapy*, 39, 1277-1291

McNally R.J. (2002) Anxiety sensitivity and panic disorder. *Biological Psychiatry*, 52, 938-946.

Davey G. C. L. & Wells A. (Eds) *Worry and its psychological disorders: Theory, assessment and treatment*. Chichester: Wiley.

Dugas, M.J., Freeston, M.H. & Ladouceur, R. (1997) Intolerance of uncertainty and problem orientation in worry. *Cognitive Therapy and Research*, 21, 593-606.

Wells A. (2010) Metacognitive theory and therapy for worry and Generalized Anxiety Disorder: Review & Status. *Journal of Experimental Psychopathology*, 1, 133-145.

Rachman S. (2002) A cognitive theory of compulsive checking. *Behaviour Research & Therapy*, 40, 625-639

Radomsky AS, Shafran R, Coughtrey AE & Rachman S (2010) Cognitive-behavior therapy for Compulsive Checking in OCD. *Cognitive & Behavioral Practice*, 17, 119-131.

Rachman (1997). A cognitive theory of obsessions. *Behaviour Research and Therapy*, 35, 793-802.

Salkovskis, P. M. (1985) Obsessional-Compulsive problems: a cognitive-behavioural analysis. *Behaviour Research & Therapy*, 25, 571-583.

R.G. Menzies & P. de Silva (Eds) (2003) *Obsessive-Compulsive Disorder: Theory, Research & Treatment*. Chichester: Wiley.

Salkovskis P.M., Wroes A.L., Gledhill A., Morrison N., Forrester E., Richards C., Reynolds M. & Thorpe S. (2000) Responsibility attitudes and interpretations are characteristic of obsessive compulsive disorder. *Behaviour Research & Therapy*, 38, 347-372.

Brewin C.R. & Holmes E.A. (2003) Psychological theories of posttraumatic stress disorder. *Clinical Psychology Review*, 23, 339-376.

McNally R.J. (2003) progress and controversy in the study of posttraumatic stress disorder. *Annual Review of Psychology*, 54, 229-252.

Foa E.B., Steketee G & Rothbaum B.O. (1989) Behaviour/cognitive conceptualization of post-traumatic stress disorder. *Behavior Therapy*, 20, 155-176.

Ehlers A. & Clark D.M. (2000) A cognitive model of posttraumatic stress disorder. *Behaviour Research & Therapy*, 38, 319-345.

Mood Disorders & Depression (Lecture 4)

Core Reading

Davey G.C.L. (2008) *Psychopathology*. London: BPS Blackwell. Chapter 6

Davey G.C.L, (2011) (ed) *Applied Psychology*. London: BPS Blackwell. Chapter 5

Background Reading

Hankin BL, Oppenheimer C, Jennes J, Barrocas A, ShaperobBG & Goldband J (2009) Developmental origins of Cognitive Vulnerabilities to Depression: Review of Processes Contributing to Stability and Changes across time. *Journal of Clinical Psychology*, 65, 1327-1338.

Seligman M.E.P (1975) Helplessness: On Depression, development and death. San Francisco: Freeman.

Beck A.T. (1976) *Cognitive Therapy and the Emotional Disorders*. New York: International Universities Press.

Abramson L.Y., Seligman M.E.P. & Teasdale J.D. (1978) Learned helplessness in humans: critique and reformulation. *Journal of Abnormal Psychology*, 87, 49-74.

Abramson L.Y., Metalsky G.I. & Alloy L.B. (1989) Hopelessness depression: a theory-based sub-type of depression. *Psychological Review*, 96, 358-372.

Williams, J. M. G. (1997). Depression. In D. M. Clark and C. G. Fairburn

(Eds.), *Science and practice of cognitive behaviour therapy*. Oxford: Oxford University Press (pp 259–283).

Fennell, M. J. V. (1989). Depression. In K. Hawton, P. M. Salkovskis, J. Kirk, and D. M. Clark (Eds.), *Cognitive behaviour therapy for psychiatric problems: a practical guide*. Oxford: Oxford University Press (pp 169–234).

Power, M. J., & Champion, L.A. (1986). Cognitive approaches to depression a theoretical critique. *British Journal of Clinical Psychology*, 25, 201–212.

Schizophrenia (Lecture 5)

Core Reading

Davey G.C.L. (2008) *Psychopathology*. London: BPS Blackwell. Chapter 7

Davey G.C.L. (2011) (ed) *Applied Psychology*. London: BPS Blackwell. Chapter 4

Background Reading

Walker E, Kestler L, Bollini A & Hochman KM (2004) Schizophrenia: Etiology & Course. *Annual Review of Psychology*, 55, 401-30.

Frith, C. D. (1992). *The Cognitive Neuropsychology of Schizophrenia*. Hove: Erlbaum (especially chapters 1 & 7).

Bentall, R. P. (1990) The illusion of reality: a review and interpretation of psychological research on hallucinations. *Psychological Bulletin*, 107, 82–95.

Garety, P. A., & Freeman, D. (1999) Cognitive approaches to delusions: a critical review of theories and evidence. *British Journal of Clinical Psychology*, 38, 113–154.

Kuipers, L. & Bebbington, P. (1988). Expressed emotion research in schizophrenia: theoretical and clinical implications. *Psychological Medicine*, 18, 893-909.

Harrison PJ & Owen MJ (2003) Genes for schizophrenia? Recent findings and their pathophysiological implications. *The Lancet*, 361, 417-19.

Freeman D & Garety P.A. (2004) Bats amongst the birds (the psychology of paranoia). *Psychologist*, 17, 642-645.

Freeman D. (2007) Suspicious minds: The psychology of persecutory delusions. *Clinical Psychology Review*, 27, 425-457.

Essay title

1. Compare and contrast any two theories of any one anxiety disorder.

OR

2. Compare and contrast psychological and biological explanations of EITHER major depression OR schizophrenia.

LECTURE 6

INTRODUCTION TO EDUCATIONAL PSYCHOLOGY: OVERVIEW

ROBIN BANERJEE

This lecture will introduce students to the field of educational psychology, addressing the historical context within which both research and professional developments have taken place. Particular attention will be drawn to the role of psychological theory and research in the movement towards a more 'child-centered' education. Students will have the opportunity to consider multiple methodological approaches used by psychologists working within the educational context.

Learning Outcomes

At the end of this week's study, a successful student will be able to:

1. Describe some historical changes in the nature of schooling
2. Understand the historical origins of educational psychology
3. Identify and evaluate the strengths and weaknesses of different research methodologies relevant to educational psychology
4. Understand the current role and remit of educational psychologists

Core reading

Banerjee, R., Tolmie, A., & Boyle, J. (2011). Educational psychology: History and overview. In G. Davey (Ed.), *Introduction to applied psychology* (pp. 343-361). Chichester, West Sussex: Wiley.

Boyle, J. (2011). Educational psychology: Professional issues. In G. Davey (Ed.), *Introduction to applied psychology* (pp. 431-444). Chichester, West Sussex: Wiley.

Background Reading

Central Advisory Council for Education, England (1967). Children and their primary schools (The Plowden Report). London: HMSO. Available at URL: <http://www.educationengland.org.uk/documents/plowden/index.html>

Wood, E. (2007). Reconceptualising child-centred education: Contemporary directions in policy, theory and practice in early childhood. *Forum*, 49, 119-133.

Essay Title

"At the heart of the educational process lies the child" (Plowden, 1967, p. 7). What are the psychological assumptions and implications of 'child-centred' education?

LECTURE 7**INTRODUCTION TO EDUCATIONAL PSYCHOLOGY: BULLYING****ROBIN BANERJEE**

This lecture will examine the way in which psychological research can help to inform and evaluate prevention and intervention strategies relevant to educational psychology. The basic principles of assessment, planning, intervention, and review are considered with regard to a range of special educational needs. Bullying is used as an example to consider how psychology can play a role in school processes that affect the lives of children and young people.

Learning Outcomes

At the end of this week's study, a successful student will be able to:

1. Describe different forms of prevention and intervention that may be implemented in schools to address psychological needs
2. Understand some of the social, cognitive, and emotional processes involved in bullying
3. Critically evaluate literature on strategies to reduce or prevent bullying in schools

Core reading

Banerjee, R., Tolmie, A., & Boyle, J. (2011). Educational psychology: Problems and interventions. In G. Davey (Ed.), *Introduction to applied psychology* (pp. 363-384). Chichester, West Sussex: Wiley.

Smith, P. K., & Elliott, J. (2011). Social problems in schools. In A. Slater & G. Bremner (Eds.), *An introduction to developmental psychology* (pp. 649-680). Chichester, West Sussex: Wiley.

Background Reading

O'Connell, P., Pepler, D., & Craig, W. (1999). Peer involvement in bullying: Insights and challenges for intervention. *Journal of Adolescence*, 22, 437-452.

Thompson, F., & Smith, P. K. (2011). The use and effectiveness of anti-bullying strategies in schools. DFE Research Report RR098. London: Department for Education. Available at URL:

<https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR098.pdf>

Essay Title

How and to what extent can bullying be reduced in schools?

LECTURE 8

ORGANISATIONAL PSYCHOLOGY

KAREN LONG

Psychology has direct relevance to a great many aspects of the organisational life, such as selection of applicants for posts, understanding how best to keep successful applicants motivated, how to develop their skills, how to ensure that they work effectively with colleagues, how best to lead them and how to help them to change their working practice when the environment demands this. In this lecture we will look at the psychology of group processes relevant to the workplace. There is a long history within organisational psychology of investigating the role of intragroup processes (processes occurring *within* a group) such as communication, decision –making style and leadership on team effectiveness. We will build on this by looking at more recent advances regarding the role of social or collective identity at work. This perspective can be applied at the individual level to understand motivation and commitment to a team or company; and at the group level to understand reactions to organisational changes such as diversity initiatives and mergers.

Learning Outcomes

At the end of this week's study, a successful student will be able to:

1. Describe how social identity processes influence motivation and commitment at work
2. Discuss the effects of intergroup processes in the workplace
3. Consider the contribution of social psychology in understanding how best to manage diversity in teams.

Core reading

Davey, G. (2011) Applied Psychology, BPS Blackwell Chapter 25

Mullins, L.J. (2010) *Management and organizational behaviour* 9th Edition Harlow: Essex Financial Times Prentice Hall. Chapters 8 and 9. NB: Library has an e-book version of this and the previous edition.

Background Reading

Christian, J., Lyman, W., Moffit, P. & Moffit G. (2006). Workplace diversity and group relations: An overview. *Group Processes and Intergroup Relations*, 9, 459-466. (This is the introduction to a special issue featuring several other articles of interest)

Ellemers, N., de Gilder, D., & Haslam, S.A. (2004) Motivating individuals and groups at work: A social identity perspective on leadership and group performance. *Academy of Management Review*, 29, 459-478.

Haslam, S.A. (2004). Psychology in Organizations: The social identity approach. Second Edition. London: Sage

Millward, L.J. & Postmes, T. (2010) Who we are effects how we do? The financial benefits of organizational identification. *British Journal of Management*, 21, 327-39.

Sundstrom, E., McIntyre, M., Halfhill, T. & Richards, H. (2000). Work groups: From the Hawthorne studies to work teams of the 1990s and beyond *Group Dynamics: Theory, Research and Practice*, 4, (1) 44-67

van Knippenberg, D. & Ellemers, N. (2003) Social identity and group performance: Identification as the key to group-oriented effort. In S.A. Haslam, D. van Knippenberg, M.J. Platow & N. Ellemers (Eds.) *Social Identity at Work: Developing Theory for Organizational Practice*. Hove: Psychology Press (see also other chapters of interest).

Essay Title

What implications does social identity in the workplace have for organisations?

LECTURE 9

HEALTH PSYCHOLOGY 1

RICHARD DE VISSER

What people think and how they behave has an important influence on patterns of well-being, illness, and death. The Biopsychosocial model of health and illness has been developed to recognise the importance of psychological and social factors in health and illness. In this lecture, students will receive an overview of this model, and some of the various processes whereby psychological and social factors influence health. Discussion will focus on:

- health-enhancing or -harming behaviour
- psychoimmunology
- placebo and nocebo effects
- how social support affects health and well-being

Learning Outcomes

At the end of this week's study, a successful student will be able to:

- Outline the biopsychosocial model of health and illness.
- Describe the importance of beliefs and behaviour for patterns of morbidity and mortality
- Describe placebo and nocebo effects

Background reading

Ayers, S. & de Visser, R.O. (2011) *Psychology for Medicine*. London: Sage.

Davey, G. (2011). *Applied Psychology*. Chichester: Wiley-Blackwell.

World Health Organisation (WHO). *World Health Report 2002*. Geneva: WHO, 2002.

available at: www.who.int/whr/2002/en/whr02_ch4.pdf

Essay Title

How strong is the evidence that lifestyle factors affect morbidity and mortality? Discuss with reference to the background reading and the following papers:

Harrington, J. et al. (2010) Living longer and feeling better: healthy lifestyle, self-rated health, obesity and depression in Ireland. *European Journal of*

Public Health, 20, 91-95.

Myint, P.K., et al. (2009). Combined effect of health behaviours and risk of first ever stroke in 20,040 men and women over 11 years' follow-up. *British Medical Journal*, 338, 349-355.

LECTURE 10

HEALTH PSYCHOLOGY 2

RICHARD DE VISSER

Within health Psychology, various models of behaviour have been proposed. The aim of these models is to understand what influences health-related behaviour so as to enable the design of more effective interventions to encourage healthy behaviour. In this lecture, students will be introduced to various models of behaviour change, and will be encouraged to critically examine these. The models to be studied include the Health Belief Model, the Theory of Planned Behaviour, and the Transtheoretical or “stages of change” model. Attention will be given to the extent to which models of health-related behaviour influence health promotion, and to how qualitative research can complement quantitative studies based on models of behaviour change.

Learning Outcomes

At the end of this week’s study, a successful student will be able to:

- Outline key features of the Health Belief Model
- Outline key features of the Theory of Planned Behaviour
- Describe the stages of the Transtheoretical Model of behaviour change
- Describe the extent to which health promotion activities are informed by theory and research evidence.

Background reading

Ayers, S. & de Visser, R.O. (2011) *Psychology for Medicine*. London: Sage.

Davey, G. (2011). *Applied Psychology*. Chichester: Wiley-Blackwell.

de Visser, R.O. & Smith, A.M.A. (1999). Predictors of heterosexual condom use: Characteristics of the situation are more important than characteristics of the individual. *Psychology, Health & Medicine*, 4, 265-279.

Green, J. (2000). The role of theory in evidence-based health promotion practice. *Health Education Research*, 15, 125-129.

Murray, M. & Chamberlain, K. (1998). Qualitative research in health psychology: developments and directions. *Journal of Health Psychology*, 3, 291-295.

Essay Title

To what extent are health promotion activities informed by health psychology theory and research? Discuss with reference to the background reading and

the following papers:

Abraham, C., Krahé, B., Dominic, R., & Fritsche, I. (2002). Do health promotion messages target cognitive and behavioural correlates of condom use? A content analysis of safer sex promotion leaflets in two countries. *British Journal of Health Psychology*, 7, 227-246.

Abraham, C., Southby, L., Quandt, S., Krahé, B. & van der Sluijs, W. (2007). What's in a leaflet? Identifying research-based persuasive messages in European alcohol-education leaflets. *Psychology & Health*, 22, 31-60.

LECTURE 11

THE PSYCHOLOGY OF FACIAL IDENTIFICATION

GRAHAM HOLE

Each person's face is unique, and thus potentially provides an ideal way to identify individuals. Passports, identity cards, CCTV and the legal system in general rely on the assumption that a person can be identified via their face. However, psychological research has shown that although we are very good at recognising the faces of people who are familiar to us, we are surprisingly poor at recognising unfamiliar faces. Not only do we have difficulty in recognising unfamiliar faces, but we cannot even reliably match one view of a face to a different one. This lecture will explain why this is so, and discuss the implications of these findings for the legal system.

Learning Outcomes

At the end of this week's study, a successful student will:

1. Have a knowledge of some of the empirical research that demonstrates the limitations of unfamiliar face recognition.
2. Have an understanding of the theoretical basis for why unfamiliar face recognition is so poor.
3. Have an appreciation of some of the legal implications of psychological research on face recognition.

Core reading

Frowd, C. (2011). Eyewitnesses and the use and application of cognitive theory. Chapter 14 in Davey, G. (ed.) *Applied Psychology*. Chichester: BPS Blackwell.

Chapters 11 and 13 in Hole, G. & Bourne, V. (2010). *Face Processing: Psychological, Neuropsychological and Applied Perspectives*. Oxford: OUP.

Background Reading

Bruce, V., Henderson, Z., Newman, C., & Burton, A.M. (2001). Matching identities of familiar and unfamiliar faces caught on CCTV images. *Journal of Experimental Psychology: Applied*, 7 (3), 207-218.

Burton, A. M., Wilson, S., Cowan, M., & Bruce, V. (1999). Face recognition in poor quality video: evidence from security surveillance. *Psychological Science*, 10, 243-248.

Hancock, P. J. B., Bruce, V., & Burton, A. M. (2000). Recognition of unfamiliar faces. *Trends in Cognitive Sciences*, 4, 330-337.

Kemp, R., Towell, N. & Pike, G. (1997). When seeing should not be believing:

photographs, credit cards and fraud. *Applied Cognitive Psychology*, 11(3), 211-222.

Megreya, A.M., & Burton, A.M. (2008). Matching faces to photographs: poor performance in eyewitness memory (without the memory). *Journal of Experimental Psychology: Applied*, 14 (4), 364-372.

Essay Title

Based on the findings from psychological research on unfamiliar face recognition, what advice would you give to a council that was intending to install CCTV cameras in a town centre?