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An independent academic psychologist, based in England, who has written extensively on different areas of psychology with an emphasis on the critical stance towards traditional ideas.
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1. UNUSUALLY PERSISTENT COMPLAINANTS: DIFFICULT AND ABNORMAL?

1.1. TYPES AND EXAMPLES

Lester et al (2004) noted that "[C]omplaints organisations and the courts continue to be plagued by a small group of unusually persistent people who consume enormous amounts of resources" (p352). These are the querulous, who may be "inhabiting the borderline between delusional psychosis and the fanatical preoccupations of the psychopathic personalities" (Lester et al 2004 p352) (appendix 1A).

Mullen and Lester (2006) used the term querulous to mean "a pattern of behaviour involving the unusually persistent pursuit of a personal grievance in a manner seriously damaging to the individual's economic, social, and personal interests, and disruptive to the functioning of the courts and/or other agencies attempting to resolve the claims" (p334). These researchers distinguished three broad types:

i) Unusually persistent complainants (UPCs).

ii) Vexatious litigants (VLs) - Distinct from UPCs by the predominate use of the courts to pursue their grievance [1].

iii) Unusually persistent petitioners (UPPs) - Those

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[1] Because many terms are used which are pejorative, including "cranks" and "social pests", Coffey et al (2017) preferred "'hyperlitigious' persons". They stated that the term "does not include persons or entities that, because of their positions or professions, are forced to be involved in a large number of lawsuits for a primarily occupational or legal purpose" (Coffey et al 2017 p63).

"who in pursuit of idiosyncratic quests harass the powerful and prominent with petitions and pleas" (Mullen and Lester 2006 p334).

But Muller and Lester (2006) excluded "social reformers and campaigners who use litigation and complaint to advance agendas of potential public interest, even if they are pursuing unpopular causes in a disruptive manner" (p334).

Table 1.1 gives a case study.

- "A man in his late 40s made a complaint to the local bank manager over the manner in which mortgage documents had been prepared. There were grounds for legitimate concern as irregularities had occurred, though of a minor nature and of a kind which might have been expected to be to his advantage. This occurred at a time when he was in considerable financial difficulties and was experiencing marital problems. When his complaint was rejected, he took the matter to the banking ombudsman, stopped paying the mortgage and initiated civil action. When, over the next year, he failed to obtain a satisfactory resolution, he took up complaints with the human rights commissioner, complained to the securities exchange commissioner, took a case through the consumer rights organisation and commenced further civil litigation. The foreclosure on the mortgage initiated a further round of complaint and litigation. Some four years after the initial complaint a series of bomb threats to courts and banks led to his prosecution and referral. When assessed he was righteously indignant, believing he had no choice but to have taken extreme action to bring attention to an injustice that had destroyed him and his family and threatened the very economic fabric of the nation. He firmly believed he was owed millions in punitive damages, and that when he inevitably prevailed this would bring down the transnational banking corporation that owned his particular branch office. He regarded himself as a whistle blower, who would be publicly recognised as one of the major social reformers of his generation" (Mullen and Lester 2006 p338).

Table 1.1 - Case study of querulous behaviour.

Coffey et al (2017) quoted the example of a woman in California (around 2009) who filed 23 claims against a judge who had added her to the state's vexatious litigant list. Her accusations against the judge included:

- Had people harassing her, stalking her, making comments, tampering with her car, flattening her car tyres, making her car smell like gas and 'had government jet planes leave exhaust lines in the sky'.

- Committed conspiracy, assault and battery, mass bodily injury with many unauthorised procedures.

- Committed 'hate crimes on a daily basis from wicked people that [she has] never met' (pp66-67).

Lester (2005) distinguished between the "normal" complainant, who is able to "maintain perspective" (including the "ability to negotiate and accept reasonable settlement"), and the "difficult" complainant, who "will generally attribute loss to external causes and become not only aggrieved but also, to varying degrees, indignant" (p17). He continued: "This is because, cognitively, their egocentric view of the world centralises their own importance and devalues and dehumanises others [2]. There are distinct themes of victimisation. Hence they feel angry, innocent of responsibility and a victim of an unjust act" (Lester 2005 p17).

Lester (2005) accepted, however, that it is a heterogeneous group with "those who are purely mendacious and avaricious, and whose indignation is counterfeit" (p17). While "chronic grumblers" "simply lurch from irritation to irritation ensuring that their whole life is a series of complaints" (Lester 2005 p18), but those individuals with psychiatric illness show the signs of their illness (eg: bizarre and delusional complaints).

1.2. RESEARCH AND VEXATIOUS LITIGANTS

Lester et al (2004) asked experienced complaints professionals in six ombudsmen's offices in Australia to complete questionnaires on "unusually persistent complainants", and control cases (matched for gender and age). Fifty-two persistent cases were identified, of which three-quarters were men.

Lester et al (2004) summed up: "The unusually persistent pursued their complaints for longer, supplied more written material, telephoned more often and for longer, intruded more frequently without an appointment, and ultimately were still complaining when the case was closed or transferred. They differed from the control group as predicted in being motivated at least in part by desires for vindication and retribution, in the curious and dramatic forms in which they presented their claims, in how they behaved while pursuing their claims – particularly with regard to threats – and in how high a price personally and socially they paid for that pursuit" (p354) [3].

Traditionally, querulous behaviour was seen as a manifestation of paranoid or delusional disorders [4].

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[2] Rudeness and aggression towards officials is common (appendix 1B).

[3] Other characteristics include vague and confusing speech, which assumes that the listener knows the details of the grievance, and they often refer to themselves in the third person (Lester 2005).

[4] Arreghini et al (2012) rejected querulous paranoia, and talked of querulousness as "determined by different psychopathological domains. These domains create a continuum, spanning from severe

Kraeplin referred to "querulant paranoia" in the early
20th century, while van Krafft-Ebbing used the term
"paranoia querulantium" in the 1870s (Mullen and Lester
2006). Casper used the German word "Querulantenwahn"
(translated as "litigant's delusion"; Coffey et al 2017)
in the 1850s, while Lane in 1902 described a case of
"litigious insanity", "in which the main delusion of the
patient is that he is entitled to legal damage and hence
is imbued with a fanatical desire to fight the wrong or
injury to the last extreme" (quoted in Levy 2015) [5].

In terms of the classification of mental disorders,
the American Psychiatric Association's (APA) DSM-III in
1980 included querulous behaviour under "persecutory
delusions", while subsequent editions used "querulous
paranoia" (as a delusional disorder, persecutory type).
In the World Health Organisation's (WHO) ICD-10,
"paranoia querulous" is "a self-standing 'persistent
delusional disorder'" (Levy 2015) (appendix 1C).

However, in recent years, the term querulous and its
diagnosis has been used less by psychiatrists. "In part
the decline in interest was because of the distrust of
the concept of paranoia..., in part the rejection of the
overtly judgemental labels, which reified those who
evinced unusually persistent complaining as neurotic
quarrellers or querulous psychopaths... In part
it may have been a recognition that the labels were
obscuring more than they revealed about this complex and
multi-faceted behaviour" (Mullen and Lester 2006 p335).

Levy (2015) offered some reasons why VLs are "seldom
pathologised", and consequently "why querulous paranoia
has been an illness seldom diagnosed in English-speaking
countries" (p46).

1. Seen as maverick (eg: Australia; Smith 2009).

2. Self-representing litigants (or "litigants in
person") can be difficult, but the "will to defend
oneself, though it may lead to misuse, cannot be
considered an illness, for it corresponds to the
fundamental right to defend oneself, which is one of the
cornerstones of all the legal traditions inherited from
British common law" (Levy 2015 p42).

3. Positive fictional portrayals of the individual

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personality disorders or, quite seldom, primitive delusional syndromes, to conditions dominated by
stressors or major life events in individuals otherwise not mentally ill" (p6).
[5] Another term used was "persecuted-persecutors" (Coffey et al 2017).

vs "the system".

Lester (2005) advised court officials to recognise VLs by the "six Vs" - "they display volatile emotions, feel victimised, seek vindication, produce voluminous and vague communications, and vary their demands" (p19).

Mullen and Lester (2006) "found it useful" to use five domains to understand how querulous behaviour progressed over time:

a) The claims process.

b) The outcome of the grievance - Moving from minor grievance to widespread campaign.

c) The supposed agents of injustice - Moving from an individual to the whole of an organisation.

d) The state of mind - Rigid and obsessional [6].

e) The social circumstances - eg: financial ruin from spending all their money on pursuing the grievance.

There is a "complete focus on their quest for a personal vision of justice to which all else is subordinated" (Mullen and Lester 2006 p338). The individual can present their ideas plausibly and apparently rationally, which distinguishes them from deluders. "The enthusiasm and passionate engagement in their quest for supposed justice can obscure the essential absurdity of these expectations and distract attention from the chaos the pursuit has created for themselves and those around them" (Mullen and Lester 2006 p340).

Cognitive distortions displayed include (Mullen and Lester 2006) [7]:

• The world divides into "for" (those fully supportive of the cause) or "against" (everybody else) - ie: no "middle ground".

• Failure or defeat is due to malevolent forces.

• Compromise is seen as a "humiliating defeat".

• "The grievance is the defining moment of their lives"

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[6] They have been described as "inflexible with difficulties with intimacy, assertive, hyper-sensitive to criticism, and distrustful" (Ungvari et al 1997 quoted in Lester 2005).

[7] Cognitive distortions are not unique to querulous individuals (appendix 1D).

(p342).

- Because of the justness of their cause, they must continue (whatever the consequences).

Coffey et al's (2017) explanation for the VL was more than just the desire for attention, rather they seek "public recognition for their willingness to struggle on behalf of others" (p67). These authors suggested a parallel with factitious disorder. Individuals here benefit from the "sick role", whereas VLs take on the "victim role" (or "victim syndrome"; Manfred and de Vries 2014; appendix 1E). Coffey et al (2017) "hypothesised that these individuals viewed themselves as victims of someone else's negligence or wrongdoing and subsequently sought to receive sympathy or retribution for the hardships they faced, much as patients with factitious disorder seek sympathy and relief from their claimed symptoms" (p68).

Furthermore, individuals with factitious disorder often hold grudges against medical professionals or the healthcare system over previous treatment, and they amplify minor symptoms in the way that VLs do for minor grievances (Coffey et al 2017).

Mullen and Lester (2006) commented, based on the experiences at their clinic in Australia: "Whether a querulous individual is, or is not, deluded at a particular moment often generates debate. This distinction can be critical as it determines whether or not the individual will be subjected to compulsory treatment. Given that few will accept treatment voluntarily, at least initially, what is at issue is, in effect, whether to treat (appendix 1F). The querulous individual can present with plausibility, and apparent reasonableness. It can be a daunting task to try to concentrate on an unending stream of speech and of proffered documents, both of which can combine apparent pedantic precision with rambling obscurantism" (p344).

Prior to the querulousness, the individuals have "often received some blow to their individual sense of self-esteem or security" (Lester 2005 p18) (eg: loss of employment; separation). Such that the grievance echoes previous losses (Lester 2005).

In terms of the risk of violence, attacks on officials are "by no means uncommon", and these have usually been preceded by increasing threats (Mullen and Lester 2006). Interestingly, a previous criminal history or substance abuse is rare (Lester 2005).

Mullen and Lester (2006) summed up that "querulousness is a disorder of behaviour to which there

may be a contribution from varying mixtures of mental disorder, vulnerabilities arising from both personality traits and social situation, contemporary sources of distress and disturbance, and last, but not least, by the nature of the systems for resolving grievances. The disorder, we believe, and therefore the pathology, lies first and foremost in the behaviour and its consequences, and only secondarily in any abnormality of mental function postulated to drive the behaviour" (p348).

Tewarie and Van Der Zwaard's (2016) review of the literature led to a spectrum "with fluent transitions from normal complaining behaviour, querulous behaviour which is based on a paranoid, narcissistic or obsessive-compulsive personality structure, to severe pathologies like a delusional disorder" (p37).

1.3. MISCELLANEOUS

Tucker et al (2007) explored the idea that oppositional defiant disorder (ODD) in childhood becomes querulous behaviour in adulthood. The authors proposed two criteria for querulous behaviour on top of a ODD diagnosis:

i) Frequent baseless complaints against those who disagree about the perceived injustice against the individual.

ii) Not discouraged by failure in complaints, as seen in demands for exceptional treatment, use of exaggeration or lies, demeaning of those who disagree, and claims of superiority.

Tucker et al (2007) found thirteen historical cases in the German literature that fitted this pattern.

Levy et al (2017) reflected upon self-immolating in public by a small number of querulous individuals as a "protest against an economic, social, and/or political injustice" [8].
Levy et al (2017) noted the following characteristics:

• The public dimension of the self-immolation: "The querulous plaintiffs carry out their suicidal project before the eyes of those who didn't want to grant them what they yearned for" (Levy et al 2017 p7).

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[8] Baechler (1975 quoted in Levy et al 2017) distinguished between "escapist suicides" (to get away from a particular situation), "aggressive suicides" (to harm the self or others), and "oblative suicides" (for a cause).

- The grievance is expanded from personal to public: "The querulous individuals tend to accuse their society as a whole. The others, they say, pushed them into suicide" (Levy et al 2017 p7).

- The individuals perceive themselves as martyrs: "They take it upon themselves to cleanse away their society's most 'burning' problems. They may describe themselves as exemplary citizens who struggle against injustice or put forward their altruistic intentions" (Levy et al 2017 p7).

1.4. APPENDIX 1A - ABNORMALITY

Abnormality can be defined in statistical terms as behaviour shown by a minority. But such a definition has the potential to stigmatise diverse and infrequent behaviour that is "harmless" (ie: not a sign of a mental health issues). So, alternative ways of defining abnormality, when it is "harmful", are used, including:

a) Suffering - The behaviour causes the individual to suffer in some way (eg: risk to health; loss of friends). But individuals who lack insight, for instance, may not experience any problem with their behaviour.

b) Disadvantage - An individual "may not make optimal use of their life because the illness holds them back" (Stuart-Hamilton 2002 p3). But during mania, for example, individuals can be highly productive/creative.

c) Unexpectedness - A behaviour is defined as abnormal because it is unexpected. As in the example of looking at people in an opposite house from your own (Stuart-Hamilton 2002):

i. Watch them if their and your curtains are open.

ii. Switch off own light and watch them when their curtains are open.

iii. Watch them through a gap in your own or their curtains.

iv. Sneak up their fire escape to look through their window.

v. Use own ladder to climb up and look through their window (curtains closed or open).

But this ends up as a statistical definition, as in the case of infrequency (v above), or a socially acceptable/unacceptable definition (iv and v above).

1.5. APPENDIX 1B - WITNESSING RUDENESS

Witnessing rudeness to others can trigger a negative emotional response in the observer, which, in turn, affects their performance and creativity. Porath and Erez (2009) showed this in three studies.

In Study 1, 74 US undergraduates individually witnessed the experimenter being rude or not to a confederate student before completing anagrams (cognitive test) and a creativity task (eg: different uses for a brick). In the rudeness condition, the confederate arrived late and the experimenter said: "What is it with you? You arrive late... you're irresponsible... look at you... how do you expect to hold a job in the real world?" (Porath and Erez 2009 p32). In the control condition, the experimenter said nothing.

The number of anagrams solved correctly in ten minutes was significantly less in the rudeness than control condition (mean 4.8 vs 5.8 out of 10), and the number of creative uses for a brick produced in five minutes was also significantly less (mean 7.9 vs 9.7). "These results suggest that the effects of rudeness are not confined to the perpetrator and victim. Instead, rudeness affects witnesses and it has a detrimental effect on their performance" (Porath and Erez 2009 p34) [9].

In Study 2, 68 undergraduates individually witnessed rudeness by a peer. Otherwise, this experiment was the same as the previous one in methodology, and in findings (figure 1.1).
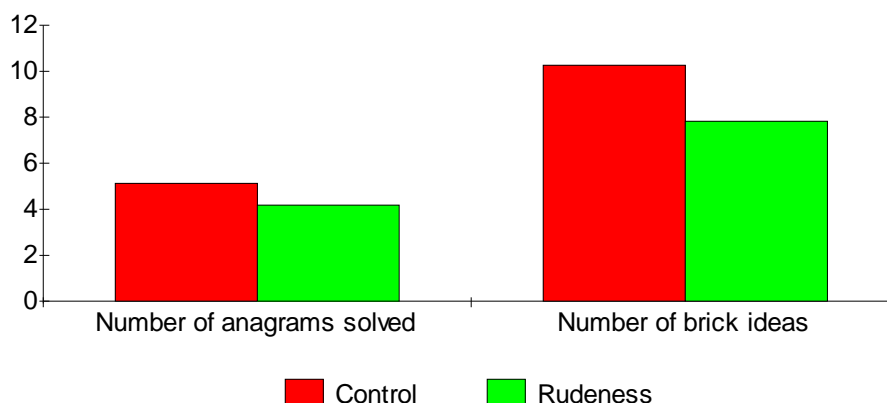
(Data from Porath and Erez 2009 table 5 p35)

Figure 1.1 - Mean scores in Study 2.

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[9] Porath and Erez (2007) found that an experimenter rude towards the participant reduced the participant's performance and creativity.

Study 3 investigated whether witnessing rudeness reduces pro-social behaviour generally. Eighty undergraduates witness the rudeness or not as in Study 1, and then participated in a co-operative or competitive version of the anagram solving and creativity tasks with the victim of the rudeness. The two independent variables (rudeness or not, and type of situation) meant that there were four independent conditions in the experiment.

Witnessing rudeness reduced performance and creativity more in the co-operative than competitive situation. So, "competitiveness with the victim reduced the effects of witnessing rudeness on task performance... Note, however, that the effects of witnessing rudeness did not disappear under the competitive situation" (Porath and Erez 2009 p41).

1.6. APPENDIX 1C - DIAGNOSIS

Effective diagnosis requires that a particular disorder is correctly identified (sensitivity), and those individuals without the disorder will be recognised as so (specificity). Improvements in sensitivity of diagnostic criteria will lead to higher prevalence rates, and improvements in specificity will produce lower prevalence rates. In other words, there should be no overall change in prevalence after the introduction of better diagnostic criteria.

The reliability of diagnostic criteria are tested by two independent clinicians diagnosing the same individuals (inter-rater reliability), and by the diagnosis of the same individuals at two different points in time by the same clinician (intra-rater reliability). A combination of these two is test-retest reliability.

There are two sources of "noise" in reliability testing - "the inconsistency of expression of the diagnostic criteria by patients and the application of those criteria by the clinicians" (Kraemer et al 2012 p13). In the former case, it is tempting to study "unequivocally symptomatic" individuals compared to "unequivocally asympomatic" controls, thereby "omitting the ambiguous middle of the population for whom diagnostic errors are the most common and most costly" (Kraemer et al 2012 p13).

Intra-rater reliability, which is "almost never assessed for psychiatric diagnosis because it is difficult to ensure blinding of two diagnoses by the same clinician viewing, for example, the same diagnostic interview" (Kraemer et al 2012 p14), is usually between 0.6 and 0.8 (out of 1), while inter-rater reliability is commonly between 0.4 and 0.6 for physical illness diagnosis (Kraemer et al 2012).

Kraemer et al (2012) commented: "It is unrealistic

to expect that the quality of psychiatric diagnoses can be much greater than that of diagnoses in other areas of medicine, where diagnoses are largely based on evidence that can be directly observed. Psychiatric diagnoses continue to be based on inferences derived from patient self-reports or observations of patient behaviour" (p14).

1.7. APPENDIX 1D - DECISION-MAKING AND COGNITIVE BIAS IN EVERYDAY LIFE

Decision-making can be viewed in terms of different levels of rationality based on the time and knowledge available (Gigerenzer and Todd 1999):

i) "Unbounded rationality" - individuals can assess all options with no constraints. "Unbounded rationality recreates humans in the image of God, or in a secularised version thereof" (Gigerenzer 2001 p116).

ii) "Optimisation under constraint" - logical decisions based on the limited information available.

iii) "Bounded rationality: satisficing" - decision-making when alternatives are encountered sequentially by satisficing (Simon 1990) (ie: "the shortcut of setting an adjustable aspiration level and ending the search for alternatives as soon as one is encountered that exceeds the aspiration level" (Gigerenzer and Todd 1999 p13).

iv) "Bounded rationality: fast and frugal heuristics" - shortcuts ("fast and frugal heuristics") in decision-making based on simple rules.
Gigerenzer (1999) outlined some of the different heuristics, including:

a) Ignorance-based decision-making: recognition heuristic - "If one of two objects is recognised and the other is not, then infer that the recognised object has the higher value" (Gigerenzer 2001 p119).
For example, Goldstein and Gigerenzer (1999) asked US students which city of San Diego and San Antonio had more inhabitants. Around two-thirds were right (San Diego), but all of a group of German students got the right answer. Most of the latter students had never heard of San Antonio, and so chose San Diego as the recognised city.
This heuristic can produce the "less-is-more effect", where, with increasing knowledge, performance increases up to a certain point and then drops, as the recognition heuristic can be used less and less often" (Gigerenzer 2001 p120). In Goldstein and Gigerenzer's (1999) study, US students were better at guessing the most populated cities in Germany from a list than in the

USA.

b) One-reason decision-making: take the best -
Choose the object that has the highest value on a
selected criterion. Czerlinski et al (1999) asked
participants to decide on different situations based on
varying amounts of information. For example, which US
cities had the higher rates of homelessness and six
sources of information provided. Individuals used one
criterion (eg: level of rent control) to get the correct
answer rather than all the information (Gigerenzer 2001).

1.7.1. Confirmatory Bias and Resistance to Alternatives

"Confirmatory bias" is "the tendency for humans to
seek out, attend to, and sometimes embellish experiences
which support or 'confirm' their beliefs. Confirmatory
experiences are selectively welcomed and granted easy
credibility. Disconfirmatory experiences, on the other
hand, are often ignored, discredited, or treated with
obvious defensiveness" (Mahoney 1977 pp161-162).

Mahoney (1977) tested this bias with seventy-five
academic reviewers of the "Journal of Applied Behaviour
Analysis". A manuscript detailing a fictitious experiment
of pre-school children and behaviour modification was
created, but in five slightly different forms. The
results were varied as positive, negative, mixed, or none
in relation to behaviour modification. The reviewers were
asked to rate the manuscript for five factors (eg:
overall scientific contribution) on a four-point scale.
The manuscript with positive results was rated more
highly than negative results. The confirmatory bias was
evident in the preference for findings that confirmed
previous work rather than contradicted it, argued Mahoney
(1977).

Resisting or discounting belief-contradictory
information can occur by derogating the source of the
message. Where the message is science, the "scientific
impotence discounting hypothesis [or "scientific
impotence excuse"] predicts that people resist belief-
disconfirming scientific evidence by concluding that the
topic of study is not amenable to scientific
investigation" (Munro 2010 p579).
Munro (2010) showed this process in two experiments.
In Study 1, 84 US students read summaries of scientific
studies that concluded that the stereotypes about
homosexuality were valid or not valid (eg: homosexuality
associated with mental illness), or a control group who
read about a neutral topic. The beliefs of the
participants about homosexuality stereotypes had been
previously collected. After reading the summaries,

participants rated their belief that the topic cannot be studied by scientific methods.

The participants who read the disconfirming summaries (ie: different to their beliefs) were "more likely to endorse the idea that scientific methods are incapable of answering the question of whether or not the stereotype is accurate" (Munro 2010 p589).

Study 2 confirmed the findings with 93 more students. Munro (2010) also asked about the ability of science to study five unrelated topics (eg: effectiveness of death penalty as deterrent). Participants reading disconfirming summaries had less faith in science generally.

Munro (2010) summed up: "The results of the current research suggest that, given the right situation, people discount scientific evidence that disconfirms an important belief by endorsing the idea that scientific methods are unable to address the topic. This process (ie: scientific impotence discounting) also generalised to other topics that were unrelated to the original belief. In other words, being presented with belief-disconfirming scientific evidence may lead to an erosion of belief in the efficacy of scientific methods" (p593).

1.7.2. Introspective Blindness

In stage magic, "forcing" is "the act in which a subject reports to have made a free decision among equal possibilities while manipulated by the performer whom, then, secretly knows the outcome of the choice" (Shalom et al 2013 p1).
"Visual forcing" (VF) involves asking the individual to choose a card from a whole deck while taking a mental picture of it. Here, "magicians know that subjects tend to choose the last cards of the deck and the ones shown long enough to influence choice, but subtle enough to make the procedure opaque" (Shalom et al 2013 p1). "Classical forcing" (CF) involves "asking one spectator to pick a card on the deck held by the magician while timing the handling of the deck in such a way that the card to be forced reaches the subject's fingers at the moment he picks a card" (Shalom et al 2013 p1).

Shalom et al (2013) used VF to investigate "an individual ability to identify whether choices were made freely or forced by external parameters" (p1). In a field experiment, thirty-one participants in a public place experienced four tricks - three choosing cards and a number freely thought - afterwards reported their feelings of choice. Some tricks involved forcing and some genuine choice. The subjective perception of free choice

varied little between a forced choice and a genuine free choice.

This is called "introspective blindness" (or "meta-cognitive blindness"). It has been observed in decision-making, where factors which govern decisions are not available to the conscious mind, and afterwards, individuals confabulate their reasons for the decision.

Carpenter et al (2018) showed that meta-cognition could be improved by training. Sixty participants recruited via Amazon Mechanical Turk had to distinguish between sets of two images (eg: brightness of line). Half of the participants were given feedback on their accuracy, and their meta-cognition improved despite objective performance remaining unchanged. In other words, individuals were better at knowing if they were right or wrong, rather than actually getting better at being right or wrong.

The control group with no feedback showed no improvement in meta-cognition. The feedback group also showed better meta-cognition on a separate task (ie: one not practised at).

The accuracy of meta-cognition was scored by a scale of 1 to 4 to rate confidence in performance accuracy. Critics argued that the participants improved in using this scale rather in their meta-cognition (Wilson 2018).

1.7.3. End of History Illusion

Quoidbach et al (2013) coined the term "end of history illusion" (EOHI) to describe how "people may believe that who they are today is pretty much who they will be tomorrow, despite the fact that it isn't who they were yesterday" (p96) (ie: the tendency to underestimate future changes in the self).

The researchers asked over 7500 adults recruited via the website of a popular French television programme to complete a personality test. Later, some of the individuals were asked to complete the test again as they would have completed it ten years earlier (reported condition), and some as ten years in the future (predictor condition).

The older the participants the less the difference between the personality test now and the earlier or later imagined version. Among all participants, the difference in tests in the reporter condition was greater than in the predictor condition. So, "people expect to experience less change in their personalities or core values over the next decade than people a decade older report having experienced over the past decade" (Quoidbach et al 2013 p98). Further analysis showed that the findings were due to an error of prediction rather than a memory error.

Quoidbach et al (2013) offered two explanations for

the EOHI:

   a) Individuals "like to believe that they know
themselves well, and the possibility of future change may
threaten that belief" (Quoidbach et al 2013 p98). The
EOHI helps deal with the threat.

   b) The differences in cognitive processes in looking
forward (prospection) and backwards (retrospection) in
life. "Prospection is a constructive process,
retrospection is a reconstructive process, and
constructing new things is typically more difficult than
reconstructing old ones" (Quoidbach et al 2013 p98).

1.8. APPENDIX 1E - VICTIM SYNDROME

   Manfred and de Vries (2014) asked their readers:
"Working in organisations (or for that matter in any
domain of life), do you know people who always behave
like victims? People who blame others when bad things
happen to them? And do they blame their family, partner,
people at work, or any number of things that they
perceive to be victimising them? The world these people
live in appears to be peopled by victims, victimisers,
and occasional rescuers. And if you have ever tried
helping them, have you discovered that 'rescuing' them
from the trouble they are in can be an excruciating
process? Do you resent the way every bit of advice you
offer is brushed aside or rejected, often
contemptuously?" (p130). Answering "yes" to these
questions is a sign that the reader has met an individual
with "victim syndrome".
   Such individuals face obstacles, setbacks, and
challenges in life, as everybody does, but their negative
view on life makes everything "a major drama". "Strange
as it may sound, they are often victims by choice. And
ironically, they are frequently successful in finding
willing victimisers" (Manfred and de Vries 2014 p130).

   In terms of personality, Manfred and de Vries (2014)
talked of the passive-aggressive style, with "a very
subtle, indirect, or behind-the-scenes way of getting
what they want and expressing anger without openly
acknowledging it, or directly confronting the source of
it" (p130). Add to this, the "blame game" where excuses
are found for why their decisions and actions did not
produce a positive outcome.
   Furthermore, "they have a knack for dragging others
into the emotional maelstrom they create, keeping them
off-balance with their talent for shape shifting. One
moment, they present themselves dramatically as victims;
the next they are morphing into victimisers, hurting the
people who are trying to help them. Victim, victimiser,

and rescuer: it is a very messy and very fluid process" (Manfred and de Vries 2014 p131).
     Manfred and de Vries (2014) referred to the "secondary gain" from always being a victim (eg: attention). "The 'poor me' card elicits others' pity, sympathy, and offers of help. It's nice to be noticed and validated; it feels good when others pay us attention; and it's pleasant to have our dependency needs gratified. Being a victim is a great excuse for not questioning difficult life issues. We can remain passive and not take responsibility for our actions. We can take refuge in victimhood to accuse others of the behaviour for which we are really responsible" (Manfred and de Vries 2014 p133).

     As to the origin of the "victim syndrome", children growing up in a difficult situation may only receive parental attention when things are bad. "It makes for a paradoxical relational style in which life seems to improve when it is going badly. The parents become kinder when the child feels bad. Presenting a suffering exterior gives the child respite from an otherwise hostile and neglectful family environment" (Manfred and de Vries 2014 p133). Thus, the pattern of interacting for adulthood is set. There may be childhood abuse, and the powerless child resolves to blame the world for being unfair. "So the mistreated child grows into an adult embittered by the unfairness of the world (represented by its caregivers). "Powerless as they feel, at every disappointment, they find some convenient, secret means of (unconscious) self-sabotage — and will then say triumphantly, 'See, they did it again. Life is unfair'. This is a self-destructive way of coping. In showing the world the wrongs it can do, they mobilise a self-fulfilling prophecy" (Manfred and de Vries 2014 p134).

1.9. APPENDIX 1F - SERVICE UTILISATION

     Individuals with serious psychological distress (SPD) suffer, other than with the problem itself, with less use of health care services and prescription medicines (eg: Pearson et al 2009).
     In the USA this is often due to lack of adequate health insurance. The Patient Protection and Affordable Care Act of 2010 was meant to help here.
     Weissman et al (2017) analysed data on health care utilisation around the time the Act was phased in. Over 200 000 adults (aged 18-64 years) who were part of the 2006-2014 National Health Interview Survey. Eleven indicators of utilisation were used, including insufficient money to buy medications or health care, and visiting a doctor more than ten times in the past year. SPD was measured by the Kessler Psychological Distress Scale (K6) (Kessler et al 2003), which asks about the

frequency of six symptoms in the past month (table 1.2).
There are four frequency scores for six symptoms, giving
a total of 24. A score of 13 or above was classed as SPD.

Symptoms:
• "so sad that nothing could cheer you up"
• "that everything was an effort"
• nervous
• restless or fidgety
• hopeless
• worthless

Frequency:
• all of the time (4)
• most of the time (3)
• some of the time (2)
• little of the time (1)
• none of the time (0)

Table 1.2 - K6

Overall, SPD prevalence was 3.2%, with a greater
prevalence among women (than men), and among poorer and
less educated adults. Comparing the SPD group with the
rest of the sample, they were more likely to have no
health coverage, and insufficient money to pay for health
care and medications (figure 1.2). They were also more
likely to have chronic health conditions (eg: diabetes,
heart disease, cancer), and so visited doctors often.
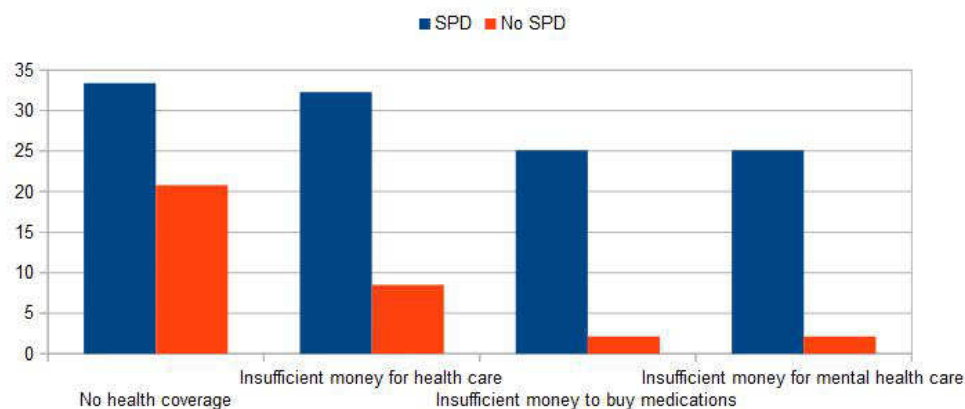
(Data from Weissman et al 2017 table 2 p656)

Figure 1.2 - Percentage of individuals reporting selected
behaviours.

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2. SCIENTIFIC SCRUTINY

2.1. "VIRTUAL WITNESSING"

In 2014 two papers were published by a team of Japanese researchers led by Haruko Obokata in "Nature" that outlined a new way of developing stem cells (stimulus-triggered acquisition of pluripotency; STAP). Within six months the papers had been retracted because of data fabrication (Meskus et al 2018).

The number of retractions of scientific papers has increased tenfold between 1977 and 2012 (Fang et al 2012). A retraction may be due to errors in the scientific paper (21% of 2047 retractions; Fang et al 2012), but, more worryingly, it may be because of misconduct (eg: fraud; plagiarism) (67%; Fang et al 2012).

The fraud in the Obokata work was highlighted by "anonymous science watchdogs and members of the global stem cell research community airing their concerns through social media within days after the publication of the papers" (Meskus et al 2018 p2). This is an example of "open science" as opposed to the "closed" peer review system of traditional scientific journals [10]. "The conventional peer review system continues to represent the fairest way to guarantee the quality of research. However with the constant scramble for resources, such as time and money, the system has also come to increasingly show signs of strain... Furthermore, major changes in the way the research enterprise is conducted — such as growing competitiveness and urgency to get research results out as quickly as possible, the introduction and impact of new technologies, the push toward clinical translation and the inclusion of new 'stakeholders' — have prompted a reconfiguration of scientific knowledge validation and quality control toward what Funtowicz and Ravetz (2015) call the 'extended peer community' [11]" (Meskus et al 2018 p4).

On the negative side, "virtual witnessing" via social media can be "superficial and hasty in comparison

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[10] "The peer review process is essentially a system whereby verification of knowledge hinges on the scientific authority of the journal, pre-selected expert resources and a single- or double-blind system of review... Editors' and reviewers' work is aimed at upholding the fundamental scientific norm of organized scepticism and, through that, the fundamental value of the autonomy of science. At the same time, and as a consequence, editorial boards hold a monopoly over the validation and dissemination of scientific knowledge which is accepted as legitimate" (Meskus et al 2018 p16).

[11] Or "technology of virtual witnessing" (Shapin and Schaffer 1985).

to more conventional forms of replication studies. George Q. Daley from the Harvard Stem Cell Institute was quoted in "The Boston Globe" saying that he was concerned about the rush to use blogging and social media to report on complex biological experiments. He pointed out that scientific experiments usually take time and many replications to work properly" (Meskus et al 2018 p17).

Also commenting is often done online anonymously. "For science watchdogs, anonymous commenting on research findings enables them to avoid jeopardising their scientific careers. But anonymity may also lower the threshold of posting ungrounded allegations... which in turn can contribute to what has been called the 'predatory potential' of the internet (Hookway 2008) [12]" (Meskus et al 2018 p18).

2.2. REPLICATION

The Reproducibility Project: Psychology (RPP) (Open Science Collaboration 2015) found that one-third of their replications of 100 studies in psychology had "a significant effect in the same direction as the original studies" (Camerer et al 2018). This figure was two-thirds for the Experimental Economics Replication Project (EERP) (Camerer et al 2016) that replicated eighteen laboratory experiments in economics (Camerer et al 2018)

The Social Sciences Replication Project (SSRP) (Camerer et al 2018) replicated twenty-one experimental studies in the social sciences published in the journals "Nature" and "Science" between 2010 and 2015. There was a significant effect in the same direction as the original in 13 cases, but the effect size was on average about half that of the original study. While "among the unsuccessful replications, there was essentially no evidence for the original findings" (Camerer et al 2018 p640).

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