



RESEARCH IN BRIEF

Contributions wanted

If you read a paper published in a peer-reviewed journal (or at proof stage) and think it would be of relevance and interest to our wide audience, send a lively and informative review (up to 400 words) to Tom Stafford on tom@idiolect.org.uk.

Getting by on heroin

JON SUTTON reports on the possibility of controlled use.

'HEROIN: it's my life, and it's my wife', sang Lou Reed. The general view from government bodies has supported this view, that given the chance people will use the drug in an intensive and prolonged manner. It's a slippery slope, and at the bottom lie poor health and problems for society.

But now a study by David Shewan and Phil Dalgarno (Glasgow Caledonian University) has questioned these assumptions. They used 'chain referral methods' to recruit 126 participants who had illicitly used opiates at least 10 times in each of the previous two years, had never received any specialist addiction treatment

for any drug (including alcohol), and had never served a custodial sentence. Semi-structured interviews were conducted, and then 67 per cent of the sample were followed up a year or more after phase one.

In contrast to typical samples of heroin users, levels of educational achievement and occupational status were comparable to those found in the general UK population. High levels of negative health and social outcomes were not a major feature of this group. While there was evidence of lifetime difficulties with health and with social factors such as family and employment, ongoing problems were rare, and heroin was not a significant predictor in either context. While there was evidence of intensive risky patterns of drug use among the sample, particularly with regard to alcohol, there was equal evidence of more controlled, planned patterns of use.

The authors suggest that the term 'unobtrusive heroin use' could be usefully employed as a starting point for further research. 'This term recognizes that some patterns of heroin use can be relatively non-intrusive to the individual user and to society, and also incorporates the recognition of a continuum of heroin use without making assumptions about the inevitability of movement along that continuum... This could be an important step in developing a more integrative theoretical understanding of drug use and addiction, one that does not rest primarily on assumptions about the causal effects of simply taking a particular drug.'

Shewan, D. & Dalgarno, P. (2005). Evidence for controlled heroin use? Low levels of negative health and social outcomes among non-treatment heroin users in Glasgow (Scotland). *British Journal of Health Psychology*, 10, 33–38.

Even more brief

JON SUTTON with the latest from the BPS journals.

Adolescent girls who worship celebrities for intense personal reasons (identified by items such as 'I consider my favourite celebrity to be my soul mate') are more preoccupied with their own body shape. This link peaks at the age of 15, and disappears from 17 onwards. (BJHP, February)

Some women perform breast self-examination too much – excessive BSE tends to be less thorough and may lead to more diagnoses of benign lesions, delaying presentation when there is a malignant lump. Personal instruction on appropriate BSE frequency and proficiency is needed, along with attempts to reduce breast cancer worries. (BJHP, February)

In a study of female undergraduates, mental imagery was shown to be a central feature of food craving. The nature of these imagery processes underlying food cravings was essentially visual, and the authors suggest that visual imagery techniques may prove useful therapeutic aids for reducing food cravings in clinical and non-clinical populations. (BJHP, February)

Bystander agony

TOM STAFFORD reports on the effects of watching others in distress.

WATCHING others being assaulted, bullied or sexually harassed can result in severe and lasting trauma, according to research by Richard J. Hazler of Penn State University. 'Of course,' he says, 'the victim, who stands in the most immediate psychological and physical danger, suffers a greater level of distress than any bystander. However, our findings show that bystanders also experience moderate to severe psychological and physiological repercussions.'

The research, co-authored by Dr Gregory R. Janson (Ohio University), involved asking participants to recall their memories of repetitive abuse that they had either been the victim of or had witnessed. The types of abuse that were recalled included bullying, racism, homophobia, corporal punishment by parents, teachers or other authority figures, and sexual

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harassment. Subjective reports of distress, as well as physiological measures of stress using perspiration and heart rate monitoring, were elevated for both bystanders and victims.

'After a time, based on the severity of the ordeal,' reported the researchers, 'the impact on victims and bystanders is no longer significantly different.'

Janson, G.R. & Hazler, R.J. (2004). Trauma reactions of bystanders and victims to repetitive abuse experiences. *Violence and Victims*, 19(2), 239–255.

White-hot route

The brain can be very responsive to emotion information.

TOM STAFFORD reports.

HOW much do we need to see to recognise emotions in others? Not much at all, and not for very long, it seems. Neuroimaging research by Paul Whalen at the University of Wisconsin and colleagues shows that even clues as small as the size of the whites of someone's eyes can travel a high road into the brain, triggering a heightened response in the amygdala – a subcortical region known to be sensitive to emotional signals, such as fear.

Volunteers in an fMRI scanner saw photographs of fearful faces with everything except the eye whites blacked out for just 17ms before the image was covered up by a picture of a face with a neutral emotional expression. Compared with a control condition where the whites of eyes from happy faces were shown for 17ms, there was an elevated response in the amygdala. No participants in the study

Fearful and happy whites of the eyes

were aware of seeing the 17ms display of eye-whites for either happy or sad faces.

The authors suggest that this result shows a simple rule that the brain may use to prime attentional circuits to be ready to decode more detailed facial information. Fear is perhaps the most urgent social signal, so it is not surprising that it has specialised neural circuits devoted to detecting it. This research shows that the neural specialisation has reached the point that the fearful-stimuli can start automatically changing our brain response without provoking any conscious awareness of the process.

Whalen, P.J. et al. (2004). Human amygdala responsivity to masked fearful eye whites. *Science*, 306, 2061.

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Here's a sample, by the Digest editor **CHRISTIAN JARRETT**.

ARE GIRLS MORE MOTIVATED?

Barry Sheerman, chair of the Commons Education and Skills Select Committee, said recently that women are brighter than men. His comments come at the end of a year in which girls have once again outperformed boys at GCSE and A-level. However, rather than being a question of intelligence, perhaps girls are more motivated than boys? Andrew Martin (SELF Research Centre, Sydney) investigated.

Nearly 3000 Australian high-school students completed the Student Motivation Scale, which probed their agreement with positive statements about things like self-belief (e.g. 'If I try hard, I believe I can do my schoolwork well') and study management, and their agreement with negative statements about anxiety and self-sabotage (e.g. 'I sometimes don't study very hard before exams so I have an excuse if I don't do as well as I hoped').

There were modest differences between the sexes in their degree of motivation. Girls reported managing their work better, aiming to fully understand their work more, and persisting more in

the face of difficulties. They reported being more anxious whereas boys self-sabotaged more. However, there was no evidence that girls and boys showed different patterns of motivation. That is, both sexes clustered similarly into high, low and medium scorers on the positive motivational items, and low vs. high scorers on the negative items.

Martin concluded that 'girls have higher levels of motivation than boys on a number of dimensions, [but] the two groups' fundamental motivation orientations do not appear to be markedly qualitatively different'.

Martin, A.J. (2004). School motivation of boys and girls: Differences of degree, differences of kind or both? *Australian Journal of Psychology*, 56, 133–146.

Weblinks:

Author (including student motivation resources): www.gjmartinresearch.com/
SELF Research Centre: self.uws.edu.au/
Journal: journalonline.tandf.co.uk/link.asp?id=110797

AFTER A HEART ATTACK

If you survive a heart attack in the UK, you will probably be invited onto a cardiac rehabilitation programme, involving exercise, psychological advice and lifestyle guidance. These programmes have been found to drastically improve patients' future health and their quality of life. But what role do psychological factors play in these benefits? Susan Michie (Centre for Outcomes Research and Effectiveness) and her colleagues asked 62 recovering heart-attack patients to complete comprehensive psychological and health-based questionnaires before they began a cardiac rehab programme, and then again two months afterwards. Twenty-nine of them were also followed up eight months later.

After the programme, the patients reported feeling they had more control over their illness, more confidence in their ability to alter their eating habits, and feeling less anxious and depressed. Decreases in anxiety and depression tended to go hand in hand with feelings of increased control over the illness. In turn, lower anxiety and depression at two months follow-up, predicted better physical

and mental health eight months later. In contrast, reported increases in confidence about changing lifestyle habits, or changes in perceptions about the nature and causes of the illness, did not correlate with mental and physical health improvements.

The authors concluded that 'any impact [of the rehab programme] is through perception of control over the illness and emotional changes, rather than through changing self-efficacy over health behaviours or changing perceptions of the nature, cause or consequences of the illness'.

Michie, S., O'Connor, D., Bath, J., Giles, M. & Earll, L. (2005). Cardiac rehabilitation: The psychological changes that predict health outcome and healthy behaviour. *Psychology, Health and Medicine*, 10, 88–95.

Weblinks:

Journal: journalonline.tandf.co.uk/link.asp?id=102231
Centre for Outcomes Research and Effectiveness: www.psychol.ucl.ac.uk/CORE/
British Heart Foundation info on cardiac rehab programmes: tinyurl.com/6xklv