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# Description or explanation?

**T**HE conviction of 19-year-old Brian Blackwell in June for the brutal killing of his parents has thrust the diagnosis of personality disorder into the spotlight. Blackwell pleaded guilty to manslaughter on the basis of diminished responsibility because of narcissistic personality disorder (see box), a diagnosis unanimously agreed upon by a team of psychiatrists.

Marjorie Wallace, chief executive of the mental health charity SANE, told the BBC that the condition is not actually that rare but cautioned: 'It is seldom that it becomes a pathological disorder that could lead to this kind of brutal act.'

Media reports on the case have routinely described Blackwell as 'suffering' from narcissistic personality disorder. For example [emphasis added], *The Guardian* wrote that 'Blackwell's illness meant he became obsessed with fantasies of his own unlimited success, power and brilliance'; and the BBC reported that Blackwell's condition 'made him feel entitled to unlimited success in all areas of his life, he was a slave to his fantasy view of himself as brilliant and untouchable'.

But what does it mean to say that someone's personality is disordered? Is it really a medical condition or is it no more

EMPHASIS

than a convenient description? Chartered psychologist Julian Behrman said to us: 'Are you serious? Of course there is such a thing as a personality disorder for the psychiatric and psychological professions. Otherwise, how could anybody be diagnosed with it?' Professor Theodore Millon, dean of the Institute for Advanced

Studies in Personality and Psychopathology in Florida, concurred, telling us: 'There is little question that the concept of personality disorder is a useful framework for representing different styles of human behaviour that are problematic in a variety of ways... The concept of a narcissistic personality disorder is a legitimate clinical characterisation of individual behaviours, many of which prove to be serious problems in everyday life.'

However, other experts disagreed. Clinical psychologist Professor James Maddux of George Mason University told us that 'the vast majority of research indicates the impossibility of drawing a hard and fast line between normal and abnormal personality... what the *Diagnostic and Statistical Manual of Mental Disorders* calls narcissistic personality disorder is a pattern on the extreme end of a continuum, not a distinct disorder'. And he added: 'Like all psychiatric diagnostic labels, "narcissistic personality disorder" is simply a shorthand description of a pattern of thinking, feeling and behaving; it's not an explanation for that pattern.'

Professor Mark Mattaini, an expert on violence prevention in young people said: 'Far better than assigning an unreliable label that purports to be explanatory but lacks explicatory content, in my opinion, is to recognise that life experience, in conjunction with biological factors, can result in many forms of damage and can shape many forms of aberrant behaviour.'

Dr Mike Drayton, a chartered clinical psychologist, agreed: 'Personality is a long-standing pattern of thoughts, feelings and behaviour evident from adolescence. Therefore, it is illogical to try to understand personality disorder as a diagnosable illness because of the rather obvious point that an individual diagnosed has no state of wellness to return to after treatment. In a sense, they have never been well.'

Moreover, Drayton argued: 'The term "disorder" is very subjective and is defined

## WHAT IS NARCISSISTIC PERSONALITY DISORDER?

People with narcissistic personalities have a grandiose view of themselves as being special, superior and unique. They feel that they can only be understood by similar special people. They are often preoccupied by fantasies of success, power and being admired by others. Because of this set of beliefs they find it hard to have much empathy for other 'lesser' people and will exploit and use them. They are prone to powerful feelings of envy and can become paranoid if they feel that they are being undermined. Narcissism defends the person against strong feelings of inferiority and worthlessness. Therefore, anybody who threatens to prick their bubble and confront them with reality can end up as the victim of their rage. Research has found that one of the best predictors of interpersonal violence is an inflated sense of self-regard. In order to maintain the fantasy about the specialness of the self, a narcissist may be willing to kill. Ironically Brian Blackwell has become very special and famous for his crime. – Dr Mike Drayton

by what society, at the time, regards as normal behaviour. A personality is only defined as being disordered if the person's behaviour or thinking dramatically and consistently deviates from this norm. For example, a conventional "good salaryman" in the computer industry in Tokyo might, if transported to somewhere like Amsterdam, be seen as having an obsessional personality. An actor in Hollywood, transported to Barnsley might then acquire a "hysterical" or "narcissistic" personality as a result of the journey.'

So, having been diagnosed with narcissism, will Brian Blackwell now be treated, and if so how? Julian Behrman again: 'Psychologists would probably be limited to considering along with the psychiatrist whether or not a patient would be suitable for some form of psychotherapeutic intervention – possibly cognitive behavioural therapy or possibly some other form of psychotherapy; much would depend on the healthcare team's diagnosis and evaluation, taking into account all the relevant factors. It is likely that the consultant psychiatrist in charge would have the final say.'

Dr Naomi Murphy, Lead Psychologist for Treatment with the Dangerous and Severe Personality Disorder Service of HM Prison Service, said: 'When personality disorder is perceived as an interpersonal strategy for managing anxiety associated with interpersonal relationships, narcissism can be understood as a primitive defence against inner feelings of shame and defectiveness via overcompensation. The initial goals of treatment would be to establish an emotionally intimate and validating relationship before assisting the client in identifying their use of narcissism as a self-protective strategy. The therapist would support the individual in experiencing and developing skills to tolerate the difficult affect associated with the deficits in their early interpersonal relationships rather than defend against it with a narcissistic presentation. Careful consideration should be given to the process of therapy and, in particular, the timing of interventions since, in the absence of narcissism, such individuals can become extremely fragile and possibly suicidal.'

□ *National Institute for Mental Health in England guidelines can be downloaded from [tinyurl.com/b3c9h](http://tinyurl.com/b3c9h). The June issue of the European Journal of Personality is a special issue on personality disorders ([tinyurl.com/d673f](http://tinyurl.com/d673f)).* CJ

## SOCIETY RESPONSE TO THE LONDON BOMBINGS

IN the days after the 7 July bombings in London, the Society's Media Centre posted advice for the public on the BPS website: see [www.bps.org.uk/media-centre/london-bombs/info.cfm](http://www.bps.org.uk/media-centre/london-bombs/info.cfm). Prepared by Susan Van Scoyoc, a Chartered Counselling Psychologist and Associate Fellow of the Society, it advises people affected either directly or indirectly to talk about what happened, write about it, cry, eat and drink sensibly and try to rest, and take up regular exercise and relaxation.

*The Psychologist* has published several articles in recent years which are of relevance and are available to download on our website:

Andrew Silke, 'Action plan: Terrorism', Nov 2001: [tinyurl.com/cjmpe](http://tinyurl.com/cjmpe)

Noreen Tehrani, 'Healing the wounds of the mind', Dec 2002: [tinyurl.com/cykk7](http://tinyurl.com/cykk7)

John Drury, 'No need to panic', Mar 2004: [tinyurl.com/9y25b](http://tinyurl.com/9y25b)

Andrew Silke, 'Terrorism, 9/11 and psychology', Sep 2004: [tinyurl.com/8xarf](http://tinyurl.com/8xarf)

Paul Marsden and Sharon Attia, 'A deadly contagion?', Mar 2005: [tinyurl.com/8psbk](http://tinyurl.com/8psbk)

## Open access to research findings – Research councils act

**O**PEN access to research findings has moved a step closer after an announcement by the research councils. They are proposing that papers arising from research that they fund must be archived at the 'earliest opportunity' in openly available repositories, either at researchers' own universities or those set up by subject bodies.

Research Councils UK (RCUK), the umbrella body for the eight research councils, is proposing the new rule for funding awarded from this October, although it says that researchers awarded grants before then will be encouraged to make their work publicly available too. RCUK hopes that this move will give greater worldwide prominence to British research. Between 4500 and 5000 grants are awarded by the research councils each year.

The whole question of open access is a political and academic hot potato. The government is apparently not keen on offending the publishing industry; while the House of Commons Science and Technology Committee has been pushing for open access pilot studies. Academic libraries stand to benefit through not having to buy more and more increasingly expensive journals; while publishers stand to lose lucrative sources of income.

*The Psychologist* spoke to Stephen Morley, Chair of the Society's Journals

Committee. He told us: 'Whatever the merits of the RCUK's argument for open access, the impact on the publishing activities of learned and professional societies with charitable status, such as the BPS, will be profound. The publishing operation generates about one third of the Society's income most of which is returned to the Society to use for other activities.

The loss of that income would have major consequences for the BPS as a whole.'

Critics of open access online repositories as proposed by the RCUK wonder where the quality control comes in.

Graham Taylor, director of academic publishing at the Publishers'

Association, complained

that they would not have the peer review or editorial input of print journals. He also thinks that RCUK are moving too far, too soon: 'All journals were experimenting with new forms of publication and it would be a mistake for the research councils to try to impose one particular solution.' But Ian Diamond, chairman of RCUK, said that their ideas were still developing with no final decision yet.

In the meantime the BPS, as Stephen Morley told us, will be keeping a close eye on the situation: 'The issues surrounding open access and how to respond to the challenge constructively are complex and are currently being considered by the Society.'

PDH

# Less division equals solutions

JON SUTTON reports from a seminar organised by the BPS and the Nuffield Foundation.

**T**HIS event, the second of its kind aimed at policymakers and others 'on the ground', was titled 'Psychology and learning maths: Unpacking the crisis'. Crisis? What crisis? Well, despite the career opportunities and earning potential associated with it, uptake of maths A-level has fallen sharply. According to the Chair, Professor Adrian Smith (University of London), maths is a hot topic in government circles but it's time for the agenda to move to the micro level, examining the psychology of individual barriers to doing maths.

Professor Brian Butterworth (Institute of Cognitive Neuroscience) kicked off the series of short presentations by addressing whether knowing the brain regions involved helps us to teach maths. He argued that there is a distinct 'numerosity code' in the brain, which forms the intuitive basis of arithmetic. This is defective in dyscalculics, who are slow to recognise even small numbers of objects, have a poor sense of number size, and rely on laborious strategies for arithmetic (e.g. counting rather than learning simple laws such as  $a + b = b + a$ ). Butterworth advocated the use of simple screening tests, and

intervention based on strengthening concepts of numerosity.

Numerosity forms the basis of children's reasoning with small numbers which, according to Professor Terezinha Nunes (Oxford Brookes University), is

evident before school and predicts achievement in maths one year into school. For example, placing five pennies next to each of three rabbits allows a child to use this 'one-to-many correspondence' to solve multiplication problems before school. Reference to real-life situations, such as sharing four chocolates between six, allows

children to understand the idea of equivalent fractions at an early age.

Those positive experiences of maths success at an early age might go some way towards avoiding 'maths anxiety' as an adult. Dr Karen Trew (Queen's University Belfast) told the audience about one of her students dropping psychology because he failed the stats test. He had a vivid memory of a maths teacher berating him in primary school, holding his book up for the class to see. The maths-anxious avoid maths if possible, show physiological reactivity to numeric stimuli, and do worse on timed tasks because they are devoting attention to intrusive thoughts and worries. Trew advocated naturalistic observations of maths ability, and problem solving, rather than 'right or wrong' tests.

Next up Dr Chris Donlan (UCL) focused on another group that may have particular problems with maths: those with specific language impairments (SLI). School leavers with SLI actually perform more poorly in GCSE maths than in GCSE English, and in Donlan's NumberTalk project many eight-year-olds failed even to count to 20 correctly. However, they showed similar levels of performance to

## NEURAL EFFECTS OF MEDIA VIOLENCE

**T**WO new studies have moved the media violence debate on to the level of brain activity and function. At the Organization for Human Brain Mapping annual meeting in Toronto, Klaus Mathiak of the University of Aachen reported that when young men play a violent video game their brain is affected in the same way as it would be in a real violent situation. Mathiak invited 13 men to play a video game while he scanned their brains. During violent episodes in the game, Mathiak found their brain activity was suppressed in emotional regions including the anterior cingulate cortex and

the amygdala. 'This might represent an important mechanism to suppress positive emotions, such as empathy, in order to more effectively eliminate (virtual) opponents,' Mathiak said.

Meanwhile Vincent Mathews at Indiana University reports that exposure to media violence can change the brain functioning of healthy adolescents to resemble that observed in adolescents diagnosed with disruptive behaviour disorder. Mathews scanned the brains of 71 participants while they completed a counting version of the Stroop task (e.g.



presented with a string of identical digits '222', participants must identify the number of digits – three – while ignoring the distracting effect of the number 2).

Healthy adolescents who frequently watched violent TV or played violent video games showed reduced frontal lobe activation during the Stroop task, as did participants diagnosed with disruptive behaviour disorder. In contrast, healthy participants not exposed to violent TV or games did not show this reduced frontal activation. 'This observation is the first demonstration of differences in brain function being associated with media violence exposure,' Mathews said. The findings appear in the May/June issue of the *Journal of Computer Assisted Tomography*. CJ

age-matched controls on a task assessing understanding of arithmetic principles, using made-up symbols supposedly left in the class by a Martian mathematician. Donlan suggested building on this surprising ability, and also looking at failures of correspondence between their visual and verbal systems.

Opening the discussion, Professor Margaret Brown (King's College London) said that it was important for psychology to bring rigour to design and theory that may be missing from some existing research and intervention strategies, but that we needed to be sure we were helping as well as diagnosing. Perhaps surprisingly, given the 'crisis' in the day's title, Brown thought psychologists were only moving on to what works and why as the *next* stage. According

to Jean Gross (National Primary Strategy), we should be looking at the teachers with a stunning track record, to see what they do. Professor Mike Askew (King's College London) piped up that he had done just that, and found that it was not a teacher's knowledge about maths that predicted the difference – it was how they connected with the pupils. Unfortunately, he said, there seems to be something stereotypical about maths that leads to the 'direct transmission' model of teaching.

Professor Smith wondered whether it was time to follow the model of clinical trials of medicine in order to properly determine what works in maths teaching. However, Professor Nunes pointed to the difficulties in conducting large-scale international evaluations, given the centrality of the teacher. Is a drill-and-practice or constructionist model of teaching best? Teachers in different countries hate both.

Wrapping up proceedings, Professor Brown called for interventions designed by people who know about research, but not by those who *only* know about research. This type of event is vital if we are to work out the answer to the maths problem.

## Controlling the nation's anger

**THE increasing incidence of abusive behaviour towards staff who deal face to face with the public has prompted City & Guilds to devise the first government-accredited qualification in conflict management.**

According to research carried out by City & Guilds, more people than ever are resorting to physical and verbal attacks on others, with tickets inspectors, paramedics, and other staff who deal with customers taking the brunt of the nation's ill temper.

Dr Sandi Mann, a senior lecturer in occupational psychology at the University of Central Lancashire, agreed that the problem was on the increase. She blamed this depressing picture of rude and aggressive Britons on the 'customer charter culture'. She explained: 'People now have higher expectations of the treatment they expect from service providers and are less tolerant of these expectations not being met.'

Dr Mann, who runs courses in anger management, says that it is not just customers losing their tempers with staff – her own research has found that anger is the most commonly suppressed emotion within the workplace itself. But when self-control fails, employees find themselves the targets of co-workers' rages. *PDH*

### MORE RESEARCH NEWS

For more from our staff journalist Dr Christian Jarrett, subscribe to the Society's free research digest e-mail service (see [www.researchdigest.org.uk](http://www.researchdigest.org.uk)) or see what you've missed at the Digest blog: [bps-research-digest.blogspot.com](http://bps-research-digest.blogspot.com)

## Would I lie to you?

**P**EOPLE who are able to manipulate our thoughts and deceive us are actually quite sensitive creatures. How so? Well, according to Amanda Johnson (Montclair State University, USA) and colleagues, the more in tune you are with your own thoughts and feelings, the greater your understanding of someone else's mind and the better your chances at misleading them.

In the research, published in *Personality and Individual Differences* (see [tinyurl.com/73nvc](http://tinyurl.com/73nvc)), Johnson's team asked amateur actors to read out scripts conveying information about themselves. This included accurate biographical information ('the truth'), exaggerated desired characteristics ('faking good'), and exaggerated negative characteristics ('faking bad'). So, for example, a female actor who wanted to lie about her desirable characteristics might say she weighs less than she actually does, whereas a male actor would say he's interested in a committed relationship. The authors found that when participants were asked to rate how much they believed the actor was being truthful

or deceitful, actors who scored highly on measures of self-awareness were much more successful at deceiving the participants.

But the story doesn't end there. The authors argue that this relationship between self-awareness and deception ability is mediated by our theory of mind, in other words our ability to understand what another person is thinking based on our own thoughts. And when it comes to being dishonest, it's this 'mind reading' faculty that allows us to come across favourably to others and can even help save us from being punished.

In evolutionary terms, the authors believe that intentional deception has important benefits in the context of mating. They suggest that if an individual's devious ways are successful they could 'increase their chances of securing a more desirable mate than they might otherwise secure without the aid of deception'. From a female perspective the message here seems clear – Girls, he may be a lying toerag but at least he's in touch with his feelings.

*Julie Morgan  
(University of Sussex)*

### WEBSITES

**[www.facilitatingchange.org.uk](http://www.facilitatingchange.org.uk)**

Information on motivational interviewing for helping young people understand their behaviour

**[davidmlane.com/hyperstat](http://davidmlane.com/hyperstat)**

An introductory-level textbook for students learning the basics of statistics

**[tinyurl.com/bp8fp](http://tinyurl.com/bp8fp)**

Full version of February's Roberts and Esgate letter on the BPS response to the Iraq war

**If you come across a website that you think would be of interest to our readers, let us know on [psychologist@bps.org.uk](mailto:psychologist@bps.org.uk).**

# Youth and death

**L**OSS of a loved one is inevitable, with research suggesting that 92 per cent of young people in the UK will experience a significant bereavement before they are 16. But a comprehensive literature review on behalf of the Joseph Rowntree Foundation reports there is a dearth of research into young people's experience of bereavement and how they use bereavement services.

Growing up is difficult enough as it is, without losing someone you love, the report says. So with current service provision 'patchy', the report argues for the effect of bereavement on young people's lives to be more fully researched, and for a tailored, broader range of support services to be established.

Family sociologists Dr Jane Ribbens McCarthy at the Open University and Dr Julie Jessop at Cambridge University

searched academic journals, books and databases, contacted bereavement organisations, and liaised with the academic managers of longitudinal studies. Their investigations revealed a complicated picture in which bereavement can increase young people's risk of things like delinquency and depression, depending on the meaning of the loss for the individual, and on a host of confounding factors like social class, gender and family background. Multiple losses in particular were clearly linked to increased risk of psychological problems. But in other circumstances bereavement was found to have positive effects, for example providing a young person with new-found strength or motivation.

Dr Ribbens McCarthy told us: 'Some of the research that we do have – for example, concerning the risk of

JOHN PHILLIPS/PHOTOFUSION

depression in bereaved young people – is very complex and points to the need for sophisticated theoretical models, and yet researchers and practitioners alike seem to be very ready to promote simplistic messages on the basis of this complexity.'

The report also includes

three extensive case studies written up by Sue Sharpe (Institute of Education), showing just how long-term the effects of bereavement can be. Talking about the death of his mother, one person says 'Maybe the rest of them are just coping with it or looking as if they're coping with it but I'm

## Best practice for reading

**P**SYCHOLOGICAL evidence is to play a key part in a government review of the role of synthetic phonics in teaching reading in English primary schools, and of support for children facing the greatest reading difficulties.

Synthetic phonics – building up pronunciations for unfamiliar written words by translating letters into sounds and blending the sounds together – is already embedded at the heart of the Literacy Framework. But former Ofsted Director of Inspection Jim Rose will examine both academic research and classroom best practice in the use of synthetic phonics in schools and early years settings, as well as recent reports by the Education and Skills Select Committee, Ofsted and the Clackmannanshire study, in drawing up his recommendations. He will provide an interim report by November

with final recommendations in January next year.

Mr Rose said: 'We will look carefully and fairly at what robust research and sound practice have to tell us about how schools and early years settings can best deliver high-quality teaching that results in successful learning for all children.'

Professor Margaret Snowling (University of York) told us: 'It seems that the "Great Debate" about reading has re-emerged, but this time there is a strong evidence base that supports two conclusions. First, successful reading development depends upon acquiring the "alphabetic decoding principle". It follows that it is essential that the early reading curriculum should include training in letter sounds, phoneme awareness and phonic skills. Second, reading comprehension depends upon adequate and automatic decoding skills and wider

language skills, such as vocabulary and grammatical skills. Therefore reading curricula cannot afford to ignore the development of children's oral communication skills.

'Phonics should be at the core of the early reading curriculum, but recognising that some children, such as those with dyslexia, may take twice as long as others to learn a single letter and the pace of teaching will have to be adjusted for them. All children need to read text to ensure the adequate development of a sight vocabulary and to encourage them to use and to monitor the context of words, for when phonics does not work – quite a lot of the time in English. Teachers need training in the psychology of reading to enable them to monitor the literacy development of all children and to modify their teaching according to children's needs.'

JS

not. There's times when I really don't cope at all.'

'Young people may be hesitant to talk to anyone, particularly professionals, even though talk is often cited as an important source of help by bereaved young people,' Dr Ribbens McCarthy explained. 'Consequently, the support of close friends and family is important, but equally there is a danger of peer groups and also families constituting part of the problem, so there's a need to understand the social context of the bereaved young person,' she said.

Reacting to news of the report's findings, Dr Carol Burniston, a chartered clinical psychologist with the child and adolescent mental health team in Wakefield, was more optimistic:

'Most children and young people adjust after a normal period of mourning to the loss of a loved one, in the same way that they adjust to separation, divorce, traumatic injury or chronic illness. All of these things, and others besides, involve a loss of some sort,' she said. 'I agree that support to young people who require it does not look like an organised bereavement service, but there are counsellors, school nurses, services attached to hospices, child and adolescent mental health services, and many other sources of support available if people know where to look.'

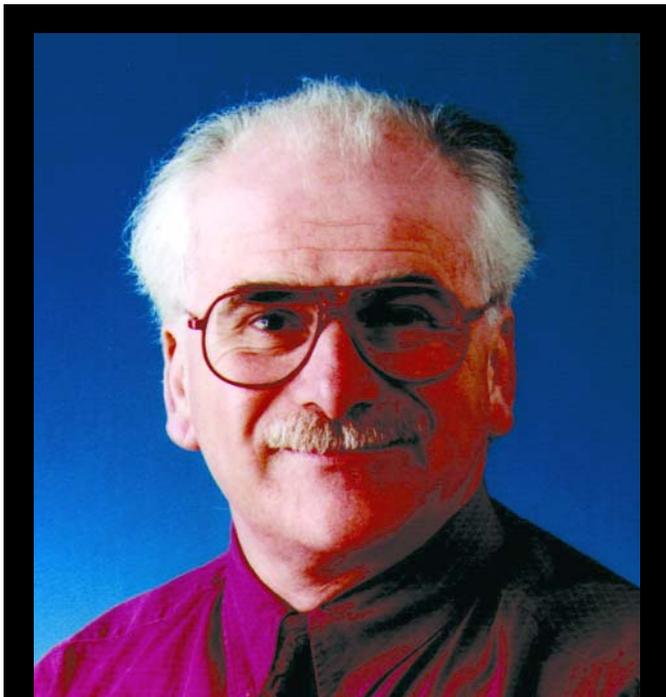
The Joseph Rowntree report concludes that society needs to acknowledge that death is a part of many young people's lives, without always diverting the

issue towards 'experts' to deal with. 'This may be a strong argument for the inclusion of "death education" in schools,' the report says. On this issue Dr Ribbens McCarthy told *The Psychologist*: 'The final point I would make is much more anecdotal – but points to an urgent need for research in this area. It concerns frequent reports of bereaved young people finding schools to be really quite unhelpful, and certainly none of the existing research evidence points to teachers being cited as important sources of help.'

However, Dr Carol Burniston disagreed: 'With regard to schools, I have heard

of some excellent work done by teachers and other school staff to support and educate their pupils,' she said. 'I particularly recommend the "Good Grief" package by Barbara Ward and associates. It is important to note that some bereaved young people will say that school is the only place that can be relied on to be the same and where they can "pretend to be normal" when they are experiencing trauma or sadness at home.' *CJ*

□ *The main findings from the report Young People, Bereavement and Loss: Disruptive Transitions? are available free from the Joseph Rowntree Foundation website ([tinyurl.com/72fk8](http://tinyurl.com/72fk8)).*



**Ray Bull, Professor of Forensic Psychology at the University of Leicester, has been given a police commendation certificate for support he provided during a difficult rape case. Professor Bull, who is also a Fellow of the British Psychological Society, advised the Metropolitan Police in an investigation in which the traumatised victim was able to recollect little of what had happened to her. He suggested innovative ways to talk to her to help uncover her memories. The information gathered in this way helped towards a successful prosecution. The perpetrator is now serving a 14-year prison sentence.**

## Politicians, binge drinking and public health

**M**EMBERS of Parliament have received a briefing on binge drinking and public health through a BPS-funded secondment to the Parliamentary Office of Science and Technology at Westminster.

The POSTnote, which was prepared by Dr Loredana Santoro (University of Oxford), looks at the impact of binge drinking, the factors behind it, and current government policy.

Over the last two years the government has taken actions aimed at reducing alcohol-related harm by means of revised licensing laws ([tinyurl.com/2vxfe](http://tinyurl.com/2vxfe)), a national strategy ([tinyurl.com/casag](http://tinyurl.com/casag)) and a public health White Paper ([tinyurl.com/crmwe](http://tinyurl.com/crmwe)). These measures were triggered by the escalation of alcohol-related harm, in terms of health, crime and productivity.

Dr Santoro said: 'Government sees the new licensing system as a tool that will help curb binge drinking and shift British drinking habits towards a more continental,

café-style culture. However, because it allows alcohol retailers to apply for prolonged opening hours, authoritative medics and academics, as well as representatives of residents and police, fear a worsening of the impact on health and public safety. Epidemiologists and clinicians argue that the only effective way to reduce alcohol-related harm is to lower overall per capita consumption, a measure that the government has discounted.

'It is difficult to predict whether policies currently being implemented will change the behaviour of those who misuse alcohol. The impact of this briefing will depend on the outcome of these policies. Should they fail to reduce harm, Parliament might consider taking action and evaluate alternative measures.'

□ *To download the POSTnote, see [www.parliament.uk/parliamentary\\_offices/post.cfm](http://www.parliament.uk/parliamentary_offices/post.cfm). The publication of the note will be supported by a parliamentary seminar later in the year.*

# How golfers deal with stress

**T**O find out how best to cope with performance-related stress in sport, who better to ask than a group of elite young golfers who have represented their country at the game? Dr Adam Nicholls at the University of Hull interviewed 18 Irish male golfers, aged 14 to 21 years, about times when they had, and had not, handled performance stress well.

A report on the findings, which appears in the June issue of *The Sport Psychologist*, classifies the golfers' different coping strategies as either emotion-focused (e.g. breathing exercises, blocking negative thoughts), or problem-focused (e.g. positive self-talk, following a routine) and recommends that emotion-focused strategies should be applied to uncontrollable stressors like the weather or an opponent's performance,

whereas problem-focused strategies should be applied to stressors that can be controlled, such as one's golf swing.

According to the golfers, effective strategies included blocking out negative thoughts, breathing and stretching exercises, and positive self-talk. Ineffective strategies included trying too hard, trying to force shots, rushing, not having a coping strategy, and not following their usual routine.

Dr Nick Holt at the

University of Alberta, a collaborator on the study, said that abandoning one's playing routine is a common mistake: 'Rather than making changes during a round, they should be sticking with what they know. Pre-shot routines can be adapted during practice, but not under the stress of competition.'

The researchers were surprised that some of the interviewees reported occasions when they simply hadn't employed any kind of coping

strategy. For example, one interviewee said: 'I was not attempting to cope. I was plodding along not thinking of anything.' Dr Holt commented: 'It goes to show that technical ability got them this far, but if they could build up their mental skills, that would probably help them make the transition as players from an elite youth to an elite adult.'

Dr Jim Golby of Teesside University welcomed the findings: 'While the age range of the performers and the nomothetic approach to this research may suggest some limitations, these findings are of relevance and interest to sports psychologists working in the practical and the academic spheres. And if nothing else, they suggest that a positive approach to psychological training can help avoid many of the identified performance failures.'

However, sports psychologist Dr Richard Cox was concerned by the omission of any reference to 'preparation behaviours' (e.g. warming up), as 'collectively, these are the best predictors of self-confidence and key to the golfer controlling stress as much as possible during the competition'. Cox also pointed out: 'The kind of stressors identified are out of context, and this highlights why it is so important to observe behaviour in the competitive environment. For instance, what was their [the golfers'] score and in what round did they start worrying about it?' But Cox agreed with the researchers that there is a need for coaches to focus on golfers' mental coping skills: 'To date I have worked with 23 full-time professionals, including one Major winner,' he said, 'and none utilised coping strategies effectively.' *CJ*

## Memory structure turned on its head?

**H**OW is knowledge about the world organised in our minds? Studies with people whose memory has been affected by brain damage, have pointed to a hierarchy of factual, 'semantic' knowledge, in which more general information must be accessed first on the way to more specific information. But now Glyn Humphries and Emer Forde at Birmingham University have reported on a patient, FK, who appears to exhibit the opposite pattern.

Presented with a photo of a dog, patients with semantic dementia will often only be able to identify it as an 'animal'. Presented with a desk, such patients will only recognise it as 'furniture'. That is, they seem to have lost their object-specific knowledge but retained their knowledge of superordinate categories. This has led psychologists to propose that superordinate information is somehow less vulnerable to brain damage.

But the case of FK, reported in the July issue of *Cognitive Neuropsychology*, throws that into doubt. When he was a 22-year-old student, FK suffered frontal, temporal and occipital brain damage from carbon monoxide poisoning. Now FK is good at naming things at their 'base level' (e.g. dog, desk, hammer), but is severely impaired at matching them with their superordinate categories (e.g. animal, furniture, tool).

This pattern 'runs contrary to almost all of the neuropsychological literature on patients with semantic dementia', the authors said. 'The data are clearly inconsistent with strictly hierarchical accounts of semantic memory, in which access to superordinate knowledge is a prerequisite for accessing other forms of knowledge.'

The authors said their findings also challenge the idea that we have different memory stores for each of our senses. Patient FK's ability to name different items was consistent regardless of whether they were presented to him by sight, sound, or touch. This 'fits better with the idea that we have one semantic system, rather than a semantic system differentiated by modality,' they said. *CJ*

## SATELLITE WORKSHOPS

**Bids are invited by the Research Board for Satellite Workshops to be held the day before the Annual Conference 2006**

**Aim** — to encourage the development of special scientific interests through the discussion of work in progress.

**Grants** — up to four workshops will be funded for the hire of the room, plus travel grants of £500 (approximately £25 each for up to 20 participants who must be members of the Society).

**Criteria** — a balance of new graduates and experienced research workers as participants; a clear reason to meet; a scientific theme, not solely a professional one.

**Applications** — bids should be sent to the Chair of the Board, c/o Lisa Morrison Coulthard, at the Society's office by **14 October 2005**. Any bids received after this date will not be considered.

**Report** — the workshop will not have published abstracts or any press coverage. A short report and any further plans arising from it should be presented to the Board.

**Further information can be obtained from Lisa Morrison Coulthard at the Leicester office, e-mail: [lismor@bps.org.uk](mailto:lismor@bps.org.uk).**