

# Beyond the post-antibiotic apocalypse

When the University of Nottingham opened its new Centre for Healthcare Associated Infections in 2007, one of its senior microbiologists, Professor Richard James, said of the rising threat of superbugs: 'Quite frankly, the impending crisis on the horizon can be called the "post-antibiotic apocalypse".' James was far from being the first or last to employ the metaphor of doom in his warnings about MRSA and other drug-resistant bacteria. However, according to a new analysis by James's colleague, psycholinguist Professor Brigitte Nerlich, whilst the invocation of apocalyptic metaphors can certainly grab attention, this discourse is ultimately counter-productive because the fear that is provoked stifles behavioural change among the public (<http://bit.ly/aZp70>).

Writing in the latest issue of the *Public Understanding of Science*, Nerlich, who is Professor of Language, Science and Society, said that this lesson has already been learned in relation to climate change, where campaigners have shifted emphasis away from doom-laden prediction to encouraging constructive behavioural change. 'Talk of a post-antibiotic apocalypse has its merits in galvanizing policy makers' and funding agencies' attention, but might be less well

suited when trying to change ordinary people's and ordinary policy makers' behaviour,' she said.

Nerlich's analysis was based on a search for the words 'antibiotic apocalypse' among news outlets between 1995 and 2007. She found 17 articles in local and national newspapers, most of them published in 2007 after the opening of the new research centre at Nottingham University. Nerlich told us that she originally conducted this research two

thinking that there is uncertainty or a lack of consensus over the risks ahead. Also, the latest figures for England show that rates of MRSA are currently falling, although it's not entirely clear why. But Nerlich told us that she's still concerned that alarmist messages can lead to cynicism rather than behaviour change. 'I think it's important to provide people with ways of "behaving" that they can control, that they have control over. This is not the case if they think "we are all

going to die!!!"

What about the ongoing threat of swine flu? Has the UK government struck the appropriate balance between alarmism and constructive information? 'I first thought the government was getting it right by pressing home the message about hygiene, thereby giving people some control over their action, which is not so easy to achieve if you see the bacterial or viral "enemy" as overwhelming your defences so to speak,'

Nerlich told us. 'However,

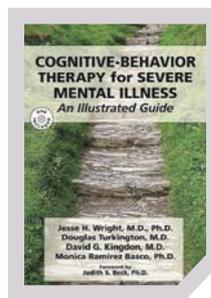
there have been some panic-inducing alarmist headlines too which I think were counterproductive, such as that there would be 100,000 cases a day at the end of August.' CJ

## BMA book prizes

A book about cognitive behavioural therapy, co-authored by psychologist Dr Monica Ramirez Basco at the University of Texas with three colleagues, has won the British Medical Association's 2009 book prize in the mental health category. According to its publishers, *Cognitive-*

*Behaviour Therapy for Severe Mental Illness: An Illustrated Guide* is a practical, 'how to' guide for using cognitive behaviour therapy to treat some of the most common and difficult to treat psychiatric conditions. Also highly commended by the BMA were several books by

UK authors: *What is Mental Disorder?* by Chartered Psychologist Dr Derek Bolton; *Persecutory Delusions: Assessment, Theory, Treatment* co-authored by Chartered Psychologists Dr Daniel

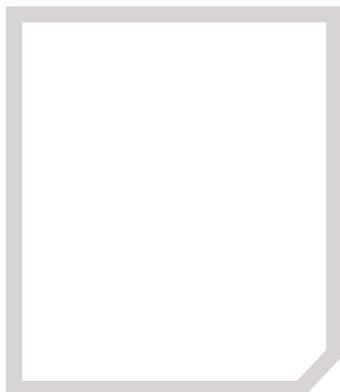


Freeman and Professor Philippa Garety, together with Professor Richard Bentall; and the second edition of *Cognitive Neurorehabilitation*, co-authored by Chartered Psychologist Professor Ian Robertson with two colleagues. CJ

# NHS innovator awards

Society member Brigitte Squire, of Cambridgeshire and Peterborough NHS Foundation Trust, has been nominated for the NHS Leadership Awards in the 'Innovator of Year' category. The award aims to highlight and reward NHS staff who have spearheaded new initiatives to improve clinical outcomes.

Brigitte is described as 'a consultant clinical psychologist on a mission – to involve local people in a highly successful therapy for anti-social teenagers'. For the past eight years, she has driven the commissioning and progression of ISSP (Intensive Supervision and Surveillance Programme) and MST (Multisystemic Therapy) Standard within the



**Brigitte Squire**

Cambridgeshire Youth Offending Service.

Trust research over two years on teenagers in the intensive home-based family intervention programme

revealed that a high percentage of young people who faced custody or care remained in their own homes; continued in education; and did not reoffend within two months of finishing MST.

The initial project proved so successful Brigitte encouraged the government to establish 10 further UK sites. A second generation of MST for Child Abuse and Neglect is about to be launched and piloted by the Trust and Cambridgeshire County Council with Brigitte at the helm in collaboration with the Medical University of South Carolina.

The awards ceremony takes place on 25 November in London. **JS**

# Walking in circles

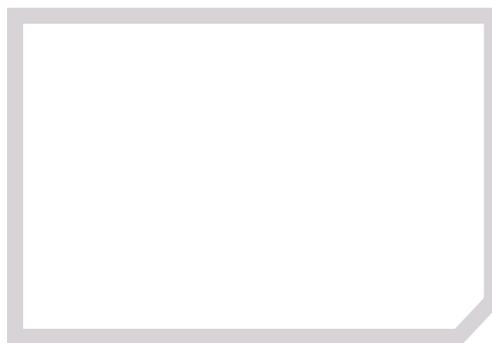
After hiking for half a day, the three students in the *Blair Witch Project* horror film end up back where they started, having apparently walked in a loop. Indeed, the idea that humans walk in circles when they're lost is a well-worn plot device and urban myth. Now, at last, scientists have tested whether this really happens.

Jan Souman at the Max Planck Institute for Biological Cybernetics and colleagues used GPS technology to plot the routes walked during several hours by six participants in a German forest and three participants in the Tunisian Sahara desert, after they were instructed to walk in a straight line. Souman's team found that, without the sun as a guide, humans walking in unfamiliar territory really do go round in circles (*Current Biology*: <http://bit.ly/10A0fp>).

Apart from two participants who walked in a forest on a sunny day, and the one participant who walked in the desert by day, rather than by night, the students all ended up walking in circles.

Previous explanations for why lost humans walk in circles have referred to a mismatch in leg strength or length. However, the researchers rejected these explanations – a test with blindfolded participants showed no systematic tendency to veer in one direction rather than the other, and no association between leg strengths and directional bias.

The fact that participants often walked in



circles instead of following a random zigzag path suggests that the veering from straight ahead was caused by a change in their subjective sense of straight ahead rather than by random noise in either the sensory input or the motor output,' the researchers said.

The fact that participants were able to use the sun to help them keep a true course suggests that humans, like honey bees and pigeons, are able to compensate for the sun's movement when judging their direction. 'Ironically, in the age of ubiquitous navigation systems in airplanes, cars, and even mobile phones, we are only beginning to understand how humans navigate through their environment, exploring uncharted terrain,' the researchers concluded. **CS**

## SOCIAL WELL-BEING

The National Institute for Health and Clinical Excellence (NICE) has published new guidelines on promoting young people's social and emotional well-being. The advice is aimed at commissioners and providers of services to young people in secondary education, as well as professionals working in children's and youth services. Professor Mike Kelly, Public Health Excellence Director at NICE said: 'A range of factors affect how young people feel, including their individual family background and the community they live in, so different agencies need to work together to agree effective strategies.'

The guidelines are available at <http://guidance.nice.org.uk/PH20>

## RECOGNITION

Dr Christian Jarrett, staff journalist on *The Psychologist* and Research Digest editor, has won the Guild of Health Writers Writing Award for 'Best trade and specialist publication feature'. He was nominated for his article 'When therapy causes harm', in January 2008's *Psychologist*.

The press release also mentioned Christian's feature on the psychology of space exploration, and judge Justine Hancock said: 'I was particularly impressed by the work from the trade and specialist publications – it deserves a wider audience.'

A record number of entries were received from journalists, with over 300 items submitted by more than 100 health writers vying for prize money of £6000. 'Journalists are especially keen to win a Guild Writing Award because they are judged by fellow professionals and experts,' said Paul Dinsdale, chair of the Guild of Health Writers. The winners were announced at a presentation at Chandos House, London on 13 October.

# Torture and interrogation

Lurking beneath the leaked reports of psychologists' involvement in Bush-era coercive interrogation techniques is the largely unchallenged notion that, notwithstanding its moral repugnance, psychologically informed torture can help with the extraction of important security information from prisoners. In a new paper, however, psychologist Shane O'Mara at Trinity College, Dublin reviews contemporary scientific evidence showing that the opposite is true – coercive interrogation is likely to be counter-productive (*Trends in Cognitive Sciences*: <http://bit.ly/1kXA1>).

The apparent aim of many of the coercive techniques – such as sleep deprivation and waterboarding (simulated drowning) – used previously at sites like Guantanamo Bay, is to raise stress levels in a detainee thereby, so the logic goes,

increasing their willingness to disclose sought-after information. But O'Mara highlights an extensive literature showing that prolonged and extreme stress actually depresses memory functioning, and can even

cause atrophy in brain regions crucial to memory, including the hippocampus and prefrontal cortex. "Stress hormones provoke and control the "fight or flight" response...that, if overly prolonged, can result in

compromised cognitive neurobiological function (and even tissue loss) in these brain regions,' he says.

For obvious reasons there have been few legitimate investigations that have directly tested the effects of torture on detainee behaviour and memory. However, O'Mara highlights an unusually pertinent paper published by Charles Morgan III and colleagues in 2006 in which they tested working memory and visuospatial performance in special operations personnel undergoing survival training. The researchers found that personnel tested during the captivity phase of training (involving food and sleep deprivation and stressful interrogation) were significantly impaired compared with their colleagues who were tested before or after the captivity training phase (*Biological Psychiatry*: <http://bit.ly/1SXlg2>). The clear implication is that

# Packaging the message on smoking

Consumers tend to perceive so-called 'low tar', 'light' or 'mild' cigarettes as being less harmful to health than apparently stronger versions, even though the reality is that they are just as harmful. Consequently, numerous countries, including the UK, have banned the use of the terms 'light' and 'mild' on cigarette packaging. However, a new study by researchers in Canada suggests that these restrictions do not go far enough (*Journal of Public Health*: <http://bit.ly/3f0CbB>).

David Hammond and Carla Parkinson at the University of Waterloo presented hundreds of smokers and non-smokers with pairs of contrasting cigarette packets. Participants not only made the mistake of believing that packets described as 'light'

and 'mild' carried fewer health risks, but also tended to rate packages with the terms 'smooth' and 'silver' as being safer and as delivering less tar. Packaging and symbols in a lighter colour and filter imagery were also associated with a reduced health risk. Non-smokers showed the same general patterns of response, but the results were most striking with smokers, presumably because they have an incentive to believe in the relative safety of some brands. 'In addition to broadening the list of prohibited words on packs, the removal of colour and other design elements – so-called "plain packaging" – may also be required to eliminate misleading information from packaging,' the researchers said. **CJ**

prolonged torture is likely to impair the ability of terror detainees to recall information.

An oft-cited defence of the use of torture is the 'ticking time bomb' scenario in which extraction of information from an alleged terrorist has the potential to save innocent lives. O'Mara points out, however, that torture is as likely to elicit false as true information in such situations. In fact, he reasons, given that frontal lobe disorders are associated with confabulation, and given that prolonged stress is harmful to frontal lobe function, torture could actually increase the likelihood that false information will be elicited.

O'Mara also argues that our understanding of classical conditioning further suggests that torture will be ineffective. The behaviour that the detainee will come to associate

with a cessation of torture is talking in general, not uttering the truth per se, unless the captor has some way to verify their proclamations. The detainee will learn that so long as they talk, the torture stops. Similarly, O'Mara surmises that most interrogators, unless they are psychopathic, will find administering torture stressful and will seek out reasons to stop. Provoking the prisoner to say anything, not necessarily the truth, so ending the torture, is therefore likely to become the torturing interrogators' subconscious, and ultimately futile, aim.

'[C]oercive interrogations involving extreme stress are unlikely to facilitate the release of veridical information from long-term memory, given our current cognitive neurobiological knowledge,' O'Mara concludes. **CJ**

## Childhood body satisfaction

North American researchers have performed one of the first-ever investigations into body satisfaction among pre-adolescent children, finding that 7.3 per cent of 2159 Canadian girls aged 10 to 11, and 7.8 per cent of 2095 similarly aged Canadian boys, said that they 'never' or 'almost never' liked the way they looked.

Bryn Austin at the Children's Hospital in Boston and his colleagues found links between the children's body mass index (BMI) and their body satisfaction, which they said could prove useful in tackling rising childhood obesity levels. Prior longitudinal research has found poor body satisfaction at baseline to be associated with unhealthy eating and exercise behaviours years later. 'Body satisfaction is emerging as a potentially valuable leverage point for public health efforts to address childhood overweight,' they said.

Gender differences emerged, with girls' poor body satisfaction rising linearly with BMI whereas boys were more likely to say they didn't like the way they looked if they were either overweight or thin. Among girls only, poorer body satisfaction was also associated with living in a rural area and with their mothers being less educated, although the reasons for these links are unknown.

Writing in the journal *BMC Public Health* (<http://bit.ly/NIfGa>), the researchers concluded: '[P]ublic health initiatives designed to improve body satisfaction along with promotion of healthy eating and active living in children as young as 10 and 11 years are appropriate and warranted.' **CJ**

## RESEARCH FUNDING NEWS

The National Institutes of Health (US) have a call out for **Exceptional, Unconventional Research Enabling Knowledge Acceleration (EUREKA)**. They are seeking applications that propose exceptionally innovative research on novel hypotheses or difficult problems, solutions to which would have a high impact on **biomedical or biobehavioural research**. UK researchers are eligible to apply, and the deadline for applications is 24 November 2009.

<http://grants.nih.gov/grants/guide/rfa-files/RFA-GM-10-009.html>

The Royal Society has merged its Conference Grants and Short Visit scheme into the **International Travel Grants** scheme. Funding is available to support excellent individuals to collaborate with overseas scientists (visits of up to 12 weeks) and to participate in overseas conferences (for up to 10 days). The maximum grant is £4000. The next closing date for applications is 30 November 2009.

<http://royalsociety.org/funding.asp?id=2348>

Support is available, via the National Institute of Aging (US), for **Network Infrastructure Support for Emerging Behavioral and Social Research Areas in Aging (R24)**. Funding can be used to develop research networks via meetings, conferences, pilot studies, training and dissemination. The next deadline for Letter of Intent is 28 December 2009.

<http://grants.nih.gov/grants/guide/pa-files/PAR-09-233.html>

Calls are open in many of the **European Commission Framework 7** work programmes. Below is a selection of opportunities that may be of interest to psychologists:

### Cooperation Work Programme: Security

SEC-2010.6.1-4 Signs of 'early warning' to detect trend and weak signals in social polarisation, radicalisation development and segregation.

SEC-2010.6.1-3 Reduction of the cognitive biases in intelligence analysis

Closing date 26 November 2009

<http://bit.ly/Xz2sv>

### Cooperation Work Programme: Environment

ENV-2010.1.3.4-2 Social science research, natural hazards and decision-making process

ENV-2010.4.2.3-1 Foresight to enhance behavioural and societal changes enabling the transition towards sustainable paths in Europe

Closing date 14 January 2010

<http://bit.ly/4AgKFz>

### Cooperation Work Programme: Socio-economic Sciences and Humanities

SSH-2010.2.1-1 Creating and adapting jobs in Europe in the context of a socio-ecological transition

SSH-2010.3.2-1 Addictions and lifestyles in contemporary European societies

Closing date 2 February 2010

<http://bit.ly/DTinc>

### Infrastructures Work Programmes: Social Sciences & Humanities

INFRA-2010-1.1.2 Survey of Health, Ageing and Retirement in Europe

Closing date 3 December 2009

<http://bit.ly/TRcYz>

info

For more, see [www.bps.org.uk/funds](http://www.bps.org.uk/funds)  
Funding bodies should e-mail news to Elizabeth Beech on [elibee@bps.org.uk](mailto:elibee@bps.org.uk) for possible inclusion

## Gender variant youth

As a 12-year-old British boy seeks to become the world's youngest gender reassignment patient (see <http://bit.ly/1Qi6lB>), **Katrina Roen** (University of Oslo) looks at the provision behind the headlines

Young people who express profound dissatisfaction with their birth sex have been making headlines. This is partly because of the sensational way that news media have often treated gender transition, but it is also because of recent shifts in psycho-medical practice facilitating some young people's transition.

Many transsexual adults have argued that their lives would have been more bearable if they could have accessed

treatment earlier and, specifically, if they had been spared the experience of going through puberty and adolescence in what they felt to be the 'wrong' sex. Drawing on the DSM diagnostic classification 'gender identity disorder' (GID), psychologists and psychiatrists have developed interventions aiming, variously, to help children adapt to their birth sex and expected gender role or, more recently, to facilitate some children and adolescents to begin living in their preferred gender.

Cohen-Kettenis and colleagues in the Netherlands began a programme for facilitating early transition for a carefully selected group of young people. Early transition, in this context, means endocrinological interventions to suppress pubertal development. This is accompanied by careful psychological follow-up throughout adolescence with a view to supporting the young person concerned to participate fully in decisions about whether, after the age of 16, they might begin treatment with cross-sex hormones and then, after the age of 18, begin surgical gender reassignment. This clinical work is now at a stage where early outcomes are being reported and those outcomes look promising for the young people selected to take part. This work has received a great deal of attention worldwide, and early intervention has, reportedly, also become available at clinics in Boston, Toronto, Gent, Hamburg and Oslo.

There are clear indications that the approach being publicised by the Dutch

## A GENDER IDENTITY DEVELOPMENT SERVICE

We work in the UK service based at the Tavistock Centre in London, offering assessment and intervention for children and adolescents experiencing difficulties with their gender identity development. In addition, we work with children with a transgendered parent. The multidisciplinary team includes clinical psychologists, psychiatrists, social workers and child psychotherapists, working in association with two consultant paediatric and adolescent endocrinologists at UCLH who provide regular adolescent liaison clinics.

Our assessments consider the holistic context of such a presentation, including the history of the gender dysphoria, the family history and young person's developmental and medical history, the attitudes of the family and school, and sources of stress and supports. We particularly focus on areas of gender identity such as the young person's identity statements, cross-dressing, toy and role-play, peer relations, mannerisms and

voice, anatomic dysphoria, and rough-and-tumble play (Zucker & Bradley, 1995). We also include risk assessments around any self-harm and possible suicidal ideation and, with the family's permission, liaise with any local services and the school.

The service operates a network model of care, and team members regularly convene and attend local meetings to discuss the needs of the young person in relation to their gender identity development, and agree roles with all involved professionals.

Following our assessment, we might recommend family and/or individual work to monitor the gender dysphoria and address associated difficulties, such as low mood and distress and problems with bullying and stigma in the family, local community or school. We also work closely with schools and local services in order to reduce shame and secrecy, consider the boundaries between what is public and private with regard to information sharing and to manage risk and promote

support and coping. Our interventions involve a staged model of care, which include:

- Stage 1:** Following assessment, further therapeutic exploration of the nature of gender identity. In adolescents, reversible physical interventions are considered if their gender identity disorder (GID) persists and shows a high level of consistency.
- Stage 2:** Includes wholly reversible intervention to produce a state of biological neutrality – known as hormone-blocking treatment. This occurs alongside continued psychological exploration, support and physical monitoring by a consultant paediatric endocrinologist.
- Stage 3:** Is considered if the GID persists during Stage 2. Includes partially reversible interventions, e.g. the administration of cross-sex hormone that masculinises or feminises the body.
- Stage 4:** Includes irreversible interventions, such as surgical procedures. This is not

considered before the age of 18, and so the Gender Identity Development Service would facilitate a smooth transition to the adult Gender Identity Service who are able to provide these interventions. Transfer to adult services would usually happen prior to the introduction of cross-sex hormones.

The figures usually quoted suggest that for individuals presenting with GID prior to adolescence about 80 per cent do not persist and find a solution other than gender transition. The most common outcome in this group is homosexuality and bisexuality. Conversely for those who present to the service in adolescence the figures are reversed and about 80 per cent pursue physical sex reassignment. The recent newspaper articles assume that allowing the young person to live in a role of their perceived identity necessarily leads to gender reassignment. Our experience shows that some young people who lived in role

clinicians is to be taken up more widely as endocrinological treatment guidelines cite puberty suppression as the appropriate course of action in cases judged to be psychologically suited to such intervention. This does not mean it is without dissenters. Many are concerned about the long-term implications of supporting adolescents to undergo such radical and irreversible changes. Many

question the ethical foundation for this kind of intervention. There are ongoing criticisms of the construction and classification of GID, as well as criticisms that the diagnostic criteria are too loose to help distinguish between children who are likely to 'grow out of it' and children who go on to persist in their cross-gender wishes. As long as pubertal suppression and early transition are possible, no one can say what alternatives those selected for such treatment might have found if such a course of treatment had not been available. Some clinicians point out that young people who are severely unhappy with their sex of rearing engage in deliberate self-harm or attempt to kill themselves if not offered such possibilities for treatment.

According to reports from the Dutch clinical team, those who are selected for pubertal suppression have already entered puberty and have subsequently displayed increased gender dysphoria. Further, they are selected on the grounds of showing evidence of gender dysphoria from early childhood, not having other psychiatric diagnoses that could interfere with diagnosis or treatment, having adequate psychosocial support and typically strong family support, and being able to demonstrate an understanding of the effects and consequences of the treatment.

While psychologists play a key role in supporting young gender variant people, the actual role they play varies a great deal from place to place. Some clinical teams put a great deal of emphasis on psychological interventions aimed at helping the young person to accept and live with their birth sex (e.g. the three-stage intervention described by Kenneth Zucker). Some clinical teams emphasise the importance of not foreclosing questions of identity and allowing young people to explore gender fluidity (e.g. see Wren, 2000; Di Ceglie, 2008). Some clinical teams are working within a legal and medical framework where it is possible to facilitate selected young people through gender transition in the course of adolescence. In this case, psychologists play an important part in assessment and psychological support throughout the process, although the 'treatment' is medically oriented.

from the age of nine or ten changed during their pubertal development.

There is currently much debate around the timing of physical interventions. In a number of countries in Europe and America the hormone blocker is being offered in earlier stages of puberty. If the young person decides not to pursue physical gender reassignment the blocker is stopped, and their own sex hormones resume. But the debate revolves around the reversibility of this intervention – physical and also psychological, in terms of the possible influence of sex hormones on brain and identity development.

*Polly Carmichael and Sarah Davidson*

Zucker, K.J. & Bradley, S.J. (1995). *Gender identity disorder and psychosexual problems in children and adolescents*. New York: Plenum Press.

Cohen-Kettenis, P.T. et al. (2008). The treatment of adolescent transsexuals: Changing insights. *Journal of Sexual Medicine*, 5(8), 1892–1897.

Di Ceglie, D. (2008). Working at the edge. *Neuropsychiatrie de l'Enfance et de l'Adolescence*, 56(6), 403.

Wren, B. (2000). Early physical intervention for young people with atypical gender identity development. *Clinical Child Psychology and Psychiatry*, 5, 220–231.

## OUT NOW IN BPS JOURNALS

Collecting data on depression and anxiety from a prospective cohort of nearly 4000 patients referred to the UK Improving Access to Psychological Therapies demonstration site in Doncaster, David A. Richards (University of Exeter) and Rupert Suckling (Doncaster Primary Care Trust) found that the combination of psychological treatment, low-intensity telephony-based delivery, and collaborative care organisational systems delivered results similar to those achieved in clinical trials. The authors used 'smart IT systems' (see [www.pc-mis.co.uk](http://www.pc-mis.co.uk)) to collect an almost complete set of routine outcome measures 'to assure the effectiveness and quality of our clinical service'. 'Combining stepped care, collaborative care, evidence-based interventions, and a low-intensity workforce, is apparently worthwhile', they conclude, 'but requires organisational persistence and clinical courage.' (BJCP)

Think seven-year-old children should no longer believe in fantastical beings such as the Candy Witch? Elizabeth A. Boerger (University of Mississippi) and colleagues introduced children to the Candy Witch through classroom activities and, in one condition, a staged 'visit'. They in fact found that on each of the five first-year assessments and the one-year follow-up, older children were as likely to describe the Candy Witch as real as were the younger children. The authors conclude that 'it may be a mistake to think of credulity and skepticism towards fantastical entities as opposite ends of developmental trajectory'. (BJDP)

How do you gauge your success at work? There are objective measures, such as income and hierarchical position, other-referent perspectives (for example how successful you feel compared to a friend), and self-referent considerations, such as job satisfaction. In a prospective longitudinal study spanning 10 years, Andrea Abele and Daniel Spurk (University of Erlangen-Nuremberg, Germany) found that objective success influenced both the initial level and the growth of other-referent subjective success, but it had no influence on job satisfaction. Most importantly, both measures of subjective success and both their initial levels and their changes had strong influences on the growth of objective success. The authors conclude that the 'objective success influences subjective success' relationship is smaller than might be expected, whereas the 'subjective success influences objective success' relationship is larger than might be expected. (JOOP)

# Getting the measure of happiness

In two words or fewer, what do you most want for your children? And what do schools teach?

Little overlap between your answers? Imagine we could teach both in school without sacrificing either, said Professor Martin Seligman (Director of the University of Pennsylvania Positive Psychology Center) in opening this 8th Annual Lecture of the British Academy and the British Psychological Society. The skills of the workplace – literacy, numeracy and the like – are not only compatible with life goals such as joy, meaning, civility and strength, he argued, they are synchronous.

Seligman described how he founded the positive psychology movement after a life working on disabling conditions such as depression, suicide and schizophrenia. Wanting to be happy is different from not wanting to be depressed, he said: happiness, although scientifically

unwieldy, can be broken down into positive emotion (the pleasant life), positive character (the engaged life), and positive institutions (the meaningful life). Positive psychology isn't about going round with a big smile on your face. There is a Gaussian distribution of positive affectivity: half of the people are not going to be bright-eyed and bushy-tailed, but they may be better at leading an engaged and meaningful life. We are hive creatures, Seligman argued: a night playing bridge might see him pleasantly engaged in 'flow' for hours, but at the end of it he looks in the mirror and feels the need to belong to and serve something bigger.

That 'something bigger' comes from using higher strengths and talents to meet the challenges that confront you. The science of strength has developed in recent years, and Seligman said that measures are now available (see

[www.authentic-happiness.org](http://www.authentic-happiness.org)) that are as psychometrically sound as those dealing with disorder. And if these characteristics can be measured, they can be taught.

Seligman set out evidence to suggest the need is there. 'Everything is better, from a material point of view,' he said, but young people are not benefiting from 'paradise'. Depression is on the increase, and is becoming a younger phenomenon. Schools are therefore the place to focus – a structured environment for knowledge transfer, and one which can then benefit from the wider attention and better creativity that positive mood states bring.

The professor also pointed to plenty of empirically validated examples of techniques that you can use at home. Recognise catastrophic things you say to yourself, and dispute them (the cornerstone of Albert Ellis's cognitive therapy). Write down three things that went well before you go to sleep at night –

## The British Science Festival

Psychology was well represented at the annual British Science Festival organised by the British Science Association (BSA), held this year at the University of Surrey in Guildford.

In the year that marks the bicentenary of the birth of Charles Darwin, it was appropriate that evolutionary perspectives on human behaviour should feature prominently. Katie Slocombe (University of York) gave the prestigious Charles Darwin Award Lecture on 'Primate communication: links to human language?', focusing on the ability of chimpanzees to generate a range of vocalisations (winningly demonstrated by the speaker), some of which appear to refer reliably to different objects or concepts.

Two symposia organised by the Psychology Section of the BSA addressed topics raised by Charles Darwin in his two books which dealt

specifically with human beings and human behaviour. A symposium co-organised by Dave Perrett (University of St Andrews) tackled human attraction and mate selection, discussed in Darwin's book *The Descent of Man: Selection in Relation to Sex*. In her talk, the symposium's other organiser Tamsin Saxton (University of St Andrews) considered the relationship between smell and attraction, from soaps and perfumes to natural pheromones. In a talk with the splendid title of 'Trustworthy or lust-worthy? How we respond to those who resemble us', Lisa DeBruine (University of Aberdeen) presented work on computer-generated 'virtual siblings', which investigated

the role of context in determining when we prefer individuals who look like us, and when we do not. Anthony Little (University of Stirling) reviewed the impact that studies of how animals choose their mates has had on our understanding of human mate selection, while William Brown (Brunel University) talked about recent research on dancing, singing, dating and mating.

Issues discussed by Darwin in *The Expression of Emotions in Man and Animals* were the subject of a symposium organised by Tony Manstead (Cardiff University). Kim Bard (University of Portsmouth) compared the expression of joy and distress in infant

humans and chimpanzees, David Leavens (University of Sussex) analysed joint expression of joy in human parents and babies. Lola Canamero (University of Hertfordshire) reflected on attempts to embody simple emotions in robots, Andrew Lawrence (Cardiff University) explored the components of disgust and its facial expression, while Nicolas Emler (University of Surrey) considered the role of gossip as an instrument of social adaptation and social control as well as a means of sharing information about other people's emotional states.

Those who consider wakefulness to be a tedious and unwanted interruption of the natural human state (sleep) would have found much to enjoy in the symposium on sleep, body rhythms and psychology (assuming that they could stay awake through it). Derk-Jan Dijk (University of Surrey)





### Florence wisely chose to invest in beauty

Seligman began doing this eight years ago, and he says that (unlike a lot of interventions from 'traditional' psychology) it is addictive. Find your 'signature strength', and use that to accomplish that thing you don't like doing. Learn to celebrate in a more active, constructive manner – amongst couples, this predicts increased love and commitment. Discover the power of altruism, and 'gratitude visits'.

discussed the importance of sleep for our health and well-being, and how sleep patterns change with age. Gareth Gaskell (University of York) reviewed the evidence indicating that sleep is important for consolidating memories and learning new vocabulary. Jason Ellis (University of Glasgow) considered the causes, consequences and treatment of insomnia, while Simon Archer (University of Surrey) asked whether it is your genes that determine whether you are a 'morning person' or an 'afternoon person'.

The current President of the BSA Psychology Section, Alex Haslam (University of Exeter), organised a session that was concerned to explore why it is that belonging to social groups is a key predictor of health, just as much as diet or exercise. Fabio Sani (University of Dundee) considered why people's evaluation of their family's socio-economic status has consequences for their well-being and health. Catherine Haslam (University of Exeter)

presented the results from studies investigating the impact of social groups on the health and well-being of older people. Lynne Millward (University of Surrey) reflected on how a strong sense of team identity helps protect emergency workers from stress, and Mark Levine (Lancaster University) discussed evidence that group interactions help prevent violence and antisocial behaviour in groups of drinkers out on the town.

What computers can tell us about the mind featured in several talks. Their shared focus was on what can be learned about human language processing, face recognition, development, and brain injury from creating and analysing computational models. Padraic Monaghan (Lancaster University) discussed the history of computers and the mind before presenting work on modelling aspects of language processing. Mike Burton (Glasgow University) addressed the question of why computerised face recognition does not work in large-scale

Seligman and his colleagues have bundled methods such as these into the Penn Resilience Training, and performed 17 replications worldwide with thousands of children. As they learn to handle day-to-day stressors, depression and anxiety decrease, along with ' sleeper effects ' on aspects like conduct.

Importantly, Seligman is applying the same stringent, RCT-based methodology to positive psychology as he used throughout his early career.

So positive psychology *can* be taught, and is being taught: including in areas such as South Tyneside, where a visionary chief executive, Irene Lucas, dared to do something different. Teachers can learn how to embed the principles in the curriculum – in literature, geography and beyond. Now the UK faces a 'Florentine

moment', Seligman says. In the 1450s, Florence was awash with money, and rather than using it to conquer the peninsula they wisely chose to invest in beauty. Seligman argues that despite the recession, the UK is 'tremendously wealthy', and must create a monument of the measurement of well-being. He points to Nietzsche's 'the camel, the rebel and the child reborn': 'the politics of saying "no" to tyranny, racism, illiteracy, etc. has worked: now what comes next? What can everyone affirm beyond the disabling conditions?'

The prize for the best undergraduate dissertation, awarded jointly by the BSA Psychology Section and the Experimental Psychology Society, was awarded to Christel Gudberg, who studied for her degree at Royal Holloway, University of London. Christel's award lecture was entitled 'Are phosphenes reliable measures of conduction in the visual system?'. Prizes from the British Psychological Society for the best projects by students taking A-level or Scottish Higher level Psychology were awarded to Joanne Butler, Paula McCall, and Eleanor Wigham.

Seligman's goal is that by 2051, 51 per cent of the world's population will be 'flourishing' – experiencing positive emotion, noble purpose, engagement and positive relationships. This won't come easy, he concluded. Our Ice Age descendants are those who thought 'it looks quite nice, but I feel a bit of a chill on the way'. The media ensures that kids believe that tragedy is with us all the time. But Seligman is optimistic, pointing to growing hard evidence that positive psychology can be taught, in our schools and in our families. JS

Next year's Festival will be held in Aston, Birmingham, and is sure to contain many interesting talks and events, not just on psychology. The Festival of Science is perhaps the most important event in the UK calendar when it comes to communicating research findings to the general public, including school pupils. The Festival offers a rare opportunity for the public to learn about the current state of research in psychology, and contributes towards dispelling some of the common myths and misapprehensions about our discipline. The Psychology Section of the British Science Association would like to hear from BPS members interested in promoting public understanding of what psychology is, and what psychologists do. Please contact the section's Recorder, Professor Padraic Monaghan, at Lancaster University (p.monaghan@lancaster.ac.uk).

Andy Ellis  
 Outgoing President of the  
 Psychology Section of the British  
 Science Association

# Our Socratic oath?

Kisane Prutton on the benefits of engaging with a changing media

**C**ourting the media is something we psychologists are not 100 per cent comfortable with. We hear about findings being misrepresented or oversimplified and individuals being condemned by 'colleagues' as self-publicists. But can it be *all* bad?

Emma Donaldson-Fielder, who presented at January's Division of Occupational Psychology (DOP) conference, told me that for her, 'the benefits of getting our research into the national press and raising the profile of our work, outweigh any potential misgivings. It is great to think our research reaches a broader audience and raises the public consciousness of the value of good psychology.'

If the flurry of publicity in September is anything to go by, others

must also agree there are upsides. At the Social Psychology Section annual conference, Mark Griffiths' piece on the addictive nature of internet gambling was picked up by the press alongside

Carolien Martijn's presentation on body satisfaction and smiling. From the Division of Health Psychology's (DHP) annual conference, Amelia Hollywood's analysis of the psychological reasons why diet drugs work proved popular with the media and Tony Cassidy made waves with his article on faith healing.

At the Cognitive Psychology Section annual conference, Peter Ayton caused a stir with his analysis of accident statistics following the uptake of cycling in London after the 7/7 terrorist attacks.

All these papers were predominantly covered by online news sites. Journalism has changed. In the 10 years or so that I have been involved in running the DOP conference press office, debates about tabloids versus broadsheets or broadcasting versus print have become old hat; we are wrestling with blogs, web-interviews, podcasts, and more. We used to welcome journalists with all-the-frills office space, wall-to-wall buffets and psychologists on tap. Modern technology has killed all that, and media budgets no longer justify journalists leaving London.

Are we psychologists as savvy as we ought to be about the changing nature of the modern media? We can't assume that our conference presentation or journal article fades quickly from the public eye. Thanks to the internet, our work has the shelf-life of a radioactive isotope, available indefinitely, on demand and without our blessing.

We of all professions know that change is extremely hard, but we cannot halt the course of the media; learning how to manage the situation is a more pragmatic approach. Why shy away from the media when they can still access your material without invitation and can quote your research without your involvement! Why not actively help them focus on the messages that you want to convey? Each of the papers mentioned in the September conference round-up are perfect examples of how good research has been actively promoted to the media. With the help of

the BPS Media Centre, press releases were co-written by the authors and the BPS's professional PR and Marketing team and sent out to the media. In due course, all Divisions should have their very own Divisional Public Relations Officer. Like me, they will volunteer to help promote their field of psychology. Training, via the Society's media training days, is available to anyone who wishes to learn how to manage the media, promote their research and respond to public debate; in short, how to think like a journalist.

'Journalists are looking for fairly short, sharp messages that they can get across to non-experts,' says Tony Cassidy (DHP annual conference, 2009). 'You therefore need to think about what your key messages are, save the minutiae for your academic colleagues.'

Should we be asking our employers for our P45 if journalists fail to represent our material accurately? Emma Donaldson-Fielder: 'The key thing is that the overall take-home message is coherent and consistent with what you want to get across, any minor inconsistencies are less important. It's the overriding message that the public remembers.'

And what about the criticism concerning egos and self-publicity? Lance Workman, who presented at the Annual Conference, says that 'University marketing departments are keen for positive PR. As we head towards the next research assessment they'll be looking at 'impact on the public' as a measure of research success. In a few years, academics might actually be competing to have a BPS media release!'

What we are talking about here is a fundamental issue that goes beyond control, commercial interest and vanity. Surely 'giving it away' is our equivalent to a Socratic oath?

Rest assured, should you hit the super-celestial list of most-wanted-by-the-media, simply follow Roman Abramovich's publicity-evading initiative. The billionaire owner of Chelsea football club has had a 557ft yacht kitted out with an anti-paparazzi laser shield. The new digital technology blinds prying cameras by emitting a focused beam of light down the alien lens. One small problem, you'll need £724m, but at least that includes the yacht. Chin chin!



Stories now have the shelf-life of a radioactive isotope

contribute

This is the page of the Society's Media and Press Committee, which aims to promote and discuss psychology in the media.

If you would like to comment on a recent newspaper article, TV or radio programme involving psychology, if you have tips for

others based on experiences, or if you know of a forthcoming programme or broadcast, please contact the 'Media' page

coordinating editor, Fiona Jones (Chair of the Society's Media and Press Committee), on [f.a.jones@leeds.ac.uk](mailto:f.a.jones@leeds.ac.uk)

# Annual Conference 2010



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Full timetable can be  
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Poster submissions  
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Stratford-upon-Avon

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