

A blueprint for mental capital and well-being

The media spotlight shone brightly on the psychological needs of the nation once again in October, this time thanks to publication of the latest report from the government's Foresight programme – the Mental Capital and Wellbeing project (tinyurl.com/6c2fdt). Led by psychologist Cary Cooper of Lancaster University, and with the involvement of psychologists Usha Goswami, Felicia Huppert and Barbara Sahakian of the University of Cambridge, the report makes a plethora of recommendations to government, including in the areas of learning difficulties, work and old age.

Two years in the making, the report draws on over 80 commissioned scientific reviews and received input from over 400 experts from a range of fields. A lifespan approach is adopted, with the report's authors attempting, for example, to predict the long-term consequences of a failure to recognise a person's dyslexia

or dyscalculia in their early childhood.

'Think about mental capital being in a sense like a bank account of the mind, which you're debiting and crediting through life,' Cooper told us. 'Even pre-birth, your mental capital is affected by the diet and behaviour of your mother in the womb, all the way up to when you die.'

Another focus of the report is on absenteeism and presenteeism at work. The latter refers to people who go to work stressed out – they're scared they'll lose their job if they don't. However, because they're stressed or mentally unwell, they're not contributing added value to products and services. 'Presenteeism costs the nation £900 million every year and we're going to see more of it during the recession,' Cooper warned. 'We're going to need more and more psychologists doing work in this area.'

The report also highlights the future

RECOGNISING MISSING CHILDREN

Changes in levels of cleanliness and facial expression can interfere with people's ability to recognise a child's face. Vicki Gier at Mississippi State University and David Kreiner at the University of Central Missouri, who made the new finding, said their work could have implications for missing children campaigns.

Dozens of undergraduates viewed the faces of 60 children. Ten minutes later, after completing an irrelevant distraction task, the undergraduates viewed 60 more faces and had to say for each one whether it had appeared earlier or not (40 had, 20 were new).

Crucially, the students' accuracy and confidence were significantly affected by whether the cleanliness and emotional expression of a child's face was the same or different in the two presentations. If the same face was shown clean and happy, or dirty and miserable, on both presentations, accuracy was 79 per cent or 92 per cent, respectively. By contrast, faces that appeared first clean/happy and then dirty/miserable were only correctly recognised 11 per cent of the time, while faces that were first dirty/miserable and then clean/happy were correctly recognised just 26 per cent of the time.

The findings were replicated in a second experiment that increased the gap between the first and second presentation of the faces to up to 12 weeks. The effect of a change in appearance on confidence grew the longer the gap between presentations, while accuracy was affected by an appearance mismatch just the same regardless of the gap length. Campaigns to find missing children often use recent school photos in which the lost child appears happy and clean. The researchers warned their findings suggest that if an abducted child is in a dirty, bruised and unhappy state, the chances of him or her being recognised from their school photo are likely to be slim.

Writing in the journal *Applied Cognitive Psychology* (tinyurl.com/6hx4bn), Gier and Kreiner advised: '[P]erhaps parents should have both types of pictures (clean with positive affect and dirty with negative affect) available. If both types of facial appearance are shown to the public or possible eyewitnesses, based on the current study, the chances of recognising the child may increase.' □

costs and benefits to society of an ageing population. By 2071, the UK Office of National Statistics estimates that the number of people aged over 65 years will have doubled to nearly 21.3 million, while the number of people aged 90 plus will have tripled to 9.5 million.

The report states: 'Although the impacts of population ageing are most often seen negatively, in terms of a "burden" of rising costs, an authoritative study [tinyurl.com/5m8ae2] of the costs and benefits of improving health estimated the contribution to US economic wellbeing of the increase in life expectancy since 1970 to have been \$73 trillion, or about \$2.6 trillion per year.'

Of course, any benefits to society of an ageing population depend greatly on older people remaining as mentally and physically healthy as is possible. '[T]he pressing and growing problem of cognitive ageing presents special challenges,' the report warns. 'Among these are the facts that: the assessment of change is technically difficult and demands unusually burdensome studies; most studies are observational; the influences in cognitive ageing are heterogeneous, demanding collaboration amongst biomedical, physical and social scientists; and some of the theoretical constructs in the field require further clarification.'

'This [report] is the first time any

government, anywhere in the world, has done anything like this,' Cooper said. 'This is wonderful for psychology. It's showing the real importance of psychologists: I'm talking educational

psychologists, clinical psychologists, occupational psychologists and health psychologists. There's recommendations for every single one of them in this report, about early detection, about treatment, it's

all there. This is a blueprint for how psychology can improve the mental capital and well-being of our population. We've been given a real fillip, I think, in this work.' CJ

New NICE guidelines on ADHD

Parental training and psychological interventions are at the heart of new National Institute for Health and Clinical Excellence (NICE) guidelines on the diagnosis and management of ADHD, published in September.

Specifically, drug treatment is not recommended for pre-school children with suspected ADHD, nor for older children and adolescents with moderate ADHD. Instead, the parents of children and adolescents with ADHD should be offered a group training programme based on the principles of Albert Bandura's social learning theory. There should also be the option of group psychological treatment or social skills training for the child or young person, and the option of individual psychological therapy should be considered for older adolescents.

The new guidelines do recommend drug treatment as the first-line intervention for children and young

people with severe ADHD and for adults with ADHD. However, such treatment should always form part of a comprehensive care package that includes psychological and educational components. In particular, adults who don't want a drug treatment should be able to access psychological help instead.

Other notable aspects to the new guidance include: a call for multidisciplinary specialist ADHD teams and/or clinics to be established; a recommendation that teachers with necessary training should provide behavioural interventions in the classroom; an unequivocal statement that dietary fatty acids are not recommended; and a recommendation that GPs do not initiate drug treatments for ADHD, although they may continue prescribing and monitoring such treatment once started by a suitably qualified expert.

Paul Cooper, a chartered psychologist

and Professor of Education at the University of Leicester, told *The Psychologist* that the new guidelines are to be welcomed for the way in which they locate the use of medication in the treatment of ADHD within the context of a multimodal approach, and for stressing the primacy of social and psychological interventions for young children. 'It is a pity, however, that recommended educational interventions are restricted solely to behaviour management strategies,' he said. 'A more educationally informed approach to ADHD would emphasise the ways in which teachers can exploit the cognitive features of ADHD for pedagogical purposes, thus reframing aspects of ADHD as differences in cognitive style rather than deficits. This should be an important focus for future research.' CJ

I The full guidelines can be accessed online at tinyurl.com/3zr2hm

FAITH AND PAIN

In the hope of uncovering how faith can alter pain perception, psychologists at the University of Oxford have given electric shocks to Catholic and non-religious participants, and scanned their brains in the process (*Pain*: tinyurl.com/5tfuth). Earlier testing showed the two groups to be equally sensitive to pain, but when the shocks were applied during presentation of a religious painting – ‘Vergine Annunciate’ by Sassoferrato – the Catholic participants, but not the atheist and agnostic controls, showed reduced pain sensitivity. Sight of the painting was associated with increased activity in the right ventrolateral prefrontal cortex of the religious participants, and Katja Wiech and colleagues speculated that the picture led these participants to emotionally reinterpret the pain sensations. A non-religious painting by Leonardo da Vinci failed to have the same analgesic effect.

APA LETTER TO BUSH

Following the American Psychological Association (APA) vote to prohibit members from involvement in interrogations or other operational procedures in locations that violate international law or the US Constitution (see November news), APA President Alan Kazdin wrote to President Bush to inform him and his administration of the new policy and its implications. Kazdin’s letter ended with this plea: ‘[T]he American Psychological Association strongly calls on you and your administration to safeguard the physical and psychological welfare and human rights of individuals incarcerated by the US Government in such detention centers and to investigate their treatment to ensure that the highest ethical standards are being upheld.’

Read the full letter at tinyurl.com/6xfy8v

The long and short of it

Long-term psychodynamic psychotherapy (LTPP) for the treatment of complex and chronic mental disorders is more effective than a range of short-term interventions, including cognitive therapy. That’s according to researchers in Germany who have conducted what they believe to be the first ever meta-analysis of studies in this area. The news comes against a backdrop of controversy concerning what some clinicians have claimed is the government’s over focus on short-term, largely CBT-based, interventions as part of their Improving Access to Psychological Therapies programme.

‘[L]ong-term psychotherapy is associated with higher direct costs than short-term psychotherapy,’ Falk Leichsenring and Sven

Rabung wrote in *JAMA* (tinyurl.com/54t4re). ‘For this reason, it is important to know whether the benefits of LTPP exceed those of short-term treatments. In this meta-analysis, LTPP was significantly superior to shorter-term methods of psychotherapy with regard to overall outcome, target problems, and personality functioning.’

Leichsenring and Rabung identified 11 randomised controlled trials and 12 observational studies published since 1984 that met their strict methodological criteria – treatments had to have lasted at least a year, or for at least 50 sessions; to have involved identification of transference and resistance in line with Gunderson and Gabbard’s definition of psychodynamic psychotherapy

(tinyurl.com/5t7mkw); and reliable outcome measures had to have been used.

Overall, the 23 studies involved 1053 patients who received long-term psychodynamic psychotherapy and 257 patients who underwent comparison treatments. The patients were diagnosed with a range of chronic and complex conditions, including personality disorders and chronic depression.

Professor Tony Roth, Joint Course Director of the Doctorate in Clinical Psychology at UCL, told us he welcomed the study in the sense that he is keen to see psychodynamic approaches develop their evidence base (see his review of the evidence at tinyurl.com/5eaayb). In this regard, he said, a randomised controlled trial by Anthony

FROM THE RESEARCH DIGEST...

Avoiding race

Several embarrassing scenes in the spoof fly-on-the-wall series *The Office* feature the calamitous manager David Brent trying so hard to appear racially colour blind that he actually ends up causing serious offence. A new study by Evan Apfelbaum and colleagues has identified the age when (white American) children first show this concern to appear unprejudiced, even though doing so leads them to perform less well at a task.

One hundred and one children, predominantly white, half of whom were aged 8 to 9, the other half being aged 9 to 10, participated in a task reminiscent of the board game ‘Guess Who?’ Presented with photos of 40 individuals who varied according to four key dimensions, the children’s task was to find out with as few yes/no questions as possible which one of those individuals’ photos the researcher had in their hand.

Crucially, for half the children, race was one of the key dimensions. Among these children, the younger kids actually outperformed the older ones, and they did so because they were unafraid to ask questions about race. For the other half of the children, coloured stickers replaced race as the fourth identifying dimension, and in this case, as you’d expect, the older children outperformed the younger ones.

Writing in *Developmental Psychology* (see tinyurl.com/5btfkj), the researchers said ‘The anomaly in task performance demonstrated in the present study may point to the onset of an important transition in human social development at 10 years of age, when internalised social and moral norms begin to regulate behaviour, even when such regulation comes at a cost.’

This item originally appeared in the Society’s free Research Digest. For more and to sign up, see www.researchdigest.org.uk/blog

Bateman and Peter Fonagy (tinyurl.com/5qhaqv) had been 'fantastically helpful'.

However, Roth said the current meta-analysis had set up a 'straw-man', adding: 'I don't think anyone would argue that if you've got a condition like borderline personality disorder, that you'd give short-term CBT. It's being set-up as if there's some oppositional issue – for most people, I don't think there is.'

Moreover, Roth pointed out that the meta-analysis actually identified very few

studies that compared LTPP with shorter-term treatments (in most cases the comparison was with 'treatment as usual'), and not one compared LTPP against CBT. 'This study is a polemic really. It's not unhelpful polemic – it's reminding people that if you look around, there is an evidence base. What's less scientifically justifiable is when people want to over-egg the pudding. That's really what's been done here and it provokes unnecessary arguments.' CJ

Play on emotion

There's still time to catch the psychology-themed play *On Emotion*, showing at Soho Theatre in London until 20 December (tinyurl.com/5qejf4). The play is the result of a second collaboration between clinical neuropsychologist Paul Broks and director Mick Gordon – the first being *On Ego*, which explored the nature of personal identity.

'*On Emotion* is the first of a planned trilogy of plays mapping the hinterlands of emotion and magical thinking,' Broks told *The Psychologist*. 'We always start with a question, in this case: "Are we the puppets of our emotions?" We then interrogate the question applying the tools of theatre to contemporary psychological issues. In *On Emotion* a cognitive behavioural therapist becomes emotionally enmeshed with his puppet-maker client, exposing fissures in his relationship with his daughter and autistic son in the process. We use puppets as well as actors, poking and probing the mind's thin partition between reality and imagination.'

A trailer can be viewed online at tinyurl.com/6dq8z. CJ

More choice, less trust?

Psychologists have warned that government plans to increase healthcare choice could have a detrimental effect on patient trust. Carolyn Tarrant of the University of Leicester, with Society member Andrew Colman and Tim Stokes, surveyed 243 patients about their last GP consultation, their anticipations for future care and the trust they have in their doctor.

The strongest predictor of trust was 'interpersonal care', as indicated by a doctor's demonstration of patience and concern, followed by past experience of cooperation with a doctor, and expectation that the same GP would provide follow-up care.

Writing in the *British Journal of General Practice* where their article is in press, the researchers said their findings indicate that government plans to increase access and choice (via walk-in centres and polyclinics), at the expense of ongoing interpersonal continuity, could harm patient-doctor trust.

'Ways of minimising this in primary care could include encouraging GPs to ask patients to come back to see them again personally,' the researchers advised, 'and putting practice systems in place to ensure that this is made easy for the patient (for example, flexible appointment booking systems).' CJ

NO HIDING FROM CBT PLANS

Christian Jarrett reports from the joint British Academy/British Psychological Society Lecture held at the London School of Economics on 17 October

This year's lecture was delivered by Professor David Clark – one of the country's leading experts on CBT, and clinical adviser to the government's Improving Access to Psychological Therapies (IAPT) programme. As well as providing an eloquent survey of the rationale and evidence for a cognitive approach to treating anxiety disorders, Clark also took the opportunity to answer some of the criticisms frequently aimed at the evidence for cognitive-based therapies.

Some critics have argued, for example, that the evidence for the effectiveness of CBT derived from randomised controlled trials does not translate into the messiness of the real world. Responding to this charge, Clark described how his team trained local NHS staff in Northern Ireland to provide brief CBT to people suffering from PTSD in the wake of the Omagh terrorist bombing. There were no exclusion criteria or other restrictions that you'd expect in a controlled study and yet the improvements experienced by the patients were as significant as shown in research settings (tinyurl.com/58vxkt).

Another common criticism is that, during trials, therapists are more effective when delivering CBT, as opposed to a comparison treatment, simply because of their enthusiasm for CBT. Yet Clark pointed to a study that showed cognitive therapy (CT) was just as effective whether delivered by a Frankfurt based centre with a CBT bias or by a centre in Freiberg with an orientation towards interpersonal therapy. Yet another charge levelled at CBT is that outcomes in therapy have much more to do with the therapist delivering the treatment than the type of therapeutic approach they use. However, Clark said that in CBT/CT trials, the treatment effects related specifically to the therapist were modest, and were anyway mostly explained by levels of training.

What about the IAPT's plan to open up clinics to self-referrals? Clark said critics have claimed the doors will be knocked down by a rush of Guardian-reading folk from the chattering classes. But that wasn't the experience at the IAPT's trial site in Newham where patients who self-referred were more often from an ethnic minority background (than GP referrals), were equally severe, more chronic, but just as likely to recover.

All in all, Clark argued that the evidence for the cognitive-based treatment of anxiety disorders is overwhelming. Across all the RCTs testing CT as a treatment for social phobia, panic and PTSD, 82.5 per cent of patients have shown a significant recovery (4/5 have lost their diagnosis), with just a 2 per cent drop out rate.

It's just as well the evidence base is strong. Clark reminded the audience that when Health Secretary Alan Johnson announced the government's increased funding of psychological therapies last year, he claimed that 900,000 more people will be treated and that 450,000 will 'be cured'. As Clark observed, that's quite some expectation for psychologists and other therapists to meet. And there'll be no hiding the results of the IAPT's programme, as integral to the scheme is the idea that patient progress will be recorded on a weekly basis.



Professor David Clark

Sexist men earn more

It's a scandal of our supposedly more enlightened times that women continue to be paid less than men for performing similar roles. One potential cause for this anomaly, little explored until now, is psychological. Perhaps the views of employees about traditional gender roles somehow affect the pay they earn. New research by organisational psychologists Timothy Judge and Beth Livingston at the University of Florida certainly suggests this is the case (*Journal of Applied Psychology*: tinyurl.com/64trpp6).

From a longitudinal survey of over 12,000 participants, Judge and Livingston found that men with traditional gender views earned substantially more than their egalitarian-minded male colleagues, while women with egalitarian attitudes earned slightly more than their traditional-minded female colleagues.

An initial sample of 12,686 participants were interviewed four times between 1979 (when they were aged between 14 and 22 years) and 2005. Men with traditional views, who agreed with statements like 'A woman's place is in the home, not the office or shop', earned over

the course of the study period an average of \$8459 more annually than men with egalitarian views, and \$11,374 more than traditional-minded women. By contrast, the wage gap between egalitarian men and women was far smaller, at \$1330.

Crucially, these differences generally held even after controlling for factors like educational background, type of job, hours worked and whether a participant had children or not. The researchers aren't certain how people's gender-role attitudes are affecting their earnings, but they've speculated that it may have to do with their approach to negotiating pay terms or a tendency, possibly subconscious, for employees with traditional attitudes to be treated differently because of the way they behave.

Dr Judge told *The Psychologist* that this latter possibility could point to a way for firms to help remove the gender wage gap. 'We, obviously, did not study subconscious biases, but it's an explanation consistent with our results. Research from social psychology suggests

that while such biases are hard to eliminate entirely, their effects can be mitigated by conscious processes: i.e. self-talk whereby one can keep in mind, "Just because this woman acts and dresses traditionally doesn't mean she deserves less pay".'

Other results from the study showed that traditional gender views have weakened with time, and that people who are less educated, less intelligent and married are more likely to hold such views. **CJ**

Cars have faces too

Researchers in Austria have found that we treat the front of cars rather like human faces – attributing personality traits to them in a systematic way based on the configuration of their physical features (tinyurl.com/56a48c).

Sonja Windhager at the University of Vienna and colleagues asked 40 participants to rate digital mock-ups of the front view of 38 cars along 19 traits. Sixty per cent of the participants said that they could perceive a face in the front of at least 70 per cent of the cars, and there was strong

agreement between the traits the participants allocated to the different cars.

Variation in the allocation of traits was largely explained

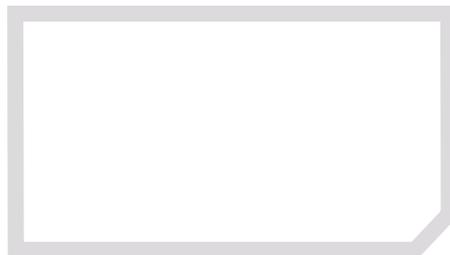
by two overriding factors. For example, if a car scored high on any one of the following 'power' traits: adult, dominant, arrogant, angry, masculine or hostile, then it also tended to score highly on the others.

participants tended to say they liked those cars they rated high in 'power' traits more than those they rated low – perhaps, the researchers surmised, because such cars are seen as valuable for 'daily battles on the roads'.

Analysis of the configuration of the cars' physical features showed that higher scores on 'power' traits were associated with lower and wider vehicles, slit-like or angled headlights and a wider but lower air intake. Sociability traits were associated with an upward shifting of the lateral-most points of the air intake, rather like a smile.

Our habit of perceiving faces in inanimate objects, including cars, may reflect the fact that it has been evolutionarily advantageous to see a living threat that isn't there rather than to miss the presence of one that is.

Writing in the journal *Human Nature*, the researchers said their research could have practical implications for car designers. They added, 'How the perception of car fronts affects our daily life (i.e. driving or pedestrian behaviour) remains to be investigated', asking, for example, 'Does one change lanes and give way sooner when an "aggressive" car appears in the rear-view mirror?' **CJ**



Time to give way?

Similarly, high scores on 'sociable' traits also tended to correlate: satisfied, happy, open, submissive-dominant, child, and agreeable. Overall,

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Online altruism

The striking altruism of the many contributors who post content to sites like Wikipedia and YouTube for little or no financial gain has been difficult to explain. But now Bernardo Huberman and colleagues at the Social Computing Lab in California may have uncovered at least part of the answer – attention. They analysed the viewing history of over nine million videos posted to YouTube by 579,471 contributors and found that as a person's videos were watched more, they tended to post more videos, and vice versa.

Huberman's team also found that prolific contributors tended to be affected more by how their current viewing performance measured against their past performance, whereas infrequent contributors tended to be affected more by how their viewing performance compared against the viewing success of others.

The findings are published in the 'Computers and Society' section of the arXiv preprint repository at Cornell University (<http://arxiv.org/format/0809.3030>). CJ

Telephone therapy

Psychotherapy delivered over the telephone is associated with far lower client drop-out rates than traditional face-to-face therapy. That's the suggestion of a new meta-analysis of 12 studies looking at outcomes from telephone therapy for depression versus treatment as usual (for example, receiving antidepressant medication from a GP).

Clients who participated in telephone therapy showed superior improvement compared with control clients. Moreover, attrition rates averaged at just 7.6 per cent, compared with rates of between 14 and 64 per cent that have been recorded in studies of face-to-face therapy.

Lead author David Mohr of Northwestern University said: 'The problem with face-to-face treatment has always been very few people who can benefit from it actually receive it because of emotional and structural barriers. The telephone is a tool that allows the therapists to reach out to patients, rather than requiring that patients reach out to therapists.'

However, writing in *Clinical Psychology: Science and Practice*, the researchers said the new results should be treated with caution until telephone therapy is compared directly with face-to-face therapy in the same trial (tinyurl.com/5zhk98). CJ

St John's wort

Results from a Cochrane systematic review of 29 studies suggest that St John's wort plant extract (*Hypericum perforatum*) may be as effective as conventional antidepressants for the treatment of depression, but with fewer side-effects (tinyurl.com/62sgct).

Although patients (most diagnosed with mild to moderately severe depression) treated with St John's wort tended to recover to a similar degree to patients taking antidepressants, the results were compromised somewhat by the fact that trials in German-speaking countries (where there is a long tradition of using St John's wort) tended to report more positive results.

Klaus Linde of the Centre for Complementary Medicine in Munich and colleagues also warned that there is great variation in the precise ingredients of different St John's wort preparations, and that the supporting evidence only pertains to those specific versions tested in the trials. CJ

RESEARCH FUNDING NEWS

The Wellcome Trust and the Medical Research Council have announced a major new initiative to stimulate high-quality, collaborative research that will advance knowledge of **neurodegenerative diseases** through interdisciplinary approaches. The close for preliminary applications is 12 December 2008, short listing will take place during January 2009 and the deadline for full applications is 30 April 2009.

tinyurl.com/4khe95

The Leverhulme Trust has announced its research programme themes for 2009 – '**Tipping points**' and '**Stress and compromise**'. These themes seek to explore research questions such as:

- ▮ Tipping points – in the social, economic, cultural or physical realms, what are the factors that independently or jointly spur certain beliefs, ideas, actions or outcomes to be suddenly adopted or intensified?

- ▮ Stress and compromise – current developments tending to increase the demands that are encountered by individuals or communities. The place of compromise within responses to these situations deserves attention. A better understanding of the sociology, psychology and politics of compromise is a tool in conflict or stress resolution and may provide models for sustainable and constructive advance.

Applications should only be made by groups of senior researchers or by existing research centres or teams. Grants are for a minimum of £500,000 and are available for up to five years. Brief submissions are required in the first instance by the deadline of 9 January 2009.

tinyurl.com/yrjukw

DAAD, the German Academic Exchange Service, has a number of grants to support **study and research visits to Germany**. These include one-year grants for postgraduates (closing date 16 February 2009); research grants for PhD students and junior scholars (two deadlines a year); and study visits for senior academics.

tinyurl.com/6487es

The Stroke Association offers a variety of research grants to fund research into the **prevention, treatment, rehabilitation and long-term care of stroke patients**. The majority of the projects they fund are patient-oriented, and the Community Care Research Project Grants focus on non-hospital-based long-term care for stroke patients. Grants of up to £70,000 for up to three years are available. The next deadline is 6 February 2009.

tinyurl.com/39aevv

The Dunhill Medical Trust offers research **grants for activities that focus on older people**. Projects that are funded are smaller scale than those undertaken by the major funders. Applications in the following areas are of particular interest to the Trust: diseases and issues of ageing, the care and environment of older people, disabilities that predominantly affect older people, rehabilitation of older people, initiatives aimed at evaluating and improving patient care or public health, areas where it is difficult to attract funding, e.g. incontinence, end-of-life issues and pilot studies.

www.dunhillmedical.org.uk/researchgrants.html

info

For a list of current funding opportunities go to

www.bps.org.uk/funds

Funding bodies should e-mail news to Elizabeth Beech on elibee@bps.org.uk for possible inclusion

Grapes of wrath

Gail Kinman on anger

The intoxication of anger, like that of the grape, shows us to others, but hides us from ourselves.

John Dryden

Is 'problem anger' endemic in the UK? Is it normal to be angry? How can anger be managed successfully? These questions filled the airwaves this autumn.

In a new series of Radio 4's excellent *Am I Normal?*, Vivienne Parry investigated claims made by the Mental Health Foundation that anger is a mental health problem and should be treated accordingly. The programme presented the findings of a recent survey examining the extent of 'problematic' anger in the UK. The findings were startling: 64 per cent of the 2000 respondents thought that people in general are getting angrier; almost a third said they had a family member or friend who struggled to manage their anger; 20 per cent worried about how angry they sometimes felt; and 12 per cent admitted that they had trouble controlling their anger.

In the programme, the Mental Health Foundation's Celia Richardson argued that people who cannot control their anger are not only at increased risk of family breakdown and subsequent social isolation, but also more prone to physical and mental health problems. Mark McDermott, a psychologist who has researched the health risks of anger and hostility, highlighted relationships between chronic and intense anger and cardiovascular problems such as coronary artery disease. He differentiated between 'anger-in' and 'anger-out' as potential risk factors. Strong links were also made between anger and other health outcomes

such as stroke, colds and flu, depression, self-harm and substance misuse. Representatives of the Mental Health Foundation called for improved diagnosis and treatment of problem anger by health professionals, as people suffering from this condition usually fail to recognise it. It was pointed out that most people only receive treatment for anger when they are provided with an ultimatum by their families, or under court order after an aggressive criminal act. Several people who had experienced difficulties with anger, including the soldier-turned-novelist Andy McNab and the journalist John Sweeney, related their personal experiences. They recounted being 'driven by rage', and the personal costs and difficulties they experienced trying to manage anger. Several specialists in anger management described the types of treatment that are available and discussed their efficacy.

The risks involved in pathologising what might be considered a 'normal' emotion were discussed by Vivienne

and functional is fundamentally problematic.

Dudley Moore once said that most comedians were enraged people. *Am I Normal?* included a clip of the American comedian Joan Rivers losing her temper in a spectacular manner during a live TV interview. Griff Rhys Jones also lived up to the stereotype of the angry comedian in *Losing It*, two BBC programmes on anger and its management. Following testimony from family, friends and colleagues, Griff experienced what was evidently a personal epiphany. What he had always perceived to be his 'righteous annoyance' was in fact a serious problem that had hurt and alienated the people to whom he was closest. After discovering that he was indeed 'an angry person', Griff aimed to establish why he is this way, whether or not his anger is inevitable or could ever be productive, and what (if anything) can be done about it. He was surprisingly candid about his personal foibles, and adept at persuading a number of other celebrities to talk about theirs. The second programme saw Griff testing several different ways to manage anger, including boxing, meditation, and anger management training. In the end, Griff admitted that although he recognised anger as addictive, debilitating and alienating, he still enjoyed getting angry about things that enraged him.

A common theme emerging from these three programmes was that anger is a taboo subject in Western culture and its public expression is seen as a serious personal failing. It was argued that people are more prepared to talk about their sex lives (even their sexual problems) than disclose that they have problems managing their anger. Whether anger is seen as normal or a mental health problem, the programmes concluded that most of us could benefit from learning to express our anger more effectively.

The BBC now provides a website on anger management (tinyurl.com/ynoytr). This introduces physiological and behavioural explanations for anger, emphasising its addictive element. It provides useful self-help advice on enhancing coping skills, developing more appropriate responses to stress, reducing tension and negative thoughts and enhancing relaxation.

Parry. She considered whether anger is indeed a form of 'temporary insanity' and whether the UK should follow the USA in recognising 'intermittent explosive disorder'. This is an impulse control disorder that is commonly diagnosed and treated with a combination of medication and therapy. It was concluded, however, that differentiating between anger that is 'pathological' and anger that is normal

contribute

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