Smoking them out

AFTER the summer lull in Society business activity, with relatively little to report in the way of news from subsystems, boards and Council, I admit I was pretty much stumped as to what to focus this month's column on. However, just a few days ago something did catch my eye in the streets of Brighton, and this triggered thoughts about one of my long-standing hobby-horses.

As I was passing a local 'holistic' health clinic, I noticed a sign outside which – in large letters – implored 'STOP SMOKING IN ONE SESSION'. (Which session – surely not the first one?!) Having interests in both clinical and health psychology areas, I was intrigued to find out more. As it turns out, a friend of mine had just recently visited the clinic and had received a single one-hour session of hypnotherapy in an attempt to stop smoking – cost £50. Knowing the literature on psychological treatments for smoking and how difficult it is to achieve abstinence, I decided to find out a little more about these treatment claims. I e-mailed the hypnotherapists offering services at the clinic asking if stopping smoking in one session of hypnotherapy was achievable, and what their success rates were like. I did get a reply from one of the practitioners, who had worked as a hypnotherapist for seven years. She replied: 'I did not do follow-up calls as I thought this would be intrusive so therefore I did not have stats on my success rates. However, I knew I had a high success rate as people referred others to me and came back to me for help on other issues.' Interestingly, my friend who had attended the clinic was smoking regularly again within three days of the hypnotherapy session, and – despite having long discussions with me about the validity of the treatment and its lack of success – said she was thinking of attending again (this time in relation to other aspects of her life) because the hypnotherapist had seemed so caring, understanding and interested in her problems!

I will not begin to list all of the issues that this example raises for me about psychological and pseudo-psychological therapies, but they range from issues about the validity of therapies, assessing outcomes, to issues concerning the exploitation of vulnerable people. If you subscribe to *The Psychologist* then you have almost certainly had the kind of training that will alert you to many of these very same issues. The nature of the treatment in this example is irrelevant – I suspect that very many practitioners, regardless of their theoretical orientation, approach the provision and assessment of services in a similar undisciplined way, and measure the success of their offerings by the fact that their clients complain only very rarely. The discipline of psychology as both a science and a social science has a great deal to offer all such practitioners – and perhaps most especially those that claim to be practising in the gap between the complementary and medical therapies.

KATE GREY

BPS Blackwell

On a completely different note, last month saw the launch of the new BPS Blackwell website *www.bpsblackwell.co.uk*, where members can buy BPS Blackwell books online at a 20 per cent discount. Members might like to know a little more about the new partnership, which was launched earlier this year. Editorial policy is developed by the Society and Blackwell, and reflects the aims of the Society and the needs of academics, practitioners and students. We plan a series of texts designed specifically for the undergraduate and professional training curricula; authoritative, practical books for professionals; and a series of books that communicates psychology to a wider audience of people working in professions allied to psychology.

We hope to offer members who might want to write for the list the best of both worlds – the commercial expertise of an international publisher, whilst being under the auspices of the Society. All development, production, international marketing and distribution will be undertaken by Blackwell. Sarah Bird, Blackwell's commissioning editor, may well be in touch with you in the next few months, but if anybody would like to discuss any book proposals in the meantime, you can contact her on *sbird@blackwellpublishers.co.uk*.

Graham Davey

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Press Committee

Media Training 2002

Monday 9 December

A Media Training Day will be held at the Society's London office on 9 December.

The day will include:

- news writing
- snapshots of the media
- media releases
- interview techniques

For a registration form and further details contact:

Dawn Schubert
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St Andrews House
48 Princess Road East
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JOHN HARRIS (REPORTDIGITAL.CO.UK)

Gender gap grows

THIS year's GCSE results showed that girls are continuing to outperform boys in almost every subject. Now 9 percentage points ahead of the boys, 62.4 per cent of girls' exam entries achieved a grade C or above, compared with 53.4 per cent of boys' entries.

This gender gap has been attributed to several factors, with many citing boys' reluctance to appear hard-working in front of their peers as a major cause. However, Professor Alan Smithers from the Department of Education at the University of Liverpool feels that the reasons are less clear-cut: 'In order to interpret it we need to bear in mind the superior performance of girls in the English tests at ages 7, 11 and 14, and also that more boys are succeeding at the highest levels – the new award above A-level and first-class honours degrees. This suggests that we should look at both early years education and the nature of the GCSE examination.'

There is also a theory that female results tend to fall in the middle of the scale in ability tests, while both the highest and lowest scorers are likely to be mostly males. 'Since GCSE seems to be an examination pitched at the middle of the ability range, it could be that it records the good average performance of girls, but does not allow really high-flying performance to show through. Where we have more taxing examinations boys tend to get the better results.'

According to Professor Smithers, a third factor is probably the part the girls and boys see school as playing in their lives. 'More girls than boys aspire to climb the GCSE-A-level ladder to university and see the examinations as relevant and worth working for. We don't have similarly well-developed ladders from school to work, in which more boys might be interested, so a substantial minority probably do not put in the academic effort.'

BIOETHICS REPORT

ON 2 October 2002 the Nuffield Council on Bioethics launches its report *Genetics and Human Behaviour: The Ethical Context.* The report concentrates on behavioural and personality traits such as intelligence, sexual orientation and antisocial behaviour, rather than diseases or disorders. The report will be available to download from the Council's website at *www.nuffieldbioethics.org/behaviouralgenetics* from 2 October.

A seminar to discuss the report's recommendations with members of the working party will be held at the Beveridge Hall, University of London, from 2pm on 2 October.

❑ *To get a copy of the programme, or to reserve a place, please contact Nicola Perrin (e-mail: bioethics@nuffieldfoundation.org; tel: 020 7681 9627).*

NEW CHIEF EXECUTIVE FOR MHF

THE Mental Health Foundation has appointed Dr Andrew McCulloch as its next chief executive.

Prior to his appointment Dr McCulloch had been Director of Policy at The Sainsbury Centre for Mental Health for six years. He was also a senior civil servant in the Department of Health for 16 years and was responsible for mental health and learning disabilities policy from 1992 to 1996.

Theatre of Science

THIS year's Edinburgh Fringe Festival saw the staging of a unique theatrical presentation of science, involving psychologist Richard Wiseman of the University of Hertfordshire.

Theatre of Science was developed by Wiseman with Simon Singh (author of *Fermat's Last Theorem* and *The Code Book*). They had both spent years giving public talks on science and had the idea of turning these lectures into a more theatrical show that would reach a much wider audience.

Wiseman said: 'We worked together and produced a two-part show. In the first half Simon talked about probability, and how a poor grasp of statistics can lead to disastrous decision making. In the second half I spoke about the psychology of deception and illusion. We introduced various ideas to make the show more theatrical than our usual talks. During his part, Simon made various bets with the audience – on the understanding that if he lost, he would buy everyone a drink. In my section I performed various magic tricks and conducted a live polygraph demonstration.'

The show was first staged at the Soho Theatre in London, where its four-night run quickly sold out. As a result of this success Wiseman and Singh were invited to perform it at the Edinburgh Fringe Festival.

In the early part of the last century people would often visit theatres to see scientists talk about, and demonstrate, their latest discoveries. The initial success of the Theatre of Science suggests that the public appetite for science presented in a theatrical context has not diminished over the years.

The show will be returning to the West End in April, with a possible repeat appearance at next year's Fringe.

❑ *More information about the project is available at www.simonsingh.com. Anyone interested in becoming involved can contact Richard Wiseman at R.Wiseman@herts.ac.uk.*

Swing high, swing low

HELEN STARTUP *reports on an Institute of Psychiatry conference on 1 August, discussing the management of bipolar disorder.*

AROUND 1 per cent of the population suffers from bipolar disorder, a chronic illness involving the lows of depression as well as the highs of mania. The swings from low mood, loss of interest in activities, difficulty concentrating and suicidal thoughts to feelings of euphoria, grandiosity and impulsivity make this a complex disorder to manage. Yet bipolar disorder is largely ignored by documents that drive mental health services provisions – the number of times it is referred to is minimal, and limited suggestions are made about management of the disorder (compared with, say, schizophrenia).

Aiming to redress the balance, this one-day conference (chaired by Mike Travis, Institute of Psychiatry) heard about hypothesised brain correlates of bipolar disorder, psychopharmacological advances in treatment, and present-day health service provisions for bipolar sufferers.

Mary Phillips (Institute of Psychiatry) began with findings from neuroimaging studies. These suggested that the amygdala and the anterior insula, responsible for the first two stages of emotional processing (the identification of emotion and the entry into an emotional state), were enlarged in bipolar patients. Moreover, in bipolar patients less activity was seen in brain regions responsible for bringing balance and regulation to that emotion – those involved in the perfection of cognitive, non-emotional tasks (dorsal regions and hippocampus). Phillips also reported that this specific pattern of brain behaviour could be distinguished from what is found in schizophrenic patients and those with major depression.

So what drug treatments are effective in tackling acute mania? Padraig Wright (Institute of Psychiatry) raised the point that many active treatments used to treat mania are selected based on clinical experience of dealing with individuals, rather than the results of randomised clinical trials. Wright presented findings that a group treated with olanzapine showed a greater reduction in symptoms when compared with a placebo group receiving all other input derived from hospitalisation but no active treatments. Olanzapine was found to be more effective than some of the other widely used drug treatments for acute mania and was found to have a reduced level of some of the side-effects typically associated with such medication.

Hamish McAllister-Williams (University of Newcastle) ended the series of talks by vehemently presenting the view that bipolar disorder is largely ignored by documents that drive the provision of mental health services. Using the example of the National Service Framework for Mental Health, McAllister-Williams highlighted the document's underestimation of the prevalence of bipolar disorder and its minimal mention of management issues.

Overall, the series of presentations called for a greater recognition by service providers of the prevalence and chronicity of bipolar disorder. In addition, professionals and service users from the audience drew attention to the need to set up more specialist healthcare provisions to meet the needs of sufferers and of carers.

■ *Helen Startup is at the Institute of Psychiatry. E-mail: spjthst@iop.kcl.ac.uk.*

WEBLINK

The Manic Depression Fellowship:
www.mdf.org.uk/links

PUPILS NOT BEING PREPARED FOR CULTURAL DIVERSITY

'AT present mainly white schools do not adequately prepare their pupils for adult life in a society that is culturally and ethnically diverse. That is unlikely to change unless greater priority is given to that goal in national education policies and curriculum development,' claims Professor Tony Cline, whose research has recently been published by the DfES.

The study of minority ethnic pupils in mainly white schools was carried out by a University of Luton team led by Professor Cline, of the Centre for Education Studies, and Dr Guida de Abreu, from the Department of Psychology.

They found that most ethnic minority children who had been at their school for a significant time were well integrated socially. However, a questionnaire survey revealed that 26 per cent said that in the previous week they had experienced race-related verbal abuse at school or while travelling to and from school. It was also found that no school in the survey had a fully developed strategy for preparing pupils through the curriculum for life in a diverse society.

Schools Minister Baroness Ashton commented: 'We cannot ignore the fact that the education service is clearly still not meeting the needs of many minority ethnic children.' She stressed the government's commitment to raising standards for all pupils, and said that they were working towards a national strategy that will 'place ethnic minority achievement at the forefront of the standards agenda'.

Baroness Ashton recently chaired a summit bringing together the Commission for Racial Equality, the Teacher Training Agency, OFSTED and those with day-to-day experience of ethnic minority achievement in schools to brainstorm ideas and advise the government on what works well in schools and LEAs.

❑ *The report* Minority Ethnic Pupils in Mainly White Schools *is available from: www.dfes.gov.uk/research.*

Learning for the diversity of life


MARK CAMPBELL (PHOTOFUSION)

Challenging assumptions about abortion

THIS summer a great deal of media attention was given to the story of a woman who was to sue the NHS for psychological trauma (guilt and self-hatred) she claimed she suffered from an abortion four years ago. As one of the psychologists on the BPS media list under 'Abortion', I received several calls from journalists following up the story.

Their questions seemed quite straightforward: What kind of mental problems do women face when they have abortions? Is there any research on post-abortion distress? Should the woman have been warned about post-abortion trauma? And I could provide reasonably straightforward answers: Yes, there is a good deal of research on the psychological consequences of abortion, and it consistently shows that few women experience significant or enduring psychological distress. The most prominent emotion reported by women after abortion is relief; distress may be associated with not feeling supported by others in the decision, feeling the decision was made by others, and having a previous psychiatric history.

I could also have mentioned that in the late 1980s President Reagan instructed his Surgeon General, Everett Koop, to report on the psychological effects of abortion. The American Psychological Association provided detailed submissions (Adler *et al*., 1992) and having reviewed the evidence, Koop, a noted anti-abortionist, refused to issue an official report. When questioned by Congress, however, he testified that from a public health perspective the psychological risks of abortion were 'minuscule'. As to what the woman in this case should have been told, the Royal College of Obstetricians and Gynaecologists has published evidence-based guidelines as part of the procedures for establishing informed consent to abortion. These recommend that abortion providers tell women that only a small minority of women experience any long-term adverse psychological sequelae after abortion.

But the problem with the journalists' questions and these possible answers is that they do not begin to do justice to the issues raised by this case. I wanted to ask the journalists why they were so interested in the case; why they seemed to assume that women suffered 'post-abortion distress'; why so little is written about women who have abortions and seem satisfied with the outcome.

But the journalists were simply treading a path already well-worn by researchers who have been intensely preoccupied with abortion's potential to harm women psychologically, to the point where many researchers seem unable to imagine any other outcome or don't think it important enough to investigate. One article reviewed 15 studies of the psychological effects of abortion measuring a total of 52 outcome variables, predefined by researchers (Wilmoth *et al*., 1992). Forty-two were entirely negative (depression, anxiety, paranoia, shame, etc.); five referred to 'relief'; while only one unequivocally positive variable (happiness) was measured, in one study. Similarly, a review of theoretical models of 'possible long-term consequences of abortion' (Miller, 1992) featured seven models, five of which did not 'allow' positive outcomes; one allowed negative outcomes and relief and another allowed both positive and negative outcomes – but the only positive change suggested was that women might use contraception more effectively.

Why this preoccupation with possible negative effects? After all, women choose abortion as their preferred solution to a problematic pregnancy. It is as if we have difficulty imagining women as capable of making rational decisions in their own best interests. Or perhaps we find it difficult to imagine them making *this* decision rationally. The social construction of motherhood as natural and central to women's lives, together with the tendency of psychology and medicine to link women's reproduction to psychological vulnerability, certainly encourages us to see abortion as potentially harmful.

These constructions have been very prominent on all sides in legislative debates on abortion, as has the theme of women as morally deficient and liable to choose abortion for unworthy reasons. And these debates have drawn implicitly on psychological theories about motherhood and moral development that have themselves been shaped by cultural assumptions about women, so that there is a strong symbiotic relationship between psychological theory and the content of abortion debates (Boyle, 1997). The result

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Pro-choice Forum:

www.prochoiceforum.org/psy_issues.asp

for women can be a no-win situation where one side argues that they will be harmed by having an abortion while the other argues that they will be harmed by not having one, and both sides argue that women cannot be trusted to make the decision themselves.

In Britain (and most other countries) women have no choice but to approach abortion from a position of psychological weakness. British law requires doctors who decide on the abortion to record the current or anticipated medical disorder that justifies the decision: over 90 per cent of abortions in England and Wales are officially carried out because the woman is suffering from or vulnerable to mental disorder. Of course, this may not reflect the woman's actual situation (and anticipated mental disorder rarely features amongst the reasons women themselves give for having abortions). But it is the reality created by the law, and attempts to amend it have met with little success. Thus the law (like much psychological research) offers women little opportunity to make public the full complexity of the experience, while also reinforcing perceived links between abortion and psychological vulnerability.

The problem is that responding to media questions about this assumed vulnerability simply by reciting the evidence against it (evidence that is so plentiful partly because of the assumption that abortion *would* harm women) still keeps us within an agenda that focuses on abortion's intrinsic potential to harm women. This makes it difficult to raise more fundamental questions about abortion research. What I wanted to convey to journalists was that it is impossible to separate how we think women experience abortion from how we as a society still think about women – the group who are not supposed to have 'irresponsible' sex; who are supposed to nurture life and not destroy it (a role traditionally reserved for men); whose powers of moral reasoning and judgement are not entirely trustworthy, particularly when hormones are involved; the group for whom motherhood should take precedence over other life goals, so that it can only be averted for 'deserving' reasons.

I also wanted to convey that psychological research has rather let us down in relation to abortion in largely ignoring the significance of the fact that only women have abortions and, in an attempt to be 'objective', has framed women's responses to abortion as predefined intra-psychic attributes rather than experiences that can only be understood in a social context. Studies in which women give their own accounts of the experience (e.g. Boyle & McEvoy, 1998; Gilligan, 1993) show clearly that it is inseparable from context. Some women talk about the difficulty of making a decision that seems to put them and not others first; others talk about their dread of being 'found out' and thought cruel and selfish. Women are very aware of what they are 'supposed' to feel after an abortion (grief, regret, sadness) and may feel bad if they feel none of these. In another study in preparation, some women talked about feeling failures, and ashamed because they had 'allowed' themselves to get pregnant. The idea that women are more responsible than men for preventing pregnancy was clearly conveyed by statements like 'I wasn't using condoms...'. Interestingly, the potentially positive psychological effects of abortion are not often discussed but these include feeling more in control of one's life and relationships with partners, and making more complex moral judgements.

'Women are very aware of what they are "supposed" to feel after an abortion'

But it is not only researchers who have neglected the social context of abortion. In 1998 the anti-abortion group Life announced a helpline for women who had suffered from abortion, saying that they would encourage these women to take legal action against the doctors involved. Ellie Lee, a sociologist who has studied the strategies used by anti-abortion groups, has noted that as the strategy of depicting the fetus as a person with legal rights has not resulted in abortion being made illegal, the groups have increasingly turned to a strategy of claiming that abortion harms women. Their claims focus on 'post-abortion syndrome' (PAS) closely modelled on the idea of post-traumatic stress disorder. But because the function of PAS is to restrict the availability of legal abortion, then abortion must be made to look *intrinsically* harmful to women, rather than a procedure the experience of which is inseparable from cultural constructions of abortion and gender. Psychological researchers have arguably smoothed the path of anti-abortion groups more than they might have intended by themselves decontextualising abortion as a (mental) health issue for individual women.

Against this background, it is interesting that following the news story the British Association for Counselling and Psychotherapy issued a press release saying that women need counselling before they undergo abortion, although it should be voluntary, that 'anyone who chooses to have an abortion should also be free to choose counselling to help cope with the emotional consequences' and that it is 'a basic component of a woman's right to choose'. But although none of us would wish to prevent women (or men) seeking counselling, this language of needs and rights is potentially problematic. Research shows that the majority of women have made a definite decision about the abortion before they approach their doctor, usually after discussion with partners, parents or close friends. Routinely offered counselling is a powerful way of conveying which decisions are socially acceptable and which socially problematic (we don't, for example, routinely counsel people who decide to get married or have children); it can also suggest that women's own decisions are not to be trusted. This was partly why one of the major abortion providers recently stopped routine counselling and now provides it on request, but without trying to present it as part of the right to choose abortion.

This news story may well raise questions about women's risks of being harmed by abortion and research certainly helps us answer them. But the story also emphases the importance of not just quoting 'the evidence' but of trying to engage the media in critical discussions about research itself, to encourage them not just to see us as providers of research data and themselves as consumers but to see research as part of much wider social processes.

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