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Editorial

Emma Norris

ELCOME to the 90th issue of the *PsyPAG Quarterly*. It is my pleasure to introduce a very diverse edition, with topics that we hope will inform, excite and intrigue you!

We open with a series of articles considering research and its dissemination in psychology. Thomas Richardson provides an evaluation of the current research productivity in clinical psychology practitioners. Providing rounded and evidence-based insight, Thomas lends some practical recommendations for future clinical research practice. Have you recently uncovered some exciting results in your work? Or have some ideas you want to air? Professor Mark Griffiths gives practical advice on dissemination via blogs. From his own extensive experience, Professor Griffiths considers the joys and potential pitfalls of starting and maintaining an academic blog. Dissemination in a more classic format is then demonstrated in Rosa Kwon's review of the 20th Society of Scientific Study of Reading Annual Conference. In particular, Rosa focuses on the novel techniques presented to address Dyslexia in Higher Education.

Next, we examine the methodological and practical considerations of postgraduate research. Espen Sjoberg's article evaluates the pros and cons of meta-analyses for student dissertations. Providing a range of helpful resources and advice, this will be of use to anyone considering meta-analytic study. An introductory view of Constructivist Grounded Theory is presented by Helena Darby in her event review of the QMiP (Qualitative Methods in Psychology) Pre-Conference event. The practicalities of improving responses in the real-world are considered by the PsyPAG Quarterly Editor Laura Scurlock-Evans. In her reflections of the event, 'Improving responses to rape and sexual assault', Laura describes her collaboration during the event with multi-disciplinary delegates and considers avenues for improvement in the area. Next, Tara Cheetham and Rhiannon Norfolk review the PsyPAG event: 'Doing research in the NHS'. Challenges and solutions of NHS ethics and recruitment are discussed, providing useful insight to any postgraduates considering health research.

We then have some exciting articles showcasing the research of our postgraduate readers. Firstly, our feature article for this issue by Olivia Maynard considers the evidence for plain cigarette packaging. This highly topical issue is presented, including in-depth discussion of Olivia's own novel PhD research. Studies such as this undoubtedly play a key role in current policy debates. Saima Eman then presents her research into family structure and expressions of anger in Pakistani young adults. Intriguing points are considered in an area largely underresearched in the country.

Finally, we present some articles of reflection. Kate Doran presents a special 'Psychology People in Profile' article with Professor Jonathan A. Smith: father of

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Interpretative Phenomenological Analysis. In this, the first of two interview articles for the *PsyPAG Quarterly*, Professor Smith reflects on his interests and career in both research and teaching. From reflection at an individual to a discipline-perspective; I then provide a review of the current Science Museum exhibition: 'Mind Maps: Stories from Psychology'. This showcases the famous, infamous and downright bizarre objects and practices that have shaped psychology today.

If you have ideas for future articles, please email or Tweet us. We particularly love receiving ideas for articles showcasing your research! The *PsyPAG Quarterly* is distributed to postgraduate institutions across the UK, and is an excellent way to display your ideas to a diverse audience.

Finally, I would like to extend my gratitude to the *PsyPAG Quarterly* Editorial Team: Laura Scurlock-Evans, Jumana Ahmad and Martin Toye. Each issue is 100 per cent a team effort! Also, a huge thank you to all of our contributors: past and present. Your diverse research and interests help keep every edition of the *PsyPAG Quarterly* as varied and exciting as the last!

I wish you all a happy read!

Emma Norris

On behalf of the PsyPAG Quarterly Editorial Team

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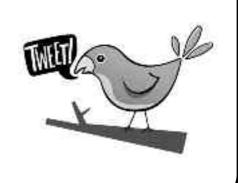
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Chair's Column

Laura Neale

ELLO and welcome to the Spring 2014 edition of the *PsyPAG Quarterly*. I hope the start of 2014 has been a happy and productive time for all. It has been a busy start to the year for the *PsyPAG* committee with the first main event of note being a *PsyPAG* and *BPS* West Midlands Branch funded systematic reviews workshop.

We are also currently very busy organising our annual conference which this year will be held at Cardiff Metropolitan University, 23-25 July. Registration is now open at our low cost postgraduate rates with registration closing on 22 June. Submissions for oral and poster presentations open on 24 March and close on 30 April so get the dates in your diary as we are hoping once again to receive many submissions from all areas of psychology. We also have conference bursaries available with the deadline for submissions being 12 May. Further information about the conference can be found on our website www.psypag.co.uk/conference or via our dedicated conference Twitter feed (@PsyPAG2014) and Facebook (facebook.com/PsyPAGAnnualConference).

We will be hosting a stand at the British Psychological Society's Annual Conference, 7–9 May, so if you are attending do come along to say hello and find out more about the events and support PsyPAG have available. We offer a number of bursaries for UK psychology postgraduates to help with the costs of conference attendance and travel costs for other training events and workshops. More information about the bursaries that we offer can be found on our website: www.psypag.co.uk/bursaries/

In December 2013 PsyPAG's Communications Subcommittee produced our first newsletter which was distributed to psychology postgraduates across the UK. The newsletter is our new resource which we hope will keep postgraduates up-to-date with

the work of the PsyPAG committee, our latest news and activities (i.e. free workshops, annual conference) and other support we offer. We aim to produce the newsletter three times a year and the next edition will be out soon in April/May. Hopefully you have received our first newsletter in December 2013, but if you did not and would like to be added to our contact list please contact me at chair@psypag.co.uk as we are keen to link with all UK psychology postgraduates and we are aware that not everyone is based within a traditional psychology department. You can also find the PsyPAG newsletter on our website: www.psypag.co.uk/news/

I am delighted to inform you that PsyPAG will have its 30th Anniversary in 2015! To celebrate our committee has already started planning an interesting programme of events during our 30th annual conference. The current PsyPAG committee feels that we have lost touch with our past representatives and would like to remedy this by inviting all PsyPAG alumni to get in touch with us and take part in our celebrations. If you were once a PsyPAG representative and would be happy to be interviewed about your career and the path you have taken or would be able to help us recreate the PsyPAG committee family tree, we are keen to hear from you!

So if you know any other PsyPAG committee alumni, please encourage them to join our Facebook group, follow us on twitter (@PsyPAG) and join our alumni database to receive our annual alumni newsletter and get the chance to network with other alumni!

We are keen for postgraduates who have suggestions or feedback as to how PsyPAG is able to provide further support for UK psychology postgraduates to get in touch, so please contact me at chair@psypag.co.uk if you have any ideas.

Thank you to the PsyPAG committee for their continuous hard work and commitment and to the BPS Research Board for their support which allows PsyPAG to assist UK psychology postgraduates.

Good luck as you continue with your studies and we hope to see many of you at our conference in July!

Laura Neale

PsyPAG Chair

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Workshop Review:

Systematic reviews

Emma Davies

UR CO-FUNDED WORKSHOP on systematic reviews was held at Oxford Brookes University on 17 January and was attended by 35 postgraduate students. Dr Rachel Shaw spoke to attendees about conducting qualitative synthesis while Cochrane reviewer Dr Suzanne Martin covered quantitative reviews. This was a valuable workshop and positive feedback was received from the attendees.

We're currently reviewing our workshop provision and would love to hear your views about what you would like to see. Currently we put out a number of calls throughout the year but we do not receive many applications. We recently held a very successful workshop about doing research in the NHS and feedback was received to suggest that this would be welcomed once a year in a different location. What do you think? Would you like to see PsyPAG run workshops on set topics each year? Or would you like us to remain open to funding applications from postgraduates? What about a bit of both? Please let me know your views on workshop@psypag.co.uk

Emma DaviesPsyPAG Vice Chair







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Discussion Paper:

Clinical psychologists and research: Do we do any and should we do more?

Thomas Richardson

HE scientist-practitioner model aims to integrate the science and practice of psychology by training psychologists to be both a scientist and practitioner (Raimy, 1950). It has been suggested that in order to qualify as a scientist-practitioner, clinical psychologists should be active in both research and clinical practice (Overholser, 2010). This paper will discuss the extent to which clinical psychologists are engaged in research, and what increases and decreases likelihood of conducting research. A case will then be made as to why it is important to conduct more research, and recommendations will be made as to how this can be achieved.

Level of research productivity

A number of studies have highlighted the low research productivity of clinical psychologists. Brems, Johnson and Gallucci (1996) found that the average number of publications for practising clinical and counselling psychologists in the US was 0, with 40 per cent having never published a journal article. In the UK, Eke, Holttum and Hayward (2012) found a mean of 3.6 publications, but a mode of 0. Barrom, Shadish and Montgomery (1988) similarly found a mean of 2.5 publications with a mode of 0. Despite the requirement for dissertations to be of a publishable standard, only a quarter of UK clinical trainees publish their dissertation (Cooper & Turpin, 2007). However, this is still higher than for other health professions (Cooper & Turpin, 2007), and counselling and experimental postgraduates (Marie Taylor & Neimeyer, 2009). Some trainees also publish small-scale research projects and case studies, but there is still a low mean of 3.4 publications per course per year (Cooper & Turpin, 2007). However, staff who work on doctorate programmes in both the UK and US may not be encouraging publications, as their mode number of publications has also been reported as 0 (Newman & McKenzie, 2011; Stewart, Roberts & Roy, 2007).

Research has also demonstrated a clear divide between those who do and do not do research. Eke et al. (2012) found considerable variation in the number of publications in UK clinical psychologists with a range from 0 to 250. Intention to do research also appears to be polarised in either no intention or very strong intention (Eke et al., 2012). Other studies have found evidence to support the idea that a minority of individuals are responsible for the majority of publications in clinical psychology (Brems et al., 1996; Carleton, Parkerson & Horswill, 2012; Kelley et al., 1978; Stewart, Wu & Roberts, 2007).

Predictors of research productivity

A number of variables have been found to predict research productivity. Not surprisingly, those in academic posts spend more conducting research (Smith Lancaster, 2001). Number of publications is predicted by amount of time which can be spent on research and number of colleagues doing research (Barrom et al., 1988). Selfrated enjoyment of research (Parker & Detterman, 1988) and positive attitudes to research (Barrom et al., 1988) are also predictors. Eke et al. (2012) found that male gender, younger age and greater/fewer (please specify) hours worked predicted intention to do more research in UK clinical

psychologists. Those without children were also more likely to be involved in research (Eke et al., 2012). Research with UK clinical psychology trainees has shown no difference based on gender on research intention (Wright & Holttum, 2012), though Martin (1989) found that men had more publications. Wright and Holtum (2012) suggest that research is seen as a male activity, and (Holttum & Goble, 2006) go so far as to suggest that the female predominance of clinical psychology may partially account for low research output in the profession. Selfefficacy is also related to research interest (Wright & Holttum, 2012). Finally, Mallinckrodt and Gelso (2002) found that, for women, seperating statistical analysis from research more broadly, increased the likelihood of publication.

Perceived barriers to conducting research

Despite this low productivity, research suggests that the majority of psychologists want to do more research (Eke et al., 2012; Martin, 1989; Milne et al., 2000; Pfeiffer, Burd & Wright, 1992). Commonly reported barriers are lack of time, lack of funding, and lack of support from colleagues (Haynes, Lemsky & Sexton-Radek, 1987; Martin, 1989; Pfeiffer et al., 1992). A minority of clinicians also believed that research will interfere with clinical practice (Haynes et al., 1987). For those who are self-employed, conducting research may lead to income loss if they are unable to see as many patients. Some also reported that it is not part of their job, they are not interested, or have had negative experiences in the past (Haynes et al., 1987; Pfeiffer et al., 1992). Lack of practical resources such as library access have also been identified (Pfeiffer et al., 1992).

In UK clinical doctorate staff, the main perceived barrier is lack of support from colleagues and organisation, but lack of personal motivation is also identified (Newman & McKenzie, 2011). In the UK, some report being put off by a stressful viva experience during their training (Hutton,

2013). NHS clinical psychologists also mention lack of time and research funding and a bureaucratic ethics process as barriers (Hutton, 2013; Rushton, 2013). Shapiro (2002) argues that the separation of research funding from money for care has made it hard to clinicians to conduct research in the NHS. Paxton (2006) points to an emphasis of government determined research themes, and tighter research governance. Payment by performance is also likely to come into the NHS soon, and it has been suggested that this will make it harder for clinical psychologists to convince managers of the need to conduct research (James, 2011).

Do psychologists need to do both research and practice?

Some have argued that the scientist-practitioner model has been misinterpreted as suggesting that individual clinical psychologists should be both researchers and practitioners, when actually it is a model for the profession not individuals (Stricker, 1992). George Stricker (2002) suggests that the scientist practitioner model acknowledges few will be experts in both practice and research, but the two will inform each other. Similarly Belar (2000) argues that the scientist-practitioner model is about the integration of science and practice rather than being trained in both. Some suggest that the scientist-practitioner model is more about consuming research, using research to inform clinical practice, and being able to critically evaluate research (Barrom et al., 1988; Long & Hollin, 1997). Practitioners should also use empirical techniques to evaluate their own clinical work (Drabick & Goldfried, 2000). Essentially, the model is about using research, not just contributing to it, and studies have shown that clinical psychologists see the integration of research and practice as important (Haynes et al., 1987; Rushton, 2013).

Research as part of professional competencies and training

Some suggest it is not necessary for all clinical psychologists to actually conduct

research. However, it is important to note that conducting research is seen as a key role for clinical psychologists, as demonstrated by professional guidelines, job descriptions and training.

Professional guidelines

The British Psychological Society, in its list of core competencies for clinical psychologists, asserts that psychologists should have 'The skills, knowledge and values to conduct research that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work' (BPS, 2006, p.2). Specific research skills are identified of being able to critically appraise research, plan and conduct independent research including choosing methods and analysis, identifying ethical considerations and reporting results (BPS, 2006).

Similarly the standards of proficiency for the Health Care Professions Council (HCPC, 2009) highlight the need for applied psychologists to use research to evaluate practice, and demonstrate knowledge of both qualitative and quantitative methodologies (HCPC, 2009). Specific research skills of using both quantitative and qualitative approaches, critical appraisal of relevant literature and applying for ethics approval are included.

Role in the NHS

Research is also seen as a key part of a clinical psychologist's role in the NHS. The NHS careers websites states that 'Due to their high level of research skills, clinical psychologists undertake the role of scientist-practitioner, as an innovator and applied researcher, adding to the evidence base of practice in a variety of health care settings' (NHS Careers, 2013). The vast majority of job descriptions for an NHS clinical psychologist include conducting research and using a scientist-practitioner perspective. An example band 7 job description includes Responsible for initiating and collaborating in specific research and development projects and providing research advice to other staff undertaking research'. An example band 8a job descriptions include 'To aim to use specialist knowledge of quantitative and qualitative research methods to initiate and support all research and audit activities'. An example band 8d consultant level post also states they will be 'Responsible for initiating and developing RED activities within the specialty'. Many other person specifications also include the ability to conduct research.

Thus there exists the confusing situation whereby many clinical psychologists are in debate about whether we need to personally conduct research, but other professions in the NHS see this as one of our key skills. In addition it is worrying that NHS clinical psychologists report lack of time being a constraint in their ability to conduct research (Rushton et al., 2013), when this is usually written in a job description.

Training

Research is an important component in the training of clinical psychologists. As Drabick and Goldfried (2000) point out, training in both research and practice is unique to clinical psychology. The British Psychological Society's guidelines on training (BPS, 2010) highlight the importance of doctoral level training in research as vital for the profession. Specific standards are set out for a trainee to be able to critically appraise research, understand both qualitative and quantitative research and design and conduct original research to a publishable quality (BPS, 2010).

However, the move to doctorate level has not stopped a reduction in clinical research in the UK (Thomas, Turpin & Meyer, 2002). Surveys suggest that tutors place more weight on training in research than do trainees (Kennedy & Llewelyn, 2001). The requirement of a small-scale research project in first year and a research dissertation in final year are required in all courses, but different courses place different emphasis on research experience in terms of applications. There are, however, changes in the type of research being conducted in UK doctorates in recent years, with an increase in the number of qualitative dissertations (Harper, 2011).

In the US training has diversified with both PsychD and PhD routes resulting in considerable variation in the extent of focus on research (Norcross & Karpiak, 2012; Sayette, Norcross & Dimoff, 2011). As a result a minority of US training programmes are responsible for the majority of publications (Morey, 2010), and trainees who choose scientist-practitioner based courses do so as they are more interested in being able to conduct research (McIlvried et al., 2010). In addition those courses with an emphasis on research have more of a focus on CBT (Heatherington et al., 2012). This demonstrates a considerable scientist-practitioner split in US training. In the Netherlands the training model changed in the early 1990s whereby trainees specialised in either research or practice Holdstock (1994).

Why clinicians should do more research

This review argues that the idea that not all clinical psychologists need to be engaged in research is dangerous to the profession for a number of reasons. Firstly, it increases the gap between academics doing research and clinicians not doing research, which runs the risk of clinicians finding much research irrelevant. As a result research consumption will fall jeopardising an evidence-based approach to practice. Secondly, NHS clinicians not conducting research will mean that over time other professions may stop seeing research as a role for clinical psychologists, and managers will stop including it as a role in job descriptions, making it harder still to conduct research. This may result in the loss of one of the unique selling points of the profession of clinical psychology. As Kinderman (2013, p.13) puts it 'Our profession has achieved considerable success from... the scientist-practitioner model. Continuing emphasis on research is therefore essential to maintain our distinctive professional identity'.

Without the ability to conduct research, there is less separating clinical psychologists from other professions such as CBT nurse practitioners. At a time when the NHS is having to make 'efficiency savings', much psychological therapy is being delivered by cheaper professions, and nurses in older adult settings are starting to conduct neuropsychological assessments. Clinical psychologists need to demonstrate what they add which is different and justify why they are paid more than other professions. Research is a key reason that clinical psychologists are given the banding they are in agenda for change. Finally, if clinical psychologists stop doing research then the evidence based for psychological interventions will be reduced, and may be replaced by other professions.

Recommendations

This review does not want to appear naive and suggest that it is easy for clinical psychologists to do more research. However from the literature discussed here a number of recommendations can be made to try and increase research activity. Trainees should be encouraged to publish and taught the importance of engaging in research so that they start their careers as active researchers. Thomas et al. (2002) suggest encouraging trainees to conduct research in areas they are interested in, and suggests publishing their thesis may encourage future research. Cooper and Turpin (2007)suggests honorary university affiliations post qualification to encourage thesis publication.

A number of authors have called for closer collaboration between clinicians and researchers (Lampropoulos et al., 2002; Lampropoulos & Spengler, 2002; Shapiro, 2002). A number of collaborations between the NHS and universities have been set up such as the Exeter University Mood DisordersCentre. Research should focus on areas relevant to clinicians, and academics should stay involved with clinical work. Some have suggested developing clinical research fellowships to maintain links between researchers and clinicians (White, 2013). Journals aimed at clinicians rather than academics, with perhaps more relaxed inclusion criteria are also important. Research skills constitute a large part of training, but

many clinicians do not use them when qualified, thus this article agrees with others who suggest that research skills should constitute part of Continuing Professional Development (Davey, 2002; Rushton, 2013). It is also important that clinicians push for protected time to conduct research in their roles.

Some authors have suggested NHS clinicians become less fearful and avoidant of research (Hutton, 2013). Perhaps it is time for clinical psychologists to use their therapeutic skills on themselves and their colleagues. For example using motivational interviewing (what are the pros and cons of doing research), graded exposure (start off with small research projects and then increase), thought challenging (how bad did you think writing an ethics application would be, how bad actually was it?) and solution

focused therapy (what type of research do you enjoy and stick with that). As Davey (2002) put it 'clinical psychologists in the UK are generally beginning to get a reputation as practitioners and not researchers' (Davey, 2002, p.331). If this does not change then the profession of clinical psychology has an uncertain future ahead of it.

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References

- Barrom, C.P., Shadish, W.R. & Montgomery, L.M. (1988). PhDs, PsyDs, and real-world constraints on scholarly activity: Another look at the Boulder Model. Professional Psychology: Research and Practice, 19(1), 93–101.
- Belar, C.D. (2000). Scientist-practitioner ≠ science + practice: Boulder is bolder. *American Psychologist*, 55(2), 249–250.
- Brems, C., Johnson, M.E. & Gallucci, P. (1996). Publication productivity of clinical and counselling psychologists. *Journal of Clinical Psychology*, 52(6), 723–725.
- British Psychological Society (BPS) (2006). Core competencies clinical psychology a guide. Leicester: BPS.
- British Psychological Society (BPS) (2010). Accreditation through partnership handbook. Guidance for clinical psychology programmes. Leicester: BPS.
- Carleton, R.N., Parkerson, H.A. & Horswill, S.C. (2012). Assessing the publication productivity of clinical psychology professors in Canadian Psychological Association-accredited Canadian psychology departments. Canadian Psychology/ Psychologic canadianne, 53(3), 226.
- Cooper, M. & Turpin, G. (2007). Clinical psychology trainees' research productivity and publications: An initial survey and contributing factors. *Clinical Psychology & Psychotherapy*, 14(1), 54–62.
- Davey, G. (2002). Clinical research worth our support. *The Psychologist*, 15(7), 331.

- Drabick, D.A. & Goldfried, M.R. (2000). Training the scientist-practitioner for the 21st century: Putting the bloom back on the rose. [Review]. *Journal of Clinical Psychology*, 56(3), 327–340.
- Eke, G., Holttum, S. & Hayward, M. (2012). Testing a model of research intention among UK clinical psychologists: A logistic regression analysis. *Journal of Clinical Psychology*, 68(3), 263–278.
- Harper, D.J. (2011). Surveying qualitative research teaching on British clinical psychology training programmes 1992–2006: A changing relationship? Qualitative Research in Psychology, 9(1), 5–12.
- Haynes, S.N., Lemsky, C. & Sexton-Radek, K. (1987).
 Why clinicians infrequently do research. Professional Psychology: Research and Practice, 18(5), 515–519.
- Health Care Professions Council (HCPC) (2009). Practitioner psychologists standards of proficiency. London: HPC.
- Heatherington, L., Messer, S.B., Angus, L., Strauman,
 T.J., Friedlander, M.L. & Kolden, G.G. (2012).
 The narrowing of theoretical orientations in clinical psychology doctoral training. *Clinical Psychology: Science and Practice*, 19(4), 364–374.
- Holdstock, T.L. (1994). The education and training of clinical psychologists in the Netherlands. *Professional Psychology – Research and Practice*, 25(1), 70–75.
- Holttum, S. & Goble, L. (2006). Factors influencing levels of research activity in clinical psychologists: A new model. Clinical Psychology & Psychotherapy, 13(5), 339–351.

- Hutton, C., Robinson, J. & Holliday, R. (2013). Relationships with research post qualification: Love/hate or just neglect? Clinical Psychology Forum, 241, 20–24.
- James, I.A. (2011). Conducting research in clinical settings: The vital role played by trainees and assistants. PSIGE Newsletter, 115, 4–7.
- Kelley, E., Goldberg, L., Fiske, D. & Kilkowski, J. (1978).
 A follow-up study of graduate students in clinical psychology assessed in the VA selection research project. American Psychologist, 33, 746–755.
- Kennedy, P. & Llewelyn, S. (2001). Does the future belong to the scientist practitioner? *The Psychologist*, 14, 74–78.
- Lampropoulos, G.K., Goldfried, M.R., Castonguay, L.G., Lambert, M.J., Stiles, W.B. & Nestoros, J.N. (2002). What kind of research can we realistically expect from the practitioner? *Journal of Clinical Psychology*, 58(10), 1241–1264.
- Lampropoulos, G.K. & Spengler, P.M. (2002). Introduction: Reprioritising the role of science in a realistic version of the scientist-practitioner model. *Journal of Clinical Psychology*, 58(10), 1195–1197.
- Long, C.G. & Hollin, C.R. (1997). The scientist-practitioner model in clinical psychology: A critique. Clinical Psychology & Psychotherapy, 4(2), 75–83.
- Mallinckrodt, B. & Gelso, C.J. (2002). Impact of research training environment and Holland personality type: A 15-year follow-up of research productivity. *Journal of Counseling Psychology*, 49(1), 60–70.
- Martin, P.R. (1989). The scientist-practitioner model and clinical psychology – time for change. Australian Psychologist, 24(1), 71–92.
- McIlvried, E.J., Wall, J.R., Kohout, J., Keys, S. & Goreczny, A. (2010). Graduate training in clinical psychology: Student perspectives on selecting a programme. *Training and Education in Professional Psychology*, 4(2), 105–115.
- Milne, D., Keegan, D., Paxton, R. & Seth, K. (2000).
 Is the practice of psychological therapists evidence based? *International Journal of Health Care Quality Assurance*, 13(1), 8–14.
- Morey, L.C. (2010). Leading North American programmes in clinical assessment research: An assessment of productivity and impact. *Journal of Personality Assessment*, 92(3), 207–211.
- Newman, E.F. & McKenzie, K. (2011). Research activity in British clinical psychology training staff: Do we lead by example? *Psychology Learning & Teaching*, 10(3), 228–238.
- NHS Careers. (2013). Clinical Psychologist. Available at: www.nhscareers.nhs.uk/explore-by-career/ psychological-therapies/psychologist/ clinical-psychologist/
- Norcross, J.C. & Karpiak, C.P. (2012). Clinical psychologists in the 2010s: 50 years of the APA Division of Clinical Psychology. Clinical Psychology: Science and Practice, 19(1), 1–12.

- Overholser, J. (2010). Ten criteria to qualify as a scientist-practitioner in clinical psychology: An immodest proposal for objective standards. *Journal of Contemporary Psychotherapy*, 40(1), 51–59.
- Parker, L.E. & Detterman, D.K. (1988). The balance between clinical and research interests among Boulder Model graduate-students. *Professional Psychology – Research and Practice*, 19(3), 342–344.
- Paxton, R. (2006). Research in the health service survival of the biggest. Psychologist, 19(5), 284–286.
- Pfeiffer, S.I., Burd, S. & Wright, A. (1992). Clinician and research – recurring obstacles and some possible solutions. *Journal of Clinical Psychology*, 48(1), 140–145.
- Raimy, V. (1950). Training in clinical psychology. New York: Prentice Hall.
- Rushton, I., Golding, L. & Cohen, K. (2013). Use of, and attitude to, research within clinical practice. *Clinical Psychology Forum*, 241, 15–19.
- Sayette, M.A., Norcross, J.C. & Dimoff, J.D. (2011). The heterogeneity of clinical psychology PhD programmes and the distinctiveness of APCS programmes. Clinical Psychology: Science and Practice, 18(1), 4–11.
- Shapiro, D. (2002). Renewing the scientist-practitioner model. *The Psychologist*, 15, 232–234.
- Smith, D. & Lancaster, S. (2001). The practice of clinical psychology in Victoria, part 1: Where they work and what they do. *Clinical Psychologist*, 5(2), 27–32.
- Stewart, P.K., Roberts, M.C. & Roy, K.M. (2007). Scholarly productivity in clinical psychology PhD programmes: A normative assessment of publication rates. *Clinical Psychology: Science and Practice*, 14(2), 157–171.
- Stewart, P.K., Wu, Y.P. & Roberts, M.C. (2007). Top producers of scholarly publications in clinical psychology PhD programmes. *Journal of Clinical Psychology*, 63(12), 1209–1215.
- Stricker, G. (1992). The relationship of research to clinical practice. American Psychologist, 47(4), 543–549.
- Stricker, G. (2002). What is a scientist-practitioner anyway? Journal of Clinical Psychology, 58(10), 1277–1283.
- Taylor, J. & Neimeyer, G.J. (2009). Graduate school mentoring in clinical, counselling, and experimental academic training programmes: An exploratory study. Counselling Psychology Quarterly, 22(2), 257–266.
- Thomas, G.V., Turpin, G. & Meyer, C. (2002). Clinical research under threat. *The Psychologist*, 15(6).
- White, R. (2013). The importance of clinical research fellowships for the development of clinical psychology. Clinical Psychology Forum, 241, 33–36.
- Wright, A.B. & Holttum, S. (2012). Gender identity, research self-efficacy and research intention in trainee clinical psychologists in the UK. Clinical Psychology & Psychotherapy, 19(1), 46–56.

Hints and Tips:

Top tips on... Writing blogs

Mark Griffiths

RITING A BLOG can be both enjoyable and time consuming. I have only been actively blogging since December 2011 but already have two successful blogs (my own personal blog and one for Psychology Today - links below) as well as being a guest blogger on four or five other sites including NTU's own Expert Opinion blog site, gambling and gaming sites (such as GamaSutra), and blog columns for newspapers (most notably The Independent and The Times). My own personal blog had passed 1,070,000 visitors by mid-January 2014. Although there are no 'quick fixes' to becoming a better blog writer, here are some general tips on how to make your writing more productive. I would advise you to:

- Establish a regular place where all blog writing is done.
- Remove distracting temptations from where the blog writing is done (e.g. magazines, television).
- Leave other activities (e.g. washing up, making the dinner) until after writing the blog.
- Limit potential interruptions during blog writing (e.g. put a 'Do not disturb' sign on the door, unplug the telephone, etc.).
- Make the place where you write your blog as comfortable as possible.
- Make recurrent activities (e.g. telephone calls, coffee making) dependent upon minimum periods of blog writing first.
- Write blogs while feeling 'fresh' and leave mentally non-taxing activities until later in the day.
- Plan beyond daily goals and be realistic about what can be written for a blog in the time available.
- Plan and schedule blog writing tasks into manageable units.

- Complete one section of blog writing at a time if writing the blog in sections.
- Revise and redraft your blog at least twice.
- Write daily rather than 'bingeing' all in one go.
- Share writing with peers as people are more helpful, judgmental and critical on 'unfinished' drafts.
- Look at other blog sites that cover the same kind of material that you would like to cover yourself.

Obviously, the problem with such a prescriptive list such as this is that not every suggestion will work for everyone. Many of us know our own limitations and create the right conditions to help get the creative juices going. Some people can't write in silence or with others in the room. There are also some myths associated with writing generally and blogs specifically:

- Blog writing is inherently difficult: Like speaking, blog writing doesn't need to be perfect to be effective and satisfying.
- Good blog writing must be original: Little, if any, of what we write is truly original. What makes our ideas worthwhile communicating is the way we present them
- Good blog writing must be perfect preferably in a single draft: In general, the more successful writers are more likely to revise what they have written.
- Good blog writing must be spontaneous: There appears to be a belief that blog writing should await inspiration. However, the most productive and satisfying way to write is habitually, regardless of mood or inspiration. Writers who overvalue spontaneity tend to postpone writing, and if they write at all, they write in binges that they associate with fatigue.

- Good blog writing must proceed quickly:
 Procrastination goes hand in hand with impatience. Those writers who often delay blog writing suppose that writing must proceed quickly and effortlessly. However, good writing can often proceed at a slow pace over a lengthy period of time.
- Good blog writing is delayed until the right mood with big blocks of undisrupted time available: Good blog writing can take place in any mood at any time. It is better to write blogs habitually in short periods every day rather than in binges.
- Good blog writers are born not made: Good blog writing is a process that can be learned like any other behaviour.
- Good writers do not share their writing until
 it is finished and perfect: Although some
 blog writers are independent, many
 writers share their ideas and plans at an
 early stage and then get colleagues to
 read over their draft blogd for comments
 and ideas.

Even when these false beliefs about blog writing are dispelled, many of us can still have problems putting pen to paper or finger to keypad. Insights about blog writing only slowly translate into actions. For most professionals, writing is only done out of necessity (i.e. a report that they have to hand in). This produces a feeling of 'having to write' rather than 'wanting to write' and can lead to boredom and/or anxiety. Furthermore, most people appear to view blog writing as a private act in which their problems are unique and embarrassing.

It is generally acknowledged that there is no one proven effective method above all others for teaching people to become better blog writers. It is also a process that can be learned and can aid learning (i.e. a skill learned through opportunities to write and from instructional feedback). By reading this article I cannot make you become better blog writers overnight. However, it has hopefully equipped readers with some tips and discussion points that may help in facilitating better blog writing not only amongst yourselves and your friends.

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Professor Griffiths' main blog sites:

http://drmarkgriffiths.wordpress.com/ http://www.psychologytoday.com/blog/ in-excess

Further reading

Dunn, A. (2012). Blogging, the tipping point, and free will. *PsyPAG Quarterly*, 85, 31–32.

Griffiths M.D. (2013). How writing blogs can help your academic career. *PsyPAG Quarterly*, 87, 39–40.

Conference Review:

Dyslexia in Higher Education – 20th Society of Scientific Study of Reading Annual Conference

Rosa Kwok

Hong Kong, 10-13 July 2013

THE Society of Scientific Study of Reading (SSSR) prides itself on bridging the gap in the study of reading. This year the 20th annual conference of the SSSR was held in Hong Kong. The conference ran from the 10-13 July with busy schedule, combining keynote speakers, papers and poster presentations from around the world. The UK was well represented. The conference covers ideas ranging from bilingual studies to the assessment and intervention of different learning difficulties. I was particularly pleased to have had the abstract accepted to present a talk to the SSSR conference, as my thesis investigates orthographic and phonological word learning and is very relevant to the SSSR conference. It is an ideal event at which to present my research as the audience includes academics, but also practitioners who are very active in the field. I have received a lot of positive feedback and constructive suggestions. I would like to take this opportunity to thank PsyPAG for helping to fund my trip to Hong Kong, making it possible for me to attend the conference.

The programme of the conference was really diverse and there was definitely something that matched everyone's interest. The conference promotes interdisciplinary collaboration right from the start. The two keynote speakers, Professor Michael Posner (a neuropsychologist) and Professor Robert Plomin (a behavioural geneticist), have never presented at the SSSR conference

before. Yet, as their work is really relevant to the field of reading, the SSSR committee believes this will be a good start to bridge the gap between biology and psychology. The talk by Professor Posner suggested that the trait of low self-control as children would lead to an increased chance of poor health, becoming a single parent and being less wealthy 30 years later. The talk by Professor Plomin suggested that maybe we should focus more on DNA analysis rather than twins studies in order to understand how genetics contributes to learning difficulties as it is a more reliable method. These two talks were truly thought-provoking. This is an experience that I will never get simply by reading academic journals.

Since there is a growth of students with dyslexia entering education (Higher Education Statistics Agency, 2008), I would like to pick some highlights regarding this topic. One of the most inspiring sessions was the talk by Dr Matthew Schneps on 'E-reader formats can facilitate readers with dyslexia'. Dr Schneps and his colleagues from the Laboratory for Visual Learning at Harvard -Smithsonian Centre for Astrophysics suggested that a handheld device (e.g. smartphones) promotes faster reading speed for dyslexic students without losing any compression. Using an app called GoodReader, Dr Schneps and his colleagues asked college students to read books in a single column of 42 point text, which only allowed two to three words per line (Schneps, Rose &

Fischer, 2007). Dr Schneps suggested that besides restricting the amount of visible text on the screen, reading on a small screen keeps readers moving forwards rather than looking backwards. Furthermore, given that dyslexic adults have been found to have weaker visual attention span (Bosse, Tainturier & Valdois, 2007), reading on a smaller screen may help dyslexic adults to focus more on the text.

Another highlight of the conference was the talk by Steve Majerus - 'Networks for serial order short-term memory are altered in adults with a history of dyslexia'. Perez et al. (2012) suggested children with dyslexia have a severe impairment of short-term memory for serial order information that cannot be reduced to a phonological processing impairment. Using a serial order short-term memory task which required participants to arrange different pictures in accordance to the order that they were named, researchers observed a very similar deficit in adults with dyslexia. Though they managed to compensate for their learning difficulties and get into higher education, these adults still showed an impaired serial order short-term memory ability compared to the control group. The researchers also mentioned that those dyslexic adults have intact working memory ability; it was only the serial order short-term memory that was impaired. This might explain why there is a discrepancy in literature on whether the dyslexic adults' memory ability is impaired or not.

The talk by Rickie Hung on 'Orthographic learning in adults with reading difficulties' was particularly interesting as well. Seeing that lots of papers focused on the deficit of orthographical learning in dyslexic children, Rickie Hung and his colleagues tried to observe whether dyslexic adults can learn the orthographical form of pseudowords and whether they can form a representation in the mental lexicon. Using a lexical decision task, they incorporated nine target pseudowords into the list of pseudowords. These nine target pseudowords each contained four letters, with one-letter onset

and three-letter rime (e.g. wote), and were each randomly assigned to a one-, two-, or four-repetition condition. Each participant then has to complete the orthographic choice task which contained one of the target pseudowords (e.g. wote), a visually similar foil (wute), and a homophone (woat). Participants were asked to respond as fast as possible to each item by pressing one, two, or three on the keypad corresponding to their choice of the pseudoword that had already appeared in the lexical decision task. Hung and colleagues observed that the reaction times of the adults with dyslexia were significantly longer than those of the control group, but the accuracy rate was equally high between the two groups. This is in line with the result of my talk in the conference that dyslexic adults can indeed learn the orthographic form of a pseudowords. They just need more time compared to the control group.

While I was attending the talks, I observed a dramatic increase in the use of linear mixed effects modelling. Only a minority of researchers used basic linear regression to analyse their data. During the structural equation modelling lecture by Dr Alan Martin in the pre-conference to the SSSR meeting, he made it clear that both structural equation modelling and linear mixed effects modelling are based on the same principle and they can be programmed in the same way using the appropriate script. The impression I came away with was that research students should try to master mixed effects modelling as it is the next big thing.

On the whole the SSSR conference was a fulfilling and rewarding experience. I am really grateful to see how scientific research has a real impact on intervention and utilities to help adults with dyslexia to compensate their learning difficulties. I was also able to receive constructive feedback on my talk, and I formed networks with like-minded academics. The conference ended with an invitation to the 21st Annual Conference, to be held in Santa Fe, New Mexico in 2014 and I will definitely register for that.

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disab0304.html

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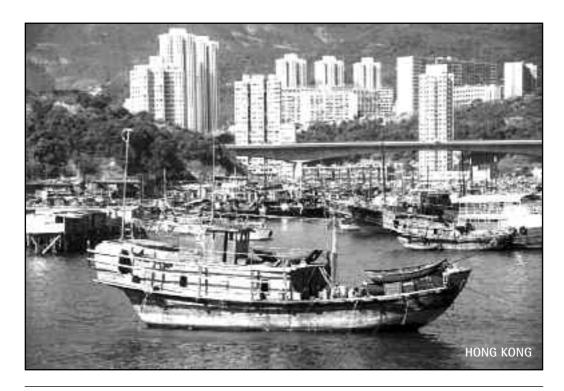
References

Bosse, M.L., Tainturier, M.J. & Valdois, S. (2007). Developmental dyslexia: The visual attention span deficit hypothesis. *Cognition*, 104(2), 198–230.

Higher Education Statistics Agency (2008) Student tables: Table 11b – first year UK domiciled HE students by qualification aim (#12), mode of study, gender and disability 2006/2007. Retrieved from: www.hesa.ac.uk/holisdocs/pubinfo/student/

Martinez Perez, T., Majerus, S., Mahot, A. & Poncelet, M. (2012). Evidence for a specific impairment of serial order short-term memory in dyslexic children. *Dyslexia*, 18(2), 94–109.

Schneps, M.H., Rose, L.T. & Fischer, K.W. (2007). Visual learning and the brain: Implication for dyslexia. Mind, Brain, and Education, 3, 128–139.



Conducting a meta-analysis for your student dissertation

Espen A. Sjoberg

NY STUDENT OF PSYCHOLOGY is hopefully aware of the meta-analysis procedure. This is a very useful method for getting a quantitative overview over a debated issue that lacks statistical certainty or a quantitative narrative (Rosenthal & DiMatteo, 2001). However, it is not common for psychology students to actually conduct such an analysis as part of their dissertation, with the possible exception of PhD students. In this essay I aim to outline certain benefits for PG students with using this method for their dissertation, especially if you are considering a career in academic psychology.

What is a meta-analysis, and why use it?

If you are unfamiliar with the meta-analysis, let me outline it briefly. It involves calculating the available effect sizes (usually Cohen's d or r) from all available studies on a particular topic and calculating the weighted mean effect size across all studies. This is not be confused with a systematic review, which is an attempt to review and summarise all the findings on a particular topic. Such a review is much more extensive than a literature review one might read in a standard experimental paper, because it involves identifying, selecting, and critically analysing the available studies. For instance, Bjorklund and Kipp (1996) reviewed all available evidence on gender differences in inhibition in an attempt to investigate if a female inhibition advantage existed. This is a somewhat subjective approach because conclusions are based on the researcher's perceived patterns. However, systematic reviews are made more empirical by following a pre-planned protocol, and one highly recommended approach is

PRISMA Statement, outlined in great detail in Liberati et al. (2009), an article which is free online in several journals.

The meta-analysis, by contrast, is objective and involves mathematical calculations. In critique of Bjorklund and Kipp (1996), Silverman (2003) did a meta-analysis on a specific type of inhibition called delay gratification, and this approach involved calculating the effect size from all available studies on delay gratification and finding a weighted average. A meta-analysis, therefore, involves mathematical properties which combines multiple statistical results into a single estimate (Green, 2005), while a systematic review is an extensive overview and critique of available evidence in the literature on a particular topic (Liberati et al., 2009). However, it is perfectly possible to use both in the same study: Renehan et al. (2008) did a systematic analysis of all studies suggesting a link between BMI and cancer, followed by several meta-analyses to determine statistically how big any effects were.

A meta-analysis often involves looking at differences in performance between two groups. For instance, Bushman and Cooper (1990) investigated the effects of alcohol on aggression using the meta-analysis procedure, and they used groups such as alcohol vs. placebo or alcohol vs. controls. The analysis takes into account the number of participants in each study as well as the strength of any group differences. In other words, we are not interested in the significance value of each study because the significance value is affect by the number of participants involved (Rosenthal DiMatteo, 2001). Instead, we are interested in finding out what the overall effect size is across all available studies. When conducting the analysis you are in effect treating individual studies as if they were participants. You might wonder why you can't simply average the effect sizes, but if you do this you are ignoring the fact that different studies have different number of participants, each influencing the significance differently.

Based on talks with my own lecturers I got the impression that the vast majority of students do not show initiative when choosing a dissertation topic. Most students will choose a topic and method from a list provided by the available supervisors. However, if you suggest a topic yourself this will usually boost your mark as it shows creativity, personal investment, and evidence of external reading. Should you propose to do a meta-analysis then this is likely to impress the markers, because such a project can involve huge quantities of literature searches and complicated methods.

In my own case I suggested a metaanalytic review of gender differences on the Stroop (1935) task. I found it very surprising that this had not been done before considering that over 80 years of research had gone into this popular psychology concept. Previous reviews existed, but these were very subjective and had concluded that no differences were present (e.g. MacLeod, 1991). While there were some studies that had explicitly investigated the effects of gender on the Stroop task (e.g. Baroun & Alansari, 2006; Golden, 1974), a systematic investigation had never been conducted. Hence, it was not known if a gender difference existed, how profound this difference was, or even how well investigated it was.

Conducting the analysis: Learning the ropes and systematically searching for articles

Doing a meta-analysis is a very ambitious project for a student and involves many challenges. For starters, it is possible that you have never been taught by your lecturers how to conduct the analysis. If you have received such training you may impress your supervisors by showing them what you have

learned. If you have not then you need to spend some time to figure out the mechanics and calculations. Don't be surprised if most of the staff in your department has themselves never done a meta-analysis. Your markers may be impressed if you use a methodology that is not covered in any great detail in your modules, provided you execute the methods correctly. The PRISMA Statement provides a great overview on how to approach with both a meta-analysis and a systematic review (Liberati et al., 2009), and Moher et al. and The PRISMA Group (2009) provides a very overviewable checklist you can use. I can also recommend the Cochrane manual for systematic reviews and metaanalysis, which is available free online (Higgins & Green, 2011). A review article by Rosenthal and DiMatteo (2001) also gives great insight into the limitations of metaanalyses and how these can be overcome.

A meta-analysis can require an immense amount of time going through a systematic literature search because you want to make sure no relevant studies are missed. Before you start the search you want to make sure that you have a clear hypothesis and a suitable protocol for which studies are to be included/excluded. Using guidelines from PRISMA is a good idea (Moher et al., 2009). The ideal meta-analysis also includes unpublished studies, which may be hard to come by, but one idea is to ask leading authors for papers. This will also cast light on the file drawer problem (Rosenthal, 1979), which refers to a tendency where only significant results are published, creating a biased view of a field.

In my own case I typed 'Stroop AND gender OR sex' into Google Scholar and come up with over 32,000 results! Reviewing or coding such an amount of studies would take an unimaginably long time, especially for a Master's student who is operating within a deadline. In such cases it is prudent to exclude certain keywords. For instance, in my case I excluded studies that used the Stroop test on participants with mental illness. If your own topic involves only a few

available studies, selection criteria may not be needed, depending on what your hypothesis is.

At this point I should warn that while Google Scholar is a very useful tool, it can easily miss available studies and search very loosely for what you wish to find. For me there were a handful of useful articles with highly relevant titles that did not appear in Google Scholar. I highly recommend using several different databases in your search, such as Sage Journals, ScienceDirect, and PsychArticles. In addition, it is often worth asking your librarian for help in locating articles, as some librarians specialise in finding psychology articles (my own library had a Psychology Specialist who assisted me on several occasions) and provide courses to aid in your search.

I would recommend creating a spreadsheet where you log all relevant articles. This has several useful benefits. First, if you have a large amount of studies in your analysis, creating a spreadsheet (preferably in Excel) makes it much easier to organise all the studies you have reviewed. I also cannot stress enough the importance of using a citation manager such as EndNote (2013) or Mendeley (2013), which will not just help you keep track of articles, but also make referencing a lot easier. Such programs will store the reference in a database, and during your write-up you can simply add the reference to the text, and the program automatically creates a bibliography which keeps track of your cited articles. This will save you a lot of time, and should you find out that you have used the wrong format then this can be corrected in a few quick steps rather than going through your entire reference list one by one.

Second, you might find articles that do not provide effect size data, but which are still useful for your paper nonetheless. Making a note of these articles and their main content will remind you that it may still be useful in the write-up of your paper. There could be several highly relevant papers that you want to discuss in your

write-up, even if they did not provide any data for your analysis.

Third, you should also write down why an article was not used in the analysis, in the event you forget or someone asks why the data was not used. Some papers may be expected to be included in your analysis, and you'd want to specify why it was not (Higgins & Green, 2011). Having such a list shows that you have been very thorough, but have also had specific selection criteria that excluded certain studies.

To give an idea of the potential vastness of the literature review, some numbers are presented in Figure 1. It took approximately 10 weeks of searching, emailing, reviewing, and coding before the collection was complete. In my particular case, most articles had gender effects as a secondary hypothesis and did not report any data, so a large number of authors were emailed to ask for additional data.

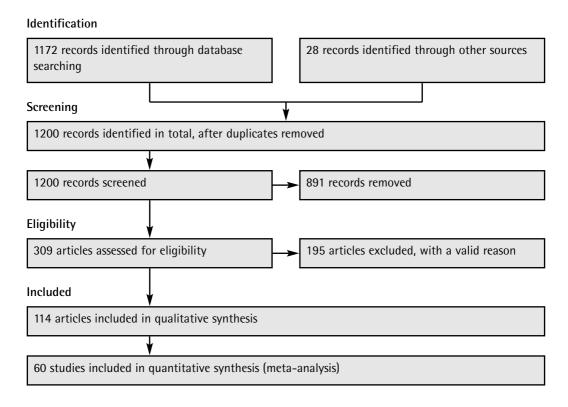
Establishing a network with other researchers

As a student one can probably imagine certain obstacles in doing a meta-analysis in addition to the limited timeframe allowed. For instance, there were many articles that my university did not have access to, and inter-library loans are limited for students. The way around this was to track down and contact the authors themselves to obtain copies where possible. This part of the process has one major benefit: it is an excellent opportunity to establish a network of communication between others in the field. which is useful for future collaborations. It is also a useful way to identify so-called 'invisible colleges', which is a collection of researchers working on the same topic, but who does not belong together in any official school (Price & Beaver, 1966).

Meta-analytic calculations

The calculations behind the meta-analysis can easily become confusing. There are several helpful textbooks available, and there are multiple ways to conduct the

Figure 1: An overview of the systematic literature review process.



analysis. Choosing the best approach really depends what you are looking for, and sometimes it depends on whether you are using d, r, or another type of effect size. Personally I recommend Howell (2013) and Lipsey and Wilson (2001) as they clearly describe the processes with helpful tips. They also provide formulae for converting various effect sizes. It is also possible to download meta-analysis plug-ins and spreadsheets for MS Excel. I would especially recommend using Excel calculators to assist in converting data into effect sizes as this can be tiring and time consuming to do manually. I highly recommend Jared DeFife's (2009) effect size calculator. There are also meta-analysis programs you can use, such as Revman (2012), but if you create your own spreadsheet in Excel you will learn the procedure more effectively, in my opinion.

After you have analysed the data, you will also have calculated if the mean weighted effect size is homogenous. If it is, the studies in your analysis are replications of each other (Howell, 2013). If your analysis is heterogeneous, the studies differ between each other in some respect (for instance, maybe some were conducted on children and some on adults and the results are not comparable), and you need to find out how these variables affect each other.

Once your analysis is complete you will have added a statistical aspect to a previously subjective topic. It will have given new insight into a topic where results may have been ambiguous and your research is likely to carry academic weight and may even be publishable. In my case I found a small to moderate female advantage on the Stroop task, contrary to previous reviews.

Final remarks

I would certainly recommend the metaapproach students to researchers investigating a topic where no systematic analysis of effect sizes exist. Not only will this give new insight into a topic, but it is an excellent excuse to get in touch with other scientists in the field. Be warned, however, that depending on the topic you might be subjected to a large amount of literature review. While this process may be very time consuming, it is nonetheless rewarding. You will learn a substantial amount of new knowledge in the field of interest, establish a network of relevant researchers, and also vastly improve your statistical knowledge. If you use a meta-analysis in your dissertation you may also increase your chances of having it published, especially if your analysis is the first on the topic in question. In my own case no meta-analysis on gender and the Stroop effect had ever been conducted, and my dissertation is currently being prepared for publication. Upon publication your paper may also be cited more often than an experimental paper, because it provides a useful summary of the field in question. I therefore highly recommend using the meta-analysis and/or systematic review approach in your dissertation, especially if you are investigating a topic with debated results and unclear statistical outcomes.

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References

- Baroun, K. & Alansari, B. (2006). Gender differences in performance on the Stroop test. Social Behavior and Personality, 34(3), 309–318.
- Bjorklund, D.F. & Kipp, K. (1996). Parental investment theory and gender differences in the evolution of inhibition mechanisms. *Psychological Bulletin*, 120(2), 163–188.
- Bushman, B.J. & Cooper, H.M. (1990). Effects of alcohol on human aggression: an integrative research review. *Psychological Bulletin*, 107(3), 341–354.
- DeFife, J. (2009). Effect size calculator and conversions. Retrieved from: www.psychsystems.net/manuals/Stats Calculators/Effect_Size_Calculator%2017.xls
- Golden, C.J. (1974). Sex differences in performance on the Stroop color and word test. *Perceptual and Motor Skills*, 39, 1067–1070.
- Green, S. (2005). Systematic reviews and metaanalysis. Singapore Medical Journal, 46(6), 270–273.
- Higgins, J.P.T. & Green, S. (2011). Cochrane Handbook for Systematic Reviews of Interventions V. 5.1.0: The Cochrane Collaboration. Available from: www.cochrane-handbook.org
- Howell, D.C. (2013). Statistical methods for psychology (8th ed.). Boston, MA: Wadsworth, Cengage Learning.
- Liberati, A., Altman, D.G., Tetzlaff, J., Mulrow, C.,
 Gøtzsche, P.C., Ioannidis, J.P.A., Clarke, M.,
 Devereaux, P.J., Kleijnen, J. & Moher, D. (2009).
 The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: explanation and elaboration. *British Medical Journal*, 339. Available from:
 - www.bmj.com/content/339/bmj.b2700

- Lipsey, M.W. & Wilson, D.B. (2001). *Practical meta-analysis*. Thousand Oaks, CA: Sage.
- MacLeod, C.M. (1991). Half-a-century of research on the Stroop effect: An integative review. *Psychological Bulletin*, 109, 163–203.
- Mendeley Ltd. (2013). *Mendeley*. Retrieved from: www.mendeley.com/
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G. & The PRISMA Group (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA Statement. *PLoS Medicine*, 6(7), 1–6.
- Price, D.J.S. & Beaver, D. (1966). Collaboration in an invisible college. American Psychologist, 21(11), 1011–1018.
- Renehan, A.G., Tyson, M., Egger, M., Heller, R.F. & Zwahlen, M. (2008). Body-mass index and incidence of cancer: A systematic review and metaanalysis of prospective observational studies. *Lancet*, 371, 569–578.
- Rosenthal, R. (1979). The 'File Drawer Problem' and tolerance for null results. *Psychological Bulletin*, 86(3), 638–641.
- Rosenthal, R. & DiMatteo, M.R. (2001). Metaanalysis: Recent developments in quantitative methods for literature reviews. *Annual Review of Psychology*, 52(1), 59–82.
- Silverman, I.W. (2003). Gender differences in delay gratification: A meta-analysis. Sex Roles, 49(9/10), 451–463.
- Stroop, J.R. (1935). Studies of interference in serial verbal reactions. *Journal of Experimental Psychology*, 6, 643–662.
- The Nordic Cochrane Centre (2012). Review Manager (RevMan) 5.2. Copenhagen: The Cochrane Collaboration. Retrieved from: http://ims.cochrane.org/revman
- Thomson Reuters (2013). *EndNote*. Retrieved from: http://endnote.com/

Workshop Review:

QMiP Pre-Conference Workshop: Introduction to Constructivist Grounded Theory

Helena Darby

University of Huddersfield, 4 September 2013

THE Constructivist Grounded Theory workshop was organised by the Division of Qualitative Methods in Psychology and conducted by Professor Kathy Charmaz, founder of constructivist grounded theory. The half-day workshop aimed to give researchers, academics and PhD students an introduction to the strategies used in this method. A variety of individuals from a number of academic backgrounds and varying stages of career attended. Throughout the workshop, many opportunities were made available for practical applications of the method and stages of data analysis. Furthermore, the session was well structured and gave many opportunities for researchers and students to address Kathy with both general and specific questions.

Beginning with an introduction into traditional grounded theory, the workshop then proceeded to provide the academic with an overview of constructivist grounded theory. Within this, Kathy identified the differences between the traditional approach, as outlined by Barney Glaser and Anselm Strauss, and constructivist grounded theory. One such identified difference included the underlying epistemological assumption for the method. For example, while traditional grounded theory stems from positivistic assumptions, Kathy's version of grounded theory is underpinned by a constructivist theoretical approach. Kathy explained how she devised her version of grounded theory from the traditional approach. The introduction into grounded theory and the subsequent versions were all tailored to an introductory level so detailed previous knowledge of the method was not needed.

Once Kathy had covered the history of grounded theory and constructivist grounded theory she proceeded to outline all the stages and strategies that are required of the researcher in order to successfully conduct a constructivist grounded theory. Kathy clearly outlined each of the stages consisting of:

- Coding;
- Comparing data;
- Writing memos.

In outlining each stage in sequential order, providing personal experiences and examples, Kathy clearly directed the audience through the process of analysis. The outline of the stages in the analysis process was split up into taught and practical sections, allowing opportunities to practice coding techniques. The data provided was an interview transcript entitled 'The Environmental Activist' and audience were given a choice of coding the data provided or that which related to their own research. When undertaking one of the practical exercises, using the data provided by Kathy, focused codes such as 'attacking and hurting the earth' and 'exhausting our surroundings' were identified by the group. The chance to gain practical experience of the techniques involved (line by line coding and focused coding) was enthusiastically undertaken and recognised as advantageous to the wide variety of individuals within the group.

At the end of each of the practical sessions Kathy brought the group back together and discussions surrounding the generated codes commenced. The discussions enabled the audience to have feedback on the codes which were produced, highlighting the subjective nature of the analysis and the importance of staying close to the data. From the practical exercises, I gained knowledge of the fine detail needed to successfully complete a constructivist grounded theory, such as tips on how to stay close to the data and how to 'free write'. Kathy successfully engaged the entire group and gave many opportunities for comments and discussion which made the day a success with each of us taking away helpful advice.

Overall the workshop provided me with some valuable skills, information and networking opportunities. It gave me a unique chance to speak with Kathy regarding constructivist grounded theory and the application of the method to my own research. I would highly recommend researchers at any point in their career to attend similar events hosted by QMiP. I look forward to the next workshop OMiP host!

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PsyPAG Awards

Award	Deadline
PsyPAG Master's Award: £250, write an article for the <i>PsyPAG Quarterly</i> detailing their research and be invited to present at the PsyPAG Annual Conference, of which expenses will be covered (registration, travel and accommodation).	2 May 2014
PsyPAG Rising Researcher award: £250, expenses (registration, travel and accommodation) to attend and give oral talk at the 2014 PsyPAG Annual Conference.	25 April 2014

For more information about any of the awards that PsyPAG offers, please visit our website: www.psypaq.co.uk/awards or contact awards@psyaq.co.uk

Event Review:

Improving responses to rape and sexual assault: Delivering a victim-centred system

Laura Scurlock-Evans

Review of a Public Policy Exchange symposium, Broadway House, London, 28 November 2013.

HAD BEEN looking forward to attending the Public Policy Exchange event 'improving responses to rape and sexual assault' since booking onto it two months before. The line-up of speakers and topics looked incredible; I had never seen an event so tailored to my interests as a PhD student exploring sexual violence survivors' decisions to disclose, or report their experiences to the police.

The event was held in Central London a short tube ride from Paddington station and an even shorter walk from St James' Park station to Broadway House. I was greeted warmly by the event organisers, handed a useful welcome pack (containing information on relevant policy and statements from Government officials on the topic), and found myself sitting down at a table with members of the Jersey police force, and staff from Sheffield Hallam University. Lively introductions followed and within 10 minutes I was looking at my own research from a new perspective (criminology and gender-hate crime), and feeling confident that the event would be worth the (discounted) £283 price tag.

The event was divided into two halves, each led by panels of professionals from diverse backgrounds. The first, chaired by Marianna Tortella (Performance Co-ordinator, Rape Crisis England & Wales) and including Lesley Storey (Domestic and Sexual Violence Co-ordinator, SAFE Newcastle Unit) and Hilary Fisher (Director of Policy, Voice and Membership at Women's

Aid Federation), focused on tackling sexual violence through prevention and intervention. From the panel we heard about the complexities of supporting victims of sexual and domestic violence (who are predominantly female); particularly with regard to attrition across the Criminal Justice System (CJS). Attrition is the process by which cases of rape that are initially reported 'drop-out' of the system, and do not lead to successful convictions (Home Office, 2010). However, research overwhelmingly suggests that very few cases of rape or sexual assault are ever reported to the police (Home Office, 2010), and that of those which are reported most cases 'drop-out' in the early stages of the CJS (Feist et al., 2007).

The panel discussed the barriers faced by victims when entering the CJS. For example, many victims are not aware that what is happening to them is a crime, and so do not seek help in the first place. Harmful myths and stereotypes surround sexual violence and victims abound within our (and every) culture, and often lead to victims not being believed or receiving the support or justice that they should. Cases drop out of the system because they do not fit the stereotype of a 'true' or 'ideal' victim/assault (and are, therefore, perceived as less likely to result in a conviction). The session closed with a discussion between the panel and delegates (from the police, voluntary sector organisations and universities) about the need to fight these myths, raise awareness of the realities of sexual violence and provide a more consistent response across the UK to victims who disclose their experiences.

Lunch provided another opportunity to speak with other delegates and find out about their work, in a very informal and relaxed way. For someone who's not overly keen on 'networking', I found this really useful and came away with information on new organisations (such as the Socio-Legal Studies Association) which could prove useful for my research, and names of authors working in the field of which I had previously been unaware (e.g. Professor Marianne Hester).

The second session involved Dr Aisha Gill (Reader in Criminology, University of Roehampton) and Annie Rose (Independent Sexual Violence Advisor, Respond), and was chaired by Lynne Townley (Advocacy Manager, Crown Prosecution Service). It focused on improving the experience of victims from 'report to court'; paying particular attention to the experiences of victims from Black, Minority Ethnic and Refugee (BMER) communities (through exploring Dr Gill's work with South Asian communities in the UK), and victims with learning disabilities. The panel presented horrifying examples from their professional experiences of how, despite improvements in services in recent years, the system can let victims down in shocking ways. A key concern for both the panel and audience members was the lack of training and regulation for judges, in relation to cases of sexual violence. Without this, judges can unfairly affect a trials' outcome, such as in the case earlier this year in which a Barrister (Robert Colover) and Judge (Nigel Peter) labelled a 13-year-old female victim of sexual violence as 'predatory' (Channel 4 News, 2013).

The whole day was invaluable; it was a chance to see different perspectives from public and voluntary sector professionals, on a range of sensitive topics. It provided me with a better understanding of the way Sexual Violence and Domestic Violence services operate, and the importance of working towards a 'joined-up' agenda. It

highlighted to me the importance of language: that although the terms Sexual Violence and Domestic Violence are frequently used interchangeably they are not the same thing, and that even when someone is talking about Domestic Violence, the often actually mean intimate partner violence (rather than abuse perpetrated by children against adults, adults against children or elder, etc.). This presents a challenge not only to collaborative working between agencies, service commissioning bodies, but also impacts on public understanding of the nature of sexual and domestic violence. Ultimately, if we are going to provide effective, joined-up services to survivors, we all need to be singing from the same hymn sheet.

Sadly, one conclusion of the panel and delegates was that just as things seemed to be turning the corner for victims in the CJS (for example, with the 'Stern Review'; Home Office, 2010), things seem to be getting worse again. Indeed, Lynne Townley suggested we may actually be in danger of undoing all the good work we have achieved so far. These professionals, who were all involved in 'frontline' support services, felt that sexual violence is becoming an accepted norm earlier in children's lives than ever before. The panel and audience members had strong concerns about the impact of gang culture on perceptions of sexual violence, and that norms are developing before we are getting in as professionals to dispel the myths surrounding sexual and domestic violence. There was a consensus that more needs to be done with children and young people in schools, so that young people are able to develop with a stronger understanding of consent, respect and what healthy relationships are. Although some such programmes are available, such as those being developed and run in some Gloucestershire schools by Gloucestershire Rape Crisis Centre, provision is far from consistent.

This symposium presented an opportunity to be part of an interdisciplinary forum, which I would not otherwise have had. It was

invaluable for helping me to think about the potential implications and applications of my own research, and how in turn the wider political and funding agendas shape the issues I am researching. Although I would like to have had the opportunity to explore the experience of male and transgender victims in greater depth, I have nevertheless come away with lots of examples of current best practice in the field. I also have an understanding of the areas that need further improvements to ensure victims receive appropriate support and recognition. I would thoroughly recommend Public Policy Exchange symposiums to any postgraduate students who are interested in exploring the social policy implications of their research topics in a multidisciplinary environment.

Although the event drew to a close with something of a wake-up message, I was left with renewed inspiration by Annie Rose's words: let's get a better deal for victims in the Criminal Justice System.

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Information on support

For anyone affected by sexual violence, the following organisations can offer support and advice:

Rape Crisis:

www.rapecrisiss.org.uk/ www.rapecrisisscotland.org.uk www.rcni.ie/

Victim Support:

www.victimsupport.org.uk/

Survivor's UK:

www.survivorsuk.org/

References

Channel 4 News (2013, 25 August). *Inquiries launched into 'predatory' victim comments*. Retrieved from: www.channel4.com/news/sex-abuse-victim-predator-court-paedophile-sentence

Feist, A., Ashe, J., Lawrence, J., McPhee, D. & Wilson, R. (2007). Investigating and detecting recorded offences of rape. Home Office Report 18/07. London: The Stationery Office. Retrieved from: http://library.npia.police.uk/docs/hordsolr/ rdsolr1807.pdf

Home Office (2010). The Stern Review: A report by Baroness Vivien Stern CBE of an independent review into how rape complaints are handled by public authorities in England and Wales. London: The Stationery Office. Retrieved from: www.equalities.gov.uk/stern_review.aspx

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Event Review:

Doing research in the NHS

Tara Cheetham & Rhiannon Norfolk

University of Manchester, 21 October 2013.

N 21 OCTOBER 2013, PsyPAG ran an event entitled 'Doing research in the NHS: A workshop for those researching in the NHS and clinical settings' at the University of Manchester. The event was organised and run by Dr Fleur-Michelle Coiffait, a Clinical Psychologist (and former PsyPAG chair) who had come to realise the lack of guidance available for postgraduates working within the NHS. She was correct; over 30 delegates travelled from all over the country to attend this workshop. As two psychology PhD students hoping to carry out research with NHS staff and patients the unique nature of this course encouraged us to make the trip to Manchester.

The workshop included presentations from seven different speakers at various stages of their careers, from early stage research students to senior lecturers, all with different experiences of researching and working in the NHS. The topics covered in the workshop included: context, ethics, recruitment, working with key stakeholders, looking after yourself and others and dissemination. All of the talks were relevant to the topic of working within the NHS and the speakers were engaging yet approachable. Below are summaries of the presentations delivered by the speakers attending the event.

Setting the context Dr Sara Tai

Senior Lecturer and Consultant Clinical Psychologist, University of Manchester & Greater Manchester West Mental Health NHS Foundation.

Sara, who has previously chaired an ethics committee, kicked off the day by discussing the context and background of research. Sara began by mentioning the Nuremberg trials as a significant reason for the introduction of ethical procedures, such as informed consent and the importance of balancing of the costs and benefits of research for participants. Sara also covered topics such as why we should involve vulnerable people in research, what key aspects ethics committees are looking for, and some practical tips about the Integrated Research Application System (IRAS) forms which are part of the NHS ethics process.

Getting started Rebecca Band & Alys Griffiths

Doctoral Researchers, University of Manchester.

Leading on from this, Rebecca and Alys discussed some of the more practical aspects of an ethics application that students new to the process may not have considered. Tips such as getting an occupational health check early on in the process due to the long waiting lists, and writing an NHS CV were very useful as they were things that people may not realise are part of the ethics process. The speakers also provided a timeline of how long each aspect can take (in the worst case scenario) to prepare researchers for the realities of the time it takes to complete the ethics process with the NHS.

Ethics and related issues Dr Cheryl Hunter

Research Officer, Oxford University Health Services Research Unit.

Cheryl then discussed the application process in more detail. She gave an overview of the ethical application process, starting with getting the approval of a sponsor (e.g. your university or a hospital) through to getting the approval of the research sites, and concluding with the completion of the IRAS forms. She emphasised the importance of highlighting the why, what, where, when and how of your study in the research protocol. Significant issues such as proportionate review, lone worker policies and the importance of getting a lay person to read your participant documents were also discussed.

The first three talks gave a clear and detailed overview of some of the essential aspects of the NHS ethical application process. After this, the talks moved on to focus more on research projects themselves, including issues such as recruitment and the roles of key stakeholders.

Recruitment I Dr Cheryl Hunter

Research Officer, Oxford University Health Services Research Unit.

Cheryl then gave a really useful talk on recruitment, and ways of getting people in the NHS to help you. From contacting research networks to using NHS sites as PICs (participant identification centres, where clinicians help find potential participants but don't perform any of the research activities and so don't have to take R&D responsibility), the talk was full of practical advice. It was reassuring to hear that, for the most part, people tend to be positive about taking part in research! Another useful part of this talk was the discussion of patient and public involvement (PPI) which involves the inclusion of participants in the research cycle, from influencing the design of your research as part of a steering committee to acting as informed participants.

Recruitment II Sarah Shepherd

Doctoral Researcher, Coventry University & NHS Lothian.

In the second talk on recruitment Sarah talked us through her experiences of recruiting using charities rather than the NHS (and managed to avoid NHS ethics!). Her key recommendations for working with charities were to understand their perspective, to be prepared to discuss your work and its relevance, and to make sure that the relationship is mutually beneficial. These recommendations are also relevant to working with health care professionals who are gatekeepers to accessing patients (though chocolates really help getting nurses on your side, apparently!). Sarah recommended finding a champion within the system who can help you make connections, and suggested that the earlier you can involve key partners in your research, the better. However, this has to be a balance of showing you are responding to their expert feedback while not completely succumbing to them. Both talks on recruitment were informative and relevant to postgraduates working and recruiting NHS and clinical populations.

Working with key stakeholders Sue Whitcombe

Doctoral Researcher & Trainee Counselling Psychologist, Teesside University.

Sue led us in a discussion of who the stake-holders are in research – from the obvious to the more obscure. Obviously, this includes you and your supervisors, and your participants, but she described how other groups have an interest in your work. These might include funders, patient groups and service users' families. To get us all thinking, Sue asked us to consider case studies and decide who the stakeholders would be and how to engage the interest of stakeholder groups. The key point Sue wanted to deliver was that empathy is the key to working successfully with all the different stakeholder groups.

Looking after yourself and others Sarah Shepherd

Doctoral Researcher, Coventry University & NHS Lothian.

From thinking about our participants, Sarah turned the tables and got us to think about ourselves in the research process. Research can be draining and all researchers are at risk of burnout. Practical advice such as taking time for tea/wine and talking to other people, keeping a reflective diary and using your supervisors to manage your feelings were discussed. One way to protect the researcher is to ensure that the end of research is good for the participant, to leave both in a safe emotional space. Methods to achieve this were recommended, such as closing interviews by asking about the present and signposting sources of support.

Impact and dissemination Dr Fleur-Michelle Coffait

Clinical Psychologist & Former PsyPAG chair. Of course, once you have worked hard and completed your research, you need to share your findings. Fleur-Michelle shared her experiences of disseminating her findings, from the traditional conference paper or journal article to social media and press releases. Each of these has their own distinct features. Fleur-Michelle described her own experiences of press releases leading to immediate demands for interviews! Thus it's vital to be aware of potential misinterpretations and ensure all points are carefully worded.

Our conclusions

In summary, we found this to be a really useful workshop, and would highly recommend others out there to attend if PsyPAG were to run it again. As well as all the practical advice for working in the NHS, there also brilliant opportunities for networking. It was so reassuring to hear that other students from all over the country have similar research issues and learning about how they solve them. Time was made available throughout the day for delegates to question the speakers about general topics and also more specifically about their own research, which we're sure was beneficial to many of the delegates. We'd like to thank all the speakers and the organisers for a brilliant workshop and hope PsyPAG will consider organising another similar workshop in the future.

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Featured Article:

Plain cigarette packaging: What's the evidence?

Olivia M. Maynard

LAIN (or 'standardised') packaging requires all tobacco products to be sold in packs with a standard method of opening, colour and size, and would remove all traditional branding, leaving only the brand name in a standard font and location (see Figure 1 for an example). Whilst Australia introduced plain packaging in December 2012, the UK are still considering the measure. An independent review of the evidence on plain packaging is currently being conducted by Sir Cyril Chantler, and will report in March 2014 (The Chantler Review). The Method Statement of this review states that it is 'concerned with the evidence directed to the specific question of whether the introduction of standardised packaging is likely to lead to a decrease in the consumption of tobacco, including in particular, a decrease in the risk of children becoming addicted' (Chantler, 2013, p.1). Subject to the findings of this review, this could see plain packaging introduced in the UK before the next General Election in May 2015.

But what is the evidence? Here I briefly outline of some of the ways in which plain packaging is expected to be effective, drawing examples from research I have conducted during my PhD.

Tobacco policy is guided by the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC). These guidelines suggest that countries should consider plain packaging of tobacco products, and propose that plain packaging would be effective in three main ways: (1) reducing the appeal of tobacco products; (2) reducing the use of design elements

(such as lighter colours) which may mislead consumers about the harm caused by the product; and (3) increasing the noticeability and effectiveness of health warnings and messages. A systematic review of the evidence was published in 2012 (Moodie et al., 2012) and an update to this review was published in 2013 (Moodie et al., 2013). The 54 studies included in these reviews are consistent in providing support for these three expected benefits of plain packaging, with 37 exploring the impact of plain packaging on the appeal of tobacco products, 23 investigating the role of packaging on perceptions of harm, and 20 examining the effectiveness and noticeability of health warnings on plain and branded packages.

Despite this large body of evidence (Moodie, Bauld & Stead, 2013), however, the tobacco industry still claim that there is 'no credible evidence or research' supporting the introduction of plain packaging (Imperial Tobacco, 2012, p.10). The industry argue that the reliance of much of the existing literature on survey or qualitative research methods means that the research cannot tell us anything about what effect plain packaging will have on actual behaviour in the real-world. As the Australian government has now introduced plain packaging, data on the effects of plain packaging on actual behaviour is starting to emerge (Wakefield et al., 2013; Young et al., 2014), although it will take a number of years before the full impact of introducing plain packaging in Australia is known.

In the meantime, working in the Tobacco and Alcohol Research Group (TARG) at the University of Bristol, I have been using a

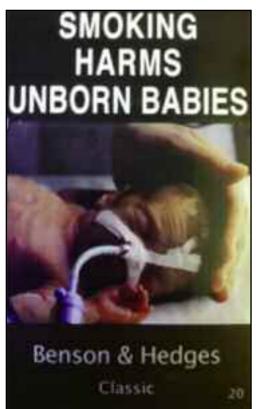


Figure 1: Australian plain packaged cigarettes.



range of different methodologies, including eye-tracking, magnetic resonance imaging (MRI) and randomised controlled trial (RCT) study designs, to investigate the impact of plain packaging on actual behaviour.

In the first series of experiments we conducted, we investigated the impact of plain packaging on visual attention to health warnings, using eye-tracking technology. Cigarette package health warnings are important in informing smokers about the health consequences of smoking, and research shows that attention to health warnings leads to meaningful changes in behaviour, such as making quit attempts (Hammond et al., 2007; Shanahan & Elliott, 2009). If plain packaging were to increase attention to health warnings, this would suggest that this measure might have a beneficial impact on health. In our first study, adult non-smokers, weekly smokers and

daily smokers were shown plain and branded packages of cigarettes for 10 seconds each, and the number of eye movements made to the health warning and the branding on the two pack types was recorded (Munafò et al., 2011). Whilst non-smokers and weekly smokers made an equal number of eye movements to the health warning and branding on branded packages of cigarettes, they made more eye movements to health warnings than the branding on plain packs. This result suggests that plain packaging might be effective among non-smokers and non-established smokers. Furthermore, this result is what would be expected, given that the health warning is the only salient aspect on plain packs. Interestingly, this is not what we observed among daily smokers, who made more eye movements to the branding on both branded and plain packs (more on this later).

Given the focus on evidence investigating the effect of plain packaging on tobacco consumption among young people, as set out in The Chantler Review, we conducted a replication of this first study among adolescent never smokers, experimenters, weekly smokers and daily smokers (Maynard, Munafò & Leonards, 2013). We observed the same increase in attention to health warnings on plain packs among adolescent experimenters and weekly smokers, as we did with adult non-smokers and weekly smokers in our previous study. By contrast, adolescent never smokers (who had never smoked even a puff of a cigarette) made more eye movements to the health warning on both pack types, and adolescent daily smokers, similar to adult daily smokers, looked equally at the health warnings and branding on branded and plain packs. Together, the findings from these two studies (Maynard et al., 2013; Munafò et al., 2011) suggest that by increasing attention to health warnings, plain packaging might be an effective tobacco control measure for non-established smokers, although it may not be effective in the same way for daily smokers. A more recent eyetracking study we have conducted suggests that the reason for this lack of attention to health warnings among daily smokers is active avoidance of the warnings (Maynard et al., in press). This finding paves the way for more research exploring why daily smokers actively avoid health warnings and designing methods of encouraging attention to warnings.

Following these eye-tracking studies, we wanted to explore what impact plain packaging would have on brain responses. We conducted a functional magnetic resonance imaging (fMRI) study (results not yet published), where 19 adult non-smokers, 19 weekly smokers and 20 daily smokers viewed images of plain and branded packs in an MRI scanner. Bilateral region of interest analyses in the amygdala, an area of the brain implicated in the processing of threatening information (Öhman, 2005), indicated differences in brain activation in the

right amygdala among non-smokers and weekly smokers when viewing branded and plain packages of cigarettes, but no difference in activation among daily smokers. These results are consistent with our previous eye-tracking studies (Maynard et al., 2013; Munafò et al., 2011) which showed increased visual attention to health warnings on plain packages among non-daily smokers, but an avoidance of health warnings among daily smokers (Maynard et al., in press). Again, these results provide support for the particular effectiveness of plain packaging among non-daily smokers.

Whilst these experiments are important in understanding the mechanisms through which plain packaging might be effective, they still do not address the tobacco industry concern of what impact plain packaging will have on actual smoking behaviour. Previously, two other studies have required smokers to use branded and plain packs of cigarettes for one (Moodie & Mackintosh, 2013) or two (Moodie et al., 2011) weeks. However, these studies relied on self-report measures of participants' attitudes to the packs and to smoking, rather than their actual smoking behaviour when using plain packs. In the final experiment of my PhD, I therefore ran the first randomised controlled trial investigating the effects of using plain packages on smoking behaviour and attitudes to smoking. In our study (currently under review), 128 adult daily smokers were randomised to use either their usual branded pack of cigarettes, or a plain Australian pack of cigarettes for a full day. During this time, participants smoked all their cigarettes through a smoking topography monitor, which measured the number of cigarettes they smoked and the volume of smoke they inhaled. We found a small reduction in the number of cigarettes smoked, among those using plain packs as compared with branded packs, although the effect was small and the confidence intervals crossed the null. Nevertheless, there were reductions in the participants' experience of using the pack and of smoking, and participants rated the health warnings on plain packages as being

more prominent. Although our results do not show reductions in smoking behaviour over the short-term, it is possible that the changes in attitudes and experiences of smoking that we observed, may change behaviours more slowly over time.

The research we have conducted in TARG adds to the growing body of literature indicating that plain packaging would be an effective tobacco control measure, and all of the findings I have discussed here have been submitted for consideration to The Chantler Review. However, the scientific evidence will inevitably only play one part in the decision making process around whether or not introduce this policy. The following months will be an interesting and important time for

plain packaging, where we will see how much influence the evidence actually has.

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References

- Chantler, C. (2013). Independent Review into standardised packaging of tobacco. Method Statement.
- Hammond, D., Fong, G.T., Borland, R., Cummings, K.M., McNeill, A. & Driezen, P. (2007). Text and graphic warnings on cigarette packages: Findings from the International Tobacco Control Four Country Study. American Journal of Preventive Medicine, 32, 202–209.
- Imperial Tobacco (2012). Bad for business; bad for consumers; good for criminals. Standardised packaging is unjustified, anti-competitive and anti-business.
- Maynard, O.M., Atttwood, A., O'Brien, L., Brooks, S., Hedge, C., Leonards, U. et al. (in press). Avoidance of cigarette pack health warnings among regular cigarette smokers. *Drug and Alcohol Dependence*.
- Maynard, O.M., Munafò, M.R. & Leonards, U. (2013). Visual attention to health warnings on plain tobacco packaging in adolescent smokers and non-smokers. *Addiction*, 108(2), 413–419.
- Moodie, C., Angus, K., Stead, M. & Bauld, L. (2013).
 Plain tobacco packaging research: An update. Stirling,
 Scotland: Centre for Tobacco Control Research,
 Institute for Social Marketing, University of Stirling.
- Moodie, C., Bauld, L. & Stead, M. (2013). UK Government's delay on plain tobacco packaging: How much evidence is enough? *BMJ*, 347.
- Moodie, C. & Mackintosh, A.M. (2013). Young adult women smokers' response to using plain cigarette packaging: A naturalistic approach. *BMJ Open*, *3*(3).

- Moodie, C., Mackintosh, A.M., Hastings, G. & Ford, A. (2011). Young adult smokers' perceptions of plain packaging: A pilot naturalistic study. *Tobacco Control*, 20(5), 367–373.
- Moodie, C., Stead, M., Bauld, L., McNeill, A., Angus, K., Hinds, K. et al. (2012). Plain tobacco packaging: A systematic review. London: Public Health Research Consortium.
- Munafò, M.R., Roberts, N., Bauld, L. & Leonards, U. (2011). Plain packaging increases visual attention to health warnings on cigarette packs in non-smokers and weekly smokers but not daily smokers. Addiction, 106(8), 1505–1510.
- Öhman, A. (2005). The role of the amygdala in human fear: Automatic detection of threat. *Psychoneuroendocrinology*, 30(10), 953–958.
- Shanahan, P. & Elliott, D. (2009). Evaluation of the effectiveness of the graphic health warnings on tobacco product packaging 2008. Australian Government Department of Health and Ageing.
- Wakefield, M.A., Hayes, L., Durkin, S. & Borland, R. (2013). Introduction effects of the Australian plain packaging policy on adult smokers: A crosssectional study. BMJ Open, 3(7).
- Young, J.M., Stacey, I., Dobbins, T.A., Dunlop, S., Dessaix, A.L. & Currow, D.C. (2014). Association between tobacco plain packaging and Quitline calls: A population-based, interrupted time-series analysis. *The Medical Journal of Australia*, 200(1), 29–32.

Research in Brief:

Family structure and Pakistani young adults' anger expression

Saima Fman

A comparative study of joint versus nuclear family conflicts on expression of anger amongst Pakistani young adults.

AMILY ENVIRONMENT plays a great part in shaping the emotions of children and adolescents and it eventually affects the personality and behaviour of individuals (Koren-Karie et al., 2012; Smith & Moore, 2013; Syed & Seiffge-Krenke, 2013; Unikel Santoncini et al., 2013). Family conflicts can lead to disturbances in emotions and violence in extreme cases (Choe & Zimmerman, 2013). In an undergraduate research project we explored the differences in the levels of anger of young adults in reaction to family conflicts in two types of family systems, that is, the joint or extended family with relatives living with the parents and the children; and the nuclear family system with father, mother and children (Allendorf, 2013). The purpose of this study was to identify the type of family system which is more detrimental to the emotional health of a youngster residing in a Pakistani culture.

Snowball sampling was used in Lahore, Pakistan to include young adults who often experience anger due to family conflict in joint or a nuclear family system. Youngsters Anger Rating scale (YARS) adapted from the Clinical Anger Scale (Snell, 2007) was administrated to 100 participants (*N*=50 young adults and *N*=50 guardians/referees). The 50 young adults who participated in this research were 18 to 28 years of age, 25 from Joint families (*N*=15 female and *N*=10 male) and 25 from Nuclear families (*N*=13 female and *N*=12 male). The 50 guardians/referees of the young adults participating in this research were individuals who knew the

young adults well. The guardians were included in the sample to verify the responses of the primary respondents (young adults).

It was hypothesised that there is a difference in the expression of anger among young adults living in joint family and those living in a nuclear family system. We found a significantly higher expression of anger in young adults from joint or extended families (M=20.38, N=24) compared to those from nuclear families (M=15.23, N=26; t(48)=2.28, t=.027). This was also reflected in guardian's reports of the young adult's anger expressions, with those from joint or extended families (M=19.82, N=28) reported as expressing more anger than those in nuclear families (M=14.77, N=22; t(48)=2.20, t=.033)

Conflicts in a joint family system might not only create maladjustment and disturbances in self-regulation for the adolescent but can even make childrearing stressful for the parents (McHale & Rotman, 2007). Joint/extended family system might be ineffective in co-parenting a child, if antagonistic feelings and relations exist within it (McHale et al., 2002; Parent et al., 2013). Thus, it could lead towards the development of an emotionally unstable adolescent (Barnett, 2008).

Conflicts in a joint family system can result due to a number of reasons. The personality of the parents, parenting style, number of bread winners in the family, patriarchal/matriarchal system, relationships within the family, indulgence of other family members or co-parenting in the bringing of children, living standards or income group seems to affect the development of their child (D'Cruz & Bharat, 2001). The power structure of the patriarchal system which deprives women of their equal status to men might be the primary reason for conflict in a joint or extended family system (Riley, 2013). In this context, in eastern cultures, forced or arranged marriages could also be one of the reasons for conflicts in a joint family (Strier & Zidan, 2013).

Moreover, the suppression of a woman in the role of daughter in-law in a male dominated society might be another source of resentment and conflicts in the joint or extended family (Gangoli & Rew, 2011). A renowned psychiatrist and president of the MIND organisation, Dr Sa'ad Bashir Malik in Pakistan attributes family problems to not only poor matchmaking but also due to the inferior status of women in Pakistan with respect to autonomy and decision making in families (Malik, 2012; Usman, 2012).

Research needs to explore such systems, find the key problems within such systems and introduce psychological interventions for the dysfunctional families. Furthermore, Malik (2012) suggests that marital counselling of the partners and their families before marriage might lead to successful matchmaking and avoidance of future conflicts.

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References

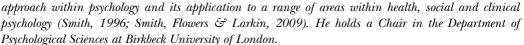
- Allendorf, K. (2013). To love and look after: Exploring the pathways linking family relationship quality to maternal health in India. *Journal of Family Issues*, 34(5), 607–630.
- Barnett, M. (2008). Economic disadvantage in complex family systems: Expansion of family stress models. Clin Child Fam Psychol Rev, 11(3), 145–161
- Choe, D.E. & Zimmerman, M.A. (2013). Transactional process of African American adolescents' family conflict and violent behavior. *Journal of Research on Adolescence*.
- D'Cruz, P. & Bharat, S. (2001). Beyond joint and nuclear: The Indian family revisited. *Journal of Comparative Family Studies*, 32(2), 167–194.
- Gangoli, G. & Rew, M. (2011). Mothers-in-law against daughters-in-law: Domestic violence and legal discourses around mother-in-law violence against daughters-in-law in India. Women's Studies International Forum, 34(5), 420–429.
- Koren-Karie, N., Oppenheim, D., Yuval-Adler, S. & Mor, H. (2012). Emotion dialogues of foster caregivers with their children: The role of the caregivers, above and beyond child characteristics, in shaping the interactions. Attachment & Human Development, 15(2), 175–188.
- Malik, S.B. (2012). Workshop on Anger Management at Department of Psychology, Lahore College for Women University, Lahore, Pakistan. Available at: www.lcwu.edu.pk/applied-psychology-events.html
- McHale, J.P., Khazan, I., Erera, P., Rotman, T., DeCourcey, W. & McConnell, M. (2002). Co-parenting in diverse family systems. *Handbook of Parenting*, 3, 75–107.
- McHale, J.P. & Rotman, T. (2007). Is seeing believing? Expectant parents' outlooks on coparenting and later co-parenting solidarity. *Infant Behavior and Development*, 30, 63–81.

- Parent, J., Jones, D.J., Forehand, R., Cuellar, J. & Shoulberg, E.K. (2013). The role of co-parents in African American single-mother families: The indirect effect of co-parent identity on youth psychosocial adjustment. J Fam Psychol, 27(2), 252–262.
- Riley, N. (2013). 'A woman has to struggle to get what she wants': Gender and power. In *Gender, work,* and family in a Chinese economic zone (pp.83–106): Netherlands: Springer.
- Smith, D.E. & Moore, T.M. (2013). Family violence and aggression and their associations with psychosocial functioning in Jamaican adolescents. *Journal of Family Issues*, 34(6), 745–767.
- Snell, W.E.J. (2007). The Clinical Anger Scale. Retrieved 11 December 2013, from: http://www4.semo.edu/snell/scales/CAS.htm
- Strier, R. & Zidan, I. (2013). Arranged marriages: An oppressed emancipation? Women's Studies International Forum, 40(0), 203–211.
- Syed, M. & Seiffge-Krenke, I. (2013). Personality development from adolescence to emerging adulthood: Linking trajectories of ego development to the family context and identity formation. J Pers Soc Psychol, 104(2), 371–384.
- Unikel Santoncini, C., Martín Martín, V., Juárez García, F., González-Forteza, C. & Nuño Gutiérrez, B. (2013). Disordered eating behavior and body weight and shape relatives' criticism in overweight and obese 15- to 19-year-old females. Journal of Health Psychology, 18(1), 75–85.
- Usman, A. (2012, 17 December). Justice for Women of Pakistan: Imran Khan opposes reserved seats for women. *The Express Tribune*. Retrieved from: http://tribune.com.pk/story/480595/justice-for-women-of-pakistan-imran-khan-opposes-reserved-seats-for-women/

Psychology People in Profile: Professor Jonathan A. Smith

Kate Doran

Professor Jonathan A. Smith is best known for his development of Interpretative Phenomenological Analysis (IPA) as a particular experiential qualitative



On behalf of the PsyPAG Quarterly, Kate Doran caught up with Professor Smith in the second half of 2013, to discuss his work. This, the first of two interviews with Professor Smith to be published in this publication, focuses on his current role and how what we now know as IPA first came into being. The second interview will focus on the continued development and achievements of IPA.

Kate: Thank you very much for your time, Jonathan. To begin, can you tell me about your work?

Ionathan: I guess, at one level, I'm a typical academic with a tripartite life: teaching, research and administration. The most important thing for me is my research; that's why I am an academic. My research is multifaceted. Because I've articulated a particular way of working that is different in psychology, I get caught up in projects in lots of different substantive areas. The classic academic is someone who is a specialist in a substantive area. I'm not like that. In some ways I guess I'm like the methodologist, the statistician, who is called in to offer expertise in a whole range of areas. I've seen it as smart to respond to people who are doing research in a wide range of areas, in order to show the value of doing qualitative research in those areas. The downside of it is having so many projects in lots of different areas: it can be difficult to manage that at times! At the same time, I try to carve research projects that also reflect my interests. The teaching has changed quite a lot over time. Over my career, I've taught social psychology, health psychology and what's called abnormal psychology or psychological disorders. And that's not really playing to my strengths. Valuably, here at Birkbeck, more of my time is now taken up with training qualitative research which is more consonant with my particular expertise. I mean, there aren't lots of people who can teach qualitative methods from a starting point of lots of experience in it. I teach and train qualitative methods, IPA in particular, at all levels. I have a large number of PhD students. And then I also do the typical administration that an academic does. This institution is research-led, giving me more time to do research than many people in different institutions may have. I'm very grateful for that.

Kate: Can you tell me more about how your teaching has changed?

Jonathan: Yes, it's funny, when I have this sort of conversation, I realise how long I've been doing this! Because the teaching that I do has shifted from more substantive courses to methodology, I spend less time preparing material that I'm not so familiar with. When I'm doing qualitative methods, I can do it much more readily because it's what I'm doing *per se.* Looking back at when I started here 14 years ago, I was doing a lot more teaching on social psychology undergraduate programmes and I was much more involved with a range of professional Master's and Doctoral courses.

Kate: Thinking back to your first academic job, how did you see yourself within psychology?

Jonathan: I was delighted to get my first job [at Keele] because, while I was doing my PhD, I realised that I was different. I was very pleased that I was able to do my PhD but I didn't know what would happen afterwards. I knew enough about the job market and what psychology was like: I thought that might be it! I was very pleased to be in academia and imagined that it would be primarily in a teaching role. After a couple of years in Keele, I moved to Sheffield, a university with a very strong research profile. That was deliberate on my part because, by this stage, I wanted more space for my research. During my time at Sheffield, I came to realise that what I had been doing in my PhD didn't actually mark an end but rather represented a beginning, because it proved to have a lot of currency. This experience enabled me to see both that it was possible to pursue a research career in this alternative way of doing things and, even stronger really, that an awful lot of people wanted to know about how to do that alternative thing.

I saw myself substantively as a social psychologist; that's how I primarily identified myself in this category-bound discipline where you have to be 'a social psychologist', 'a developmental psychologist' or some such. Qualitative work doesn't fit into such categories. I do work that may be described as 'health', 'developmental', 'social', about 'psychological distress' but it transcends those categories. But 'social psychology' provided the most comfortable home because it seemed to be the place where more alternative stuff was happening, although that alternative stuff was mainly different in a different way from what I was doing! And then, increasingly, I became involved with health psychology. This was partly because of the research and teaching that I was doing, and partly because health psychology was just establishing itself at that time.

Kate: To go back a little bit further, you said that when you were doing you PhD you were aware that you were 'different'. Tell me more about that.

Jonathan: My first degree was in English and then when I was doing English I was interested in what I thought were psychological constructs. As part of my English degree, I did extended essays on: perception in Wordsworth: social interaction in Pinter: identity in Joseph Conrad. That's what I found most stimulating in doing English. So I then did a psychology conversion course. It was like chalk and cheese! Maybe surprisingly, I found it magical. Having followed an arts track through A-levels and first degree, I was learning about a wholly different way of seeing things. And I did surprisingly well at it too. Then I started doing a PhD. Although it was going to be on a substantive topic around family communication, connecting to the Pinter interest, it was going to be done in a quantitative way. But early on in my PhD, I began to see this wasn't quite right for me. I guess my academic background gave me the conviction and confidence to think about doing a PhD in a different way. If I hadn't come from that background I wouldn't have known how to start. I mean, I was in an environment surrounded by people doing experimental psychology. There was little training or guidance in terms of doing this alternative thing [qualitative research].

Kate: How did you manage to make such a transition during your PhD?

Jonathan: The support of the institution [University of Oxford] and the people involved was crucial because, while I was in the difficult situation of having to come up with something from scratch, I was given the space to try to do it. It's impossible to know what would have happened if circumstances had been a bit different. I tend to think that this determination, this commitment from within was big enough that it would have come out anyway but, you know, I'm not sure about that. I'd worked in publishing and

journalism for a number of years before I did my PhD. I didn't do the conversion course straight after my first degree; and then, after I did the conversion course, I spent a couple of years in journalism. So I'd made a very conscious decision to step out of a promising career to do the PhD because I was absolutely determined to do it. And I think I had more confidence and strength than I would have done had I been a younger person. I'm very stubborn, I'm very determined; I wouldn't be where I am if I wasn't! And luckily I did have some important resources to draw on: Rom Harré was my main supervisor at Oxford; Paula Nicolson was my other supervisor, from another institution and she helped me connect to important methodological developments in feminist psychology. With Rom, I got into the philosophy of identity, talking about Hume and Locke, for example. My PhD task became the creation of an empirical way of implementing the insights from our discussions.

Kate: How did you do that?

Jonathan: (pause) I don't know (pause). A lot of it was intuition. I think people know me for IPA and not so much for what that PhD was about, but without that PhD there wouldn't be IPA. My PhD was a longitudinal study following women through the transition to motherhood; I saw the women at four time points, over the period of about a year, from early pregnancy to four months after the birth. I collected a mass of data from each of them. I interviewed them about their experience at each time point; and they kept diaries in between. I asked them to keep personal accounts of subsets of their experiences and they completed repertory grids. I had so much rich data from each person. I was strongly committed to an idiographic way of thinking and I wanted to give a full and detailed analysis of each person. And that's why the bulk of the PhD is four case studies of these women. Nobody trained me in open ended in-depth interviewing; I picked up bits all over the place: clientcentred counselling; Ken Plummer's work on humanistic sociology; bits of grounded

theory; bits of symbolic interactionism; a mix of humanistic psychology; a mix of theoretical arguments; and then some more practical work It very much felt like I was amassing things from all over the place and I put it all together in a way that worked for my project. It was a very good area to be developing this approach in. Why? Because the women co-owned the project. They needed no explanation, no persuading about why they should be taking part in this study, what it was about. They knew. And I would just go, sit and listen, while they talked at length about the impact of the transition to motherhood on their lives, their relationships, their expectations about the future, etc. They were delighted to be in the project and they shaped it in various ways. Just as a marker of what I mean by that, I was given a bottle of wine at the end of one last meeting as a 'thank you' for me allowing that woman to take part in my study, talking to me, Jonathan, about this amazing thing that she was going through. A different project, in a more classic health domain, where people are ambivalent and are struggling, or whatever, could've been a harder apprenticeship, a harder domain to shape this way of working.

Kate: You've mentioned that idiography is very important to your approach. What other philosophical underpinnings were important to your work?

Jonathan: Starting in the 1970s, Rom was part of a small group of people who were critiquing psychology from the perspective of neglected voices arguing for a psychology which made personal accounts central and allowed people to give voice to their experience. That critique connects to William James and Gordon Allport as part of psychology which is centred on personal experience and the examination of in-depth accounts of that experience. A lot of qualitative work has been about importing theories and methods from outside, from sociology, linguistics and so on, because it appears that psychology lacks a relevant tradition. Picking up on arguments from Harré, Shotter and

others, I was articulating the possibility and value of developing or continuing a qualitative paradigm from within psychology and that was a very important thing for me. So there is a tradition of thinking in this way which hadn't yet manifested itself in much in-depth qualitative empirical work, but the theoretical seeds are there. It's important that this way of working is seen as central to the project that William James started. I was also interested in symbolic interactionism at the time; it's been a bit neglected in terms of where IPA's gone subsequently but is still an important touchstone. Phenomenology, hermeneutics, post-structuralism: it was a very fertile time for all these ideas. I felt that I was drawing on a wide range of ways of thinking and I think that Rom and Paula were good at enabling that.

Kate: Thinking about the ground-breaking nature of your PhD work, how did you approach selecting your examiners and preparing for your viva?

Jonathan: It was quite fraught, in that I was merrily doing what I wanted to do but ultimately someone had to sanction it. Who was going to do that? I knew there would be people who would, quite frankly, have no truck with what I had done, so I was drawing up lists of potential examiners as I was doing my PhD, as I was going to conferences. Whether or not someone knew my topic area, the bottom line was: were they going to be the right person? In the end, it went really well. My examiners, Mick Billig (external) and Elizabeth Frazer (internal), entered into the spirit of what I was doing, despite it being quite different from their own work. They made me feel comfortable. They engaged in a process of looking at my work thoroughly and offered insightful and constructive criticism and I'm very grateful to them for having done all that.

Kate: Overall, what did you learn from your PhD experience?

Jonathan: Being a PhD student is a peculiar thing. I understand that and there are lots of anxieties around it. But potentially you have such freedom, three or four years to just do what you want to do. When I'm doing my research now, even though, relatively speaking, I have a lot of time for it, it's always contingent: I can do it for a certain period of time but I've always got other things to do and there can also be a range of constraints on quite a lot of what I do. A PhD may be the only time, or let's say the best time, when you can take quite big risks. It may seem quite a strange thing to say, and of course there are lots of difficulties doing a PhD, but if you don't take risks and try adventures in your PhD, then it's going to be much harder to try to do that subsequently.

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References

Smith, J.A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health*, 11, 261–271.

Smith, J.A., Flowers, P. & Larkin, M. (2009). Interpretative Phenomenological Analysis: Theory, method and research. London: Sage.

Useful links

IPA at Birkbeck homepage:

www.bbk.ac.uk/psychology/ our-research/labs/ipa

Main IPA website:

www.ipa.bbk.ac.uk/

Jonathan's webpage at Birkbeck:

www.bbk.ac.uk/psychology/our-staff/academic/jonathan-smith

Exhibition Review:

Mind Maps: Stories from Psychology

Emma Norris

Mind Maps: Stories from Psychology is the latest exhibition to hit London's Science Museum. Running until mid-August 2014, it explores the history of mental health diagnosis and treatment over the past 250 years. Supported by the British Psychology Society and with free admission, I was eager to visit the exhibition over the Christmas break. The exhibition is structured across four overarching time-periods, with a focus on the equipment and technologies used.

1780–1810: Medical electricity

This exhibition section describes the trials and tribulations of early psychological work using electricity. With physical conditions already treated with electrical currents at the time, doctors soon began to apply these to the brain and nervous systems. Soon electric shocks were used to treat comprehensive problems from inflamed noses to melancholia. A figurehead of this movement was Anglican cleric John Wesley, who believed in the effects of electricity so greatly that he opened a London free clinic to treat the poor (Johnstone, 2000). Interest during this period also sought to explain the relationship between electricity and nerve activity: experimented mostly with dead frog's legs. Also displayed was a glass armonica (as opposed to harmonica) designed by Benjamin Franklin: a large instrument that produces a sound akin to rubbing a wet finger along a wine glass (Figure 1). This was used to treat nervous conditions; however, anecdotal reports conversely suggested that it caused hysteria in patients and musicians alike! After listening to the haunting example piece played here, this seems very feasible!

1880-1920: Nervous exhaustion

This section describes the development of early experimental psychology. With increasing interest in the relationship between nerves and the brain, came an influx of spawned measurement devices. Treatment and experimentation hereby began to turn to human participants, with research still very much focused on the use of electricity to calm nervous disorders. Patented machines were created in abun-



Figure 1: Glass armonica.

dance as scientists hoped to cash in on this emerging trend. Examples presented include an electrotherapy couch, where shocks were administered through metal conductors at arms-length. With increasing awareness of the relationship between nerves and the brain came an influx of nerve disorder remedies. These are displayed ranging from the spiritual nature of amulets and stones, to pharmaceutical concoctions such as nerve tonics.

This section also introduces more eminent figures in psychology. Early diagrams by Freud of the nervous system are displayed: an appropriate reminder of the literature popular during his training. Pavlov and his dogs are displayed in an original photo, indicating the emergence of behavioural research during this period. Props are also displayed from the work of Nobel Prize winner Charles Sherrington in his work on synapses: an indication of booming interest in the brain at the time.

1945–1985: Brain waves and wonder drugs

The exhibition moves on to an exploration of the early development of neuropsychology and drug therapies. Examples of an early electroencephalography (EEG) reading of epileptic patient RC are displayed by prominent scientist William Grey Walter. This was the first method of recording brain waves using electrodes inserted deep inside the brain rather than on the scalp. These readings led to RC's left temporal lobe being surgically removed with great success: reflecting the true positive effects of these emerging technologies. A modern EEG cap is also displayed: more obvious an example to me as a more recent psychology graduate.

Lobotomy (Figure 2) and electroconvulsive therapy (ECT) devices are also displayed. These provide another haunting reminder of the extreme history and controversy of psychological research. Examples of chemical advances in drug therapies are less



Image 2: Equipment for conducting electronic lobotomy.

apparent: despite their listing in the timeperiod's title. Focus here lies more in equipment and tools, with some space given to psychometric and IQ testing.

A wall is dedicated to a behavioural therapy couch and self-help books: arguably the 'softer' side of the exhibition. Whenever I am asked what I study, my answer 'psychology' is always greeted with the same answer: 'So you can read my mind?' This tradition seems to be perpetuated by this wall, with this more subjective stance to psychology standing out of place amongst the equipment-focus of the exhibition.

Modern research

The exhibition ends with examples of cutting-edge technological therapies and brain activity measurement. An example of Virtual avatar therapy (e.g Quackenbush & Krasner, 2012) is provided: using computer-based systems to mediate patient-clinician relationships. Large-scale projects are currently in progress targeting specific groups such as schizophrenics (UCL, 2013).

Transcranical magnetic stimulation (TMS) was also introduced as the next iteration of brainwave treatment. This non-invasive technology is based on the principle of electromagnetic induction, applying a device causing depolarisation or hyperpolarization of neurons in the brain. It has been successfully used to treat a myriad of disorders including depression and schizophrenia (Slotema et al., 2010). The use of electricity in this modern apparatus harks back to the origins of psychology and the exhibition itself: an intriguing final thought.

Conclusions

This exhibition gives an unusual look into the technology and some of the controversy behind psychology. Although the timeline system used was somewhat disjointed at times; I was very happy to see famous, infamous and lesser known objects and techniques displayed. I enjoyed watching the reactions from other visitors at the exhibitions haunting and inspirational content: reaffirming my interest in psychology as a discipline. I came away from the exhibition with a renewed interest in the history of psychological techniques and their experimental legacy. I would definitely recommend it to any psychology student, teacher or enquirer.

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References

Johnstone, L. (2000). Users and abusers of psychiatry:
A critical look at psychiatric practice. London:
Routledge.

Quackenbush, D.M. & Krasner, A. (2012). Avatar therapy: Where technology, symbols, culture and connection collide. *Journal of Psychiatric Practice*, 18(6), 451–459.

Slotema, C.W., Dirk Bloom, J., Hoek, H.W. & Sommer, I.E.C. (2010). Should we expand the Toolbox of Psychiatric Treatment Methods to include Repetitive Transcranial Magnetic Stimulation (rTMS)? A meta-analysis of the efficacy of rTMS in psychiatric disorders. *Journal of Clinical Psychology*, 71, 873–884.

UCL (2013). Avatar therapy helps silence voices in schizophrenia. Retrieved 31 December 2013, from:

www.ucl.ac.uk/news/news-articles/0513/29052013-Avatar-therapy-helps-silence-voices-in-schizophrenia-Leff

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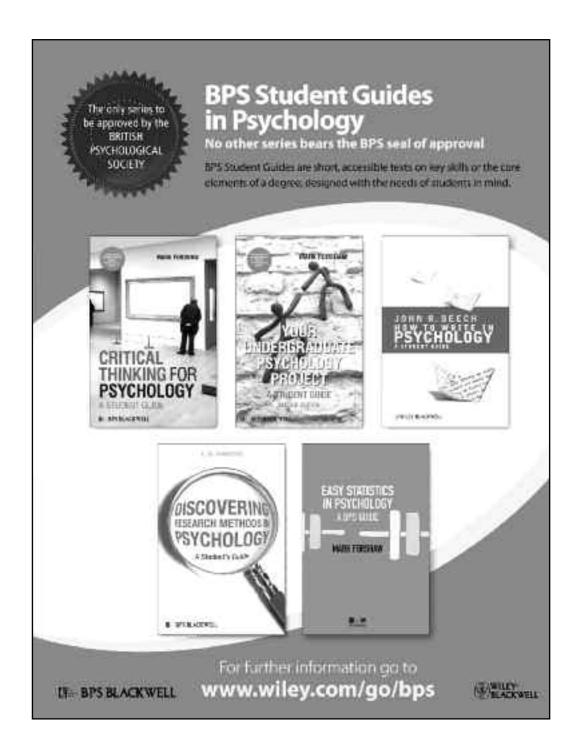
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If you have any further questions, please contact the editors at quarterly@psypag.co.uk, or send in your question via twitter: @PsyPAGQuarterly.



PSYAG

About PsyPAG

PsyPAG is a national organisation for all psychology postgraduates based at UK Institutions. Funded by the Research Board of the British Psychological Society, PsyPAG is run on a voluntary basis by postgraduates for postgraduates.

Its aims are to provide support for postgraduate students in the UK, to act as a vehicle for communication between postgraduates, and represent postgraduates within the British Psychological Society. It also fulfills the vital role of bringing together postgraduates from around the country.

- PsyPAG has no official membership scheme; anyone involved in postgraduate study in psychology at a UK Institution is automatically a member.
- PsyPAG runs an annual workshop and conference and also produces a quarterly publication, which is delivered free of charge to all postgraduate psychology departments in the UK.
- PsyPAG is run by an elected committee, which any postgraduate student can be voted on to. Elections are held at the PsyPAG Annual Conference each year.
- The committee includes representatives for each Sub-Division within the British Psychological Society, their role being to represent postgraduate interests and problems within that Division or the British Psychological Society generally. We also liaise with the Student Group of the British Psychological Society to raise awareness of postgraduate issues in the undergraduate community.
- Committee members also include Practitioners-in-Training who are represented by PsyPAG.

Mailing list

PsyPAG maintains a JISCmail list open to ALL psychology postgraduate students. To join, visit www.psypag.co.uk and scroll down on the main page to find the link, or go to http://tinyurl.comPsyPAGjiscmail.

This list is a fantastic resource for support and advice regarding your research, statistical advice or postgraduate issues.

Social networking

You can also follow PsyPAG on Twitter (http://twitter.com/PsyPAG and add us on Facebook: http://tinyurl.comPsyPAGfacebook.

Again, this information is also provided at www.psypag.co.uk.

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