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# Psychology of Women Section Annual Conference 2004

*Psychology of Women Section Annual Conference, University of Brighton, 7–9 July 2004.*

Please note: Institutional affiliation is accurate for first author, co-ordinator or discussant only.

## KEYNOTE SPEAKERS

### Sex, drugs and the role of the consultant midwife

F. MACRORY, Central Manchester & Manchester Children's Hospitals University NHS Trust.

Manchester Specialist Midwifery Service is based in Manchester. Service provision is firmly rooted in the sphere of public health and embraces all aspects of a vulnerable, socially excluded life-style.
The team now consists of three specialist midwives and a personal assistant. The service has a city-wide remit and broad ranging responsibilities that include providing input to three maternity hospitals, four drug service bases, a project for sex workers, the regional in-patient detox unit, and a local women's prison. It also co-ordinates the care for HIV positive women identified through the antenatal HIV screening programme. This involves collaboration and training across a wide range of health and social care agencies, both statutory and voluntary, in addressing the complex issues associated with substance misuse, mental health, domestic violence, sexual abuse and prostitution. Family planning is also provided.
Changes in drug treatment, maternity and paediatric services are an investment in the health of future, as well as present generations.
Meaningful and effective interventions have the great potential to positively impact on parenting in the long-term, reduce the need for children to be placed in care, and help to break the present cyclical nature of drug use, poverty and despair.
Great pride is taken in its innovative and creative style of health care delivery and with well-established links to many related agencies, the Specialist Midwifery Service is ideally placed to make a real difference to the lives of those they try to reach.

**Faye.MacRory@CMMC.nhs.uk**

### Centring marginality? Otherness, difference and the psychology of women

A. PHOENIX, Open University.

The history of feminism and of the psychology of women can be said to be a history of making Otherness and difference central. First, differences between women and men, and later, between women racialised differently, from different social classes and sexualities have been central. While these differences have been subject to much debate within feminism and have been treated in a variety of ways within the psychology of women, feminist psychology arguably offers an important site for engagement with the productive and often painful tensions produced in discussions of Otherness and difference. Does this mean then that marginality has been centred within feminist psychology?
This paper considers how contemporary feminist dialoguing on gendered and ethnicised intersections provides crucial understandings of differences among women.
It argues that a focus on these intersections allows a complex and dynamic understanding of difference and Otherness. It argues that marginality can constitute a major focus without being centred. However, productive engagements within feminist psychology require the complexity allowed by a simultaneous consideration of subjective, structural and social positionings and everyday practices that a centring of marginality makes evident.

**A.A.Phoenix@open.ac.uk**

### 'I am still your sister': Psychology, women and HIV

C. SQUIRE, University of East London.

HIV poses particular and very difficult physical, social and economic problems for women. As a consequence, their psychological experiences of the pandemic are specific and powerful. Women living with or affected by HIV have also been in the forefront of developing support and education strategies that work, for themselves, their communities, and for HIV 'communities' more widely. This paper will look at the continuing gendering of the pandemic and responses to it. At the same time, it will examine the limitations of a gendered perspective for psychological approaches to HIV, taking into account the condition's emotional, microsocial and global impacts. The paper concludes by considering the notion of 'feminism' in the transnational context within which HIV is lived.

**C.Squire@uel.ac.uk**

### A gendered occupation? Collecting and curating dress collections

L. TAYLOR, University of Brighton.

One major emerging theme in current debate is recognition of the long battle to even place fashionable Euro-American dress within the walls of museums of decorative and 'Industrial Art'. This exclusion was, from the mid-19th century, mired within an undercurrent of gendered prejudice which was only tackled in the post World War Two period.
It is a fact that the large part of those involved in the study of artefacts of dress from the late 19th century were and are women, whether based in theatre wardrobe departments, museums, schools, universities or collecting privately. This presentation will assess the roots of this exclusion. It will also examine why women become collectors of dress, concluding with analysis of the current boom in blockbuster fashion exhibitions, even within the hallowed walls of the Royal Academy. Whatever is going on?

**E.P.Taylor@brighton.ac.uk**

optimism 14 (SD=5). There were significant negative correlations between optimism and anxious mood ($r=-0.66$, $p=0.001$) and optimism and depressed mood ($r=-0.73$, $p=0.001$).
**Discussion:** Consistent with previous research, carers of children with cancer are at risk of clinical anxious and depressed mood. Optimistic carers seem to have positive outcome expectancies about their child's chronic illness and experience less anxiety and depression. Health interventions are necessary to improve carers' psychological well-being and quality of life.

### Illness perception and medication-adherence in older patients with congestive heart failure (CHF)

C. GAO, D.W. JOHNSTON, M. JOHNSTON & G. MOLLOY, University of Aberdeen, M. WITHAM, M. MACMURDO & A. STRUTHERS, University of Dundee & Ninewells Hospital, Dundee.

**Background:** The commonsense model of self-regulation suggests that people's illness and treatment representations influence their control of health threats. The Illness Perception Questionnaire-Revised (IPQ-R) has been proved to be a useful tool in assessing beliefs about illness and its treatment in clinical populations. Angiotensin-converting-enzyme inhibitors (ACEI) are effective pharmacological treatment for CHF and adherence to ACEI determined from Serum ACE. The aim of this study is to predict adherence to ACEI from patient's illness perceptions.
**Methods:** *Design:* cross-sectional. *Sample:* 58 stable CHF patients ≥70 years old (mean age 80) in NYHA Class II-III who were prescribed ACEI. IPQ-R was used to assess patients' illness perceptions. Medication-adherence was measured objectively from serum ACE levels. A cut point of serum ACE level <5u/l was set to define adherence to ACEI. Logistic regression was used to determine the relationships between illness perception variables and medication-adherence.
**Findings:** 16 (28 per cent) of the patients did not adhere to their ACEI medication. Logistic regression analysis examined individually indicates that timeline-acute/long ($\beta=-0.92$, SE=0.48, Wald=3.65, $p=0.05$) and consequences ($\beta=-1.02$, SE=0.51, Wald=3.92, $p<0.05$) predicted adherence. Results were similar when both factors were entered into multivariate analysis: timeline ($\beta=-0.92$, SE=0.51, Wald=3.26, $p=0.07$) and consequence ($\beta=-0.97$, SE=0.52, Wald=3.47, $p=0.06$) predicted adherence.
**Discussion:** Illness representations successfully predict medication-adherence measured by an objective method. The result suggests that CHF patients who believe that their illness is acute and less serious are more likely to adhere to ACEI. This unexpected finding may be related to the age of the participants and requires further research.

### Efficacy of a cognitive-behavioral intervention to reduce symptoms of fibromyalgia

J. GARCÍA, M. DURAN, C. RODRIGUEZ, J.C. FERNANDEZ & M.A. SIMON, University of A Coruña.

Provided that studies about the differential efficacy of existing treatments in fibromyalgia syndrome are scarce, the aim of this study was to compare the differential efficacy of a cognitive-behavioural and a pharmacological therapy on fibromyalgia. Using a randomised controlled clinical trial, 28 fibromialgic patients were assigned to one of following experimental conditions: (1) pharmacological treatment (i.e. cyclobenzaprine); (2) cognitive-behavioural intervention (i.e. stress inoculation training); (3) pharmacological + cognitive-behavioural; and (4) no treatment. The results show the superiority of cognitive-behavioural intervention to reduce the severity of fibromyalgia both at the end of the treatment and at follow-up. We conclude that cognitive-behavioural interventions must be considered not only as a single 'assist' agent but as an active one, and so they should be included in the treatment of Fibromyalgia syndrome.

### Psychological intervention in oncological outpatients: A multi-component programme based on interdisciplinary collaboration and group application

J. GARCÍA, M. DURAN, University of A Coruña, M. SANROMAN, L. FERRER & A. SANCHEZ, Juan Canalejo Hospital.

Both the optimal management of human and organisational resources as the collaboration of different professionals implicated in the different phases of oncologic disease are needed to carry out an effective intervention programme in a hospital context. In the Juan Canalejo Hospital of A Coruña (Spain) a programme based on: (1) initial assessment of adaptation predictors; and (2) meeting-groups of patients that are similar in relation to their pathology and treatment phase is being developed to reduce emotional suffering and to increase their quality of life. This programme has three different phases: (1) pre-chemotherapy; (2) chemotherapy; and (3) rehabilitation. Through them patients receive information related to the organisational functioning, feeding and care, management of emotions, communication, attitude and psychopharmacological interventions. There are two aspects that deserve a special consideration because they can be considered as basic elements to meet the purposes of this project. For the one hand, a narrow collaboration among psychologists, nurses, oncologists and psychiatrists. For the other, a detailed assessment of indicators of quality related to efficacy and efficiency through a control group of outpatients who refusing participate in the programme.

### Can't pee – won't pee: Researching paruresis – the secret phobia

A. GARDNER, R. GIBBS & A. SMITH, UK Paruresis Association.

Paruresis could affect four million people in the UK alone. It is classified as a social phobia (DSM-IV) and because of the excessive secrecy, is also known as the secret phobia. This affects both men and women and prevents them using the public toilets or urinating at own home when others are present. It is disruptive of normal life affecting work, recreation and relationships. Gibbs (2004) study of Avoidant Paruresis (AP) is the first one ever carried out on this condition and the perceptions of people with AP. Gibbs' Paruresis Severity Scale (PSQ) contains 11 items and is a statistically reliable measure for future research. The PSQ individual items comprises additional questions about paruresis history, personal experience, and related issues. The sample was well distributed demographically, representing diverse social strata, and geographical location. Although 44 per cent of the sample sought treatment the majority of those waited 20 to 30 years before seeking help. The most common treatment methods were psychotherapy (47 per cent), graduated exposure therapy (36 per cent), self-help group (32 per cent), medication (28 per cent), and cognitive behaviour therapy (24 per cent). Success rates for these treatments were reported as low: no improvement 44 per cent, some improvement 38 per cent, great improvement 15 per cent, and problem overcome two per cent. With the increasing demands for mandatory drug testing under observed conditions the inability of paruretics to give urine samples poses great personal and professional problems. The law construes a failure to provide a specimen as a refusal. This makes the inability to pee as a result of psychogenic influences an unacceptable criminal offence

### Identifying accessible beliefs about/concerning sleeping for at least eight hours every night

L.J. GERRARD, S.R. COOPER, Y. HARRISON & A.J. TATTERSALL, Liverpool John Moores University.

**Background:** Eight or more hours of sleep each night is associated with optimal physiological and psychological function in healthy adults (e.g. Dement & Vaughan, 1999). Research has indicated, however, that many people sleep less than this (Jean-Louis *et al.*, 2000) with detrimental effects on psychomotor performance and mood (Bonnet & Arand, 1995). The aim of this study was to identify determinants of adult sleep duration using the theory of planned behaviour (TPB; Ajzen, 1991).
**Method:** An elicitation study involving 60 semi-structured interviews was conducted in order to extract beliefs underlying the role of sleeping for at least eight hours every night.
**Findings:** The most frequently mentioned beliefs were identified. More advantages than disadvantages were reported by the young adults suggesting that members of this age group generally have a positive attitude towards sleeping for at least eight hours. In addition, accessible referents were perceived by the majority of young adults to support performance of the behaviour. There were twice as many inhibiting as facilitating factors, however, indicating that sleeping for at least eight hours every night is perceived by young adults to be a difficult behaviour to perform.
**Discussion:** This research will provide a unique perspective on the development of poor sleeping patterns and problems associated with chronic insufficient sleep experienced by many, otherwise healthy, adults.

### Psychometric properties of the Myocardial infarction dimensional assessment scale (MIDAS)

M. GILCHRIST, A. TURNER & J. BARLOW, Coventry University.

**Background:** Myocardial infarction (MI) is a major cause of mortality and morbidity in the Western world. In the UK the incidence rate of MI for men aged between 30 and 69 years is about 600 per 100,000 and for women the rate is about 200 per 100,000. MI has a significant impact on health related quality of life. However, there are few MI specific quality of life measures. The aim of this study was to investigate the factor structure and to conduct an item analysis of the Myocardial Infarction dimensional assessment scale (MIDAS).
**Methods:** This 35-item MIDAS scale was designed by Thompson *et al.* (2002) to measure seven areas of health status: physical activity, insecurity, emotional reaction, dependency, diet, concerns over medication and side effects. In this study, the MIDAS scale was distributed to 206 MI patients (73 per cent male) who had enrolled on a lay-led chronic disease self-management programme. Reliability and structure of the scale were examined using standard item analysis, internal consistency (Cronbach alpha), and principal component analysis.
**Results:** Cronbach alpha was calculated as 0.97. A seven-dimensioned structure was identified in accordance with Thompson's findings, although only three factors (diet, concerns over medication, side-effects) were in total agreement.
**Conclusion:** The current study provided partial support for the MIDAS original factor structure. We are currently examining the performance of the MIDAS in measuring changes after attendance on the self-management programme.

### Gloucestershire Drugs and Alcohol Team (DAAT) Database: Monitoring Countywide Christo Inventory for Substance-misuse Services (CISS) scores

M. GILES, S. DRYDEN, C. HASSALL, S. O'NEILL, B. GASH, E. ALEXANDROU, H. FORD, M. YEADON & L. EARLL, Gloucestershire Drugs and Alcohol Team Database.

The Gloucestershire DAAT Database is designed to anonymously 'track' the movement of clients between 15 different countywide drug and alcohol services, and collate information regarding substance use. These services cover criminal justice, health, and voluntary/non-statutory sectors. Additionally, it strives to meet the requirements set out by the National Treatment Agency (NTA) and the National Drug Treatment Monitoring System (NDTMS).

As part of this process, CISS (Christo, 1998) scores are collected routinely from services. The CISS is a simple validated measure for assessing level of problem severity relating to social, psychological and physical functioning, providing outcome monitoring in a practice setting. It is a 10-item