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Psychology Postgraduate Affairs Group

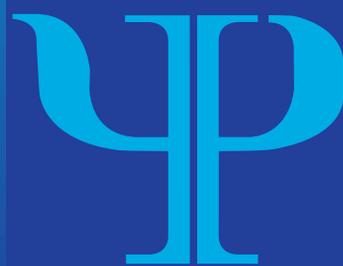
Quarterly

Issue 82 March 2012

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Editorial

Emily Collins

WELCOME to the 82nd edition of the *PsyPAG Quarterly*, the first of 2012. We have an exciting year ahead. Applications are now open for the PsyPAG Annual Conference, which this year is to be hosted by Northumbria University. The submission deadlines are 11 May for oral presentations and 1 June for posters, so get working on your abstracts. The conference is a great opportunity to meet other postgraduates and present your research to a friendly and supportive audience. It's also a lot of fun! The conference team are hard at work organising keynote speakers, workshops and social events, so stay up-to-date by following the twitter feed (@PsyPAG2012), keeping an eye on the website (www.psypag2012.co.uk), or liking them on Facebook (PsyPAG 2012).

In this edition, we have another great collection of articles that not only cover a number of topics but also come from researchers at various stages of their career. We therefore have the opportunity to showcase postgraduate talent as well as learn from those who have been where we are today and survived to tell the tale. We kick off with one of these very articles by Nicola Barclay who was awarded PsyPAG's Rising Researcher award last year. She offers guidance and tips on how to succeed in academia, covering topics such as what can be gained from publishing work or collaborating internationally. This will no doubt be incredibly useful for anyone wanting to make the most of the postgraduate experience and to pave the way for an academic career. Next we move on to a review of the European Association for Social Psychology conference in Stockholm by Dale Weston, offering an insight into what can be expected from international conferences as well as more specific details about the event itself. Deborah Wright provides a fascinating review of the literature surrounding fabricated

evidence and false confessions, offering information about a new procedure that may avoid the pitfalls of previous research. Mark Griffith's article outlines best practice when it comes to e-mails, helping you to avoid getting bogged down with e-mails when you have other work to be getting on with. Rebecca Graber reviews the International Human Sciences Research Conference in Oxford and we then move on to the second interview with Phil Loring, the Society's Curator of Psychology at the Science Museum, conducted by Kate Doran. This covers working with people with learning difficulties, marketing and developing their audience, and will be of particular interest to anyone interested in public engagement. Nial Lally's article brings us back to academia, reviewing new drug treatments available for depression, and Rachel Arnold and Mustafa Sarkar review the 13th European Federation of Sport Psychology Congress in Portugal, outlining memorable presentations and keynote speakers. We conclude with Scott Cole's article 'The Joy of RECs', discussing the trials and tribulations of NHS ethics from personal experience, with tips for anyone about to embark on the same process.

I'd like to take this opportunity to thank the authors and the editorial team who did such a great job reviewing and compiling this edition. As you can see, we have a huge variety of articles and we hope it is enjoyable to read and inspires you to contribute your own article, be it a research report, review, interview or anything else that you think would be of interest. We look forward to hearing from you and hopefully meeting you at the PsyPAG 2012 conference this summer.

Emily Collins

*On behalf of The Quarterly Editorial Team:
Claire Miller, Blaire Morgan & Daniel Zhara*

Chair's Column

Sarah Goldie

THIS IS the first edition of the *Quarterly* of 2012, a year which the UK seems to have been waiting with baited breath – whether it be for the Olympics or the Queen's diamond jubilee – it will be a year with a lot of big set-piece events. At the start of such a year it might be prudent to think about the future, beginnings and things yet to come. Personally, however, I have been thinking about endings a lot recently. For me, 2012, marks the year that I will step-down from my role as Chair of PsyPAG – having been on the committee for four years – and (all being well) the year that I submit my thesis and will be one step closer to finishing my PhD. Ends then and not beginnings is what has been taxing me of late.

I recently attended a workshop entitled *Completing your Doctorate*, in which a whole session was dedicated to the final chapter and how to conclude your thesis. Apparently this is the thing that all research students want to know. One of the key points I keep coming across is 'begin with the end in mind'. Knowing what your aim was at the beginning should help you draw your conclusions. This was a theme throughout the workshop – that your thesis should tell the story from start to finish. I have been wondering though if the issue is not with the telling of the story, but more with knowing when you have finished. I don't mean the concluding paragraph, but the final edit, when do you take the decision that you have finished and you can submit? I don't think there is an answer, or at least I don't have one. Indeed a recent *Piled Higher and Deeper* satirised this, (tinyurl.com/piled-high), and it appears the answer is that when we get to the end, we will know! Or on a more pragmatic note, our funding will have ended!

About a fortnight ago, one of my office-mates had her viva and, while other colleagues and I paced the floor like expectant fathers,

she defended her thesis with the need for only minor corrections. Watching someone else go through the experience of final drafting, submission and then the viva makes the whole process hit home somewhat. I think that seeing someone else finish though was very therapeutic. While at times it can be difficult to see the end, the finish will come and it is worth it. After all, finishing your postgraduate studies is really just the start of things to come!

In my December column I wrote at length about the value I see in attending postgraduate conferences and workshops, from reducing feelings of isolation to being able to network with the psychologists of the future. With those thoughts in mind, I must remind you of our own conference taking place in July. Our 27th Annual conference will take place at Northumbria University, 18–20 July and the conference team have been hard at work putting together a strong programme. It seems like you think so to, with submissions and registrations coming in thick and fast. I hope to see many of you there.

As always I urge you to keep up-to-date with all the PsyPAG news in the regular ways and get involved in our activities. We continue to award a large number of bursaries, so don't forget about us as a possible funding source for conferences and travel. In addition, I know that the workshop committee have received a number of quality applications for us to support workshops and we will have a full programme this year. Please get in touch if there is something that you think we should be doing that we aren't currently, or if you have any ideas for awards, workshops or the conference programme.

Sarah Goldie

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The ABC of a PhD: A few tips for success in academia

Nicola L. Barclay

EARLIER THIS YEAR I was awarded the PsyPAG 'Rising Researcher 2011' award for outstanding PhD research. I was honoured that my work had been considered to meet such criteria and to hear that I would have the pleasure of writing an article for *The Quarterly*. I thought long and hard about what to focus my article on, and decided to share with *The Quarterly* readers a little something about my research, my experiences as a PhD student, and some invaluable tips that I have received along the way. The experience of being a postgraduate research student can be somewhat daunting to anyone starting a PhD. There are many unwritten rules about academic practice that academics are assumed to know. These unwritten rules can be somewhat difficult to uncover, and it is my intention to draw upon my own experiences in the world of academia to try to demystify some of these.

I completed my PhD earlier this year in the psychology department at Goldsmiths, University of London, focusing on the genetic and environmental influences accounting for inter-individual variation in sleep quality and indices of circadian rhythmicity (i.e. morningness vs. eveningness). My research uses the techniques of behavioural genetics, encompassing both quantitative genetic techniques (such as twin studies) and molecular genetic techniques (such as candidate gene studies), to identify specific factors contributing to the variation in sleep in a large-scale population based sample of young adult twins. Coming from a background in psychology, tackling the complexities of behavioural genetic

research was a challenge, given that I had no previous experience working with genetically sensitive datasets, but this challenge spurred my enthusiasm all the more. Since completing my PhD I have taken up a lectureship in the Psychology department at Northumbria University, where I am also the Associate Director of the Northumbria Centre for Sleep Research (NCSR). The NCSR is a purpose built two-bedroom facility designed to investigate sleep-wake characteristics and clinically diagnosed sleep disorders, using objective techniques such as actigraphy and polysomnography. Since its launch this year, the NCSR is already building up an international reputation as a leading sleep laboratory. Working at the NCSR has provided me with the unprecedented opportunity to continue my research investigating genetic and environmental factors implicated in sleep as well as clinically diagnosable sleep problems. The NCSR is also recognised by numerous sleep experts worldwide, opening up the opportunity for collaboration. During my PhD I was very fortunate to have had the opportunity to collaborate with world-class researchers from across the globe. I have learnt a great deal from these collaborations and I thank my collaborators for taking the time to help shape my understanding of the field and the world of academia more generally.

From these collaborations, it became apparent that one of the main keys to success in academia is publishing your work. I was encouraged to publish my PhD work even before I started my thesis, and there are many advantages of doing so. First, it gives you the chance to start writing.

It can take a long time to really hone your writing skills in a way appropriate to your field. No doubt each field within psychology has its own nuances and technicalities that you will master as you read more and more research in your area. Second, publishing whilst pursuing your PhD prepares you for one of the most important roles as an academic and exposes you to the peer review process – a process which may seem a bit elusive before you actually get involved in it. For example, when submitting articles for publication you will sometimes be required to select several leading academics within your area who could potentially act as reviewers. They may or may not be chosen to review your article (usually 2–3 independent reviewers are selected), but it is wise to think hard about who to select. Reviewers can be critical, but such criticism is useful at this stage in your career (as well as throughout your career). Reviewers may suggest different ways of thinking about things, be it in terms of analysis or shaping your writing. This can really help to shape your academic ‘voice’. Always keep a copy of the comments you receive from reviewers as they may well be useful for refining your writing and analyses in future work. As you progress through your PhD you will gradually get to know the big names in your field and other research teams that focus on similar work to your own. If your area of research is rather niche, it is especially important to select appropriate reviewers. Selecting reviewers whose work you admire can be a good way to get them to know about you and your work, with the possibility of setting up useful links for future collaborations. Suggesting a reviewer who knows very little about your particular area or the specific methods of analysis used, however, may lead to a relatively difficult review process simply because the reviewers may not have the appropriate skills to evaluate your work. One way of selecting appropriate reviewers is to look through your reference list and see whose work you have cited or is similar to your own. This also has

the added bonus that the reviewer will be pleased to see their name in your paper (nothing better to boost the reviewers’ ego than to see their own work cited and hopefully get them on your side!). However, if the reviewers’ decision is to reject your article, try not to take this too harshly. Journal editors are often pushed for space and so have to be selective about which articles they choose to include. Roughly two thirds of all submitted articles are rejected, and usually those that aren’t straight out rejected will require revision before acceptance. Getting published can be a tough job, but well worth the experience.

A similar consideration is the selection of an appropriate journal to which to submit your work. Think hard about who your target audience is. The selection of which journal to send an article to is key to how you write the paper and the emphasis you give in your writing. It can be a good idea to think about where you will likely send your paper before you start writing, as this can really shape how you write it, the points you emphasise, and the overall conclusion. For example, if I were to write a paper on sleep using quantitative genetic techniques, I might choose to send it to a sleep related journal rather than a behavioural genetics journal, as the findings may be more compelling from a sleep point of view, yet of little relevance to behavioural geneticists more generally. It is also important for deciding how much jargon you use. If you are submitting your work to a highly specialised journal, you may find that you can go into greater depth about technical issues that would be too complicated for a broader audience. Selecting your target audience appropriately will mean that your research gets read by the people who will be most interested to read it, and will impact on the development of the field. Although a lot of my research is published in rather specialised journals (such as *SLEEP*, *Chronobiology International*), it can sometimes be nice to get your work published in broader journals, especially if your research spans

different areas. For example, one of my papers focused on the association between sleep problems and externalising behaviours, and so I chose to send this to *Psychological Medicine*. Another important consideration is the impact factor of the journal you are sending your article to. An impact factor is an indicator of the importance of a journal, the size of the readership, and hence the journal's 'impact' (calculated annually by the average number of citations to articles within a particular journal in the previous two years). Impact factors run on a scale from 0 to around 50 (although most are around the 3–5 mark). Highly specialised journals will likely have lower impact factors simply because the readership is so much smaller. However, an impact factor ≥ 5 is considered to be pretty good. The reason this is important is that you want your work to be read by as many appropriate individuals as possible, which also increases the possibility that your work will be cited.

A third benefit of publishing your work is that getting your name known in your research field before you finish your PhD puts you in a really strong position for securing jobs, securing future research funding, and demonstrating that you are a credible academic. It is even possible that other researchers will start to cite your work – something that really shows that you are heading in the right direction. Becoming a leading expert in your field also means that other researchers might start to select you to review their papers. This demonstrates that your research is getting out to your target audience and that other researchers consider you to be a leading academic in the field. Critically appraising the work of others is not only good for refining your critical evaluation skills, but can also help to shape your own research, perhaps by giving you ideas for new ways of analysing your data and ensuring that you are up to date on the relevant literature, and may allow you to think about a topic from a new perspective.

However, I do acknowledge that you obviously need to have material to write about in order to get published. This can be tricky at the beginning of your PhD when you are largely planning your programme of research and refining your experimental procedures with little time to write. However, there are many ways that you can start writing and get the opportunity to publish if you don't immediately have data to write up. It can be good practice, and a relatively simple job, to write up your master's thesis for publication – a project which will be fresh in your mind. You could also think about writing a review article on the literature in your field. Not only will this be great for getting to grips with the current research, but it could also form the basis of the introductory chapter of your PhD thesis, where you will be required to write a thorough and comprehensive appraisal of the current literature to date. One way to do this is to write to the editor of a review journal to see if they would be happy for you to make a contribution. Sometimes it may be that editors of such journals would prefer there to be a leading established academic on the paper, so perhaps speak to your supervisor to see if they would be happy to co-author a paper with you. You could then take the lead on the paper and be first author whilst satisfying the editor by having a leading academic as co-author. Review papers are great in that they often lead to high citations – giving you the opportunity to firmly establish yourself as a knowledgeable figure in the field. Alternatively, write articles for publications such as *The Quarterly*. This can be great practice for the more formal process of writing up your original research. Another method of getting your name on a paper (albeit not as first author) is to ask to contribute to someone else's work, perhaps by offering to assist the statistical analyses or reviewing the manuscript prior to submission in exchange for authorship. This can be especially useful if you know of other PhD students working in similar areas – you could both offer to proofread each others' work in exchange for authorship, greatly increasing your output as well as theirs.

As well as writing papers for publication, another equally as important role as an academic is to present your research at specialised academic conferences. Although poster presentations are great, being accepted to give an oral presentation has the added benefit that potentially more people will hear about your research and hence get your name known. Giving oral presentations in such formal settings is excellent practice as it is inevitable that you will have to give numerous presentations as an academic. Furthermore, conferences can also be a great place to network with other researchers. It is likely that, as you attend conferences during your academic career, you will meet the same people quite frequently and so it is important for them to start to recognise who you are. This may open up opportunities for collaboration, and may also be useful after you PhD in terms of getting a job. It is possible that researchers you meet at conferences will be writing applications for large grants, and may require postdoctoral researchers on their team. If you apply for such a position and the researcher already recognises your name and recalls a talk you gave at a conference, this can really help in getting an interview. Whilst I was at a conference I set up a collaboration with researchers at the University of Washington, quite serendipitously – a collaboration which is likely to continue into the foreseeable future.

In addition to disseminating your work during your PhD, this is likely to be one of the only times during your academic career when you will have the time to learn new skills. There is currently a great deal of emphasis on multidisciplinary research, and demonstrating that you have multiple transferable skills, spanning several research domains, will not only be great for your PhD work but will enhance your future prospects. One way to gain additional research skills is to attend specialised training courses (usually such courses last around five days, so can easily be attended

during your PhD). Some training courses often offer scholarships to fund your registration, travel and expenses. Alternatively, your department may have funds to support you. Although attending formal training courses is a great way to gain new skills, never underestimate the value of fellow PhD students working in different areas to your own. One way to broaden your range of skills is to ask other PhD students to give you experience in their area of work, perhaps in exchange for offering them the same in return. Your peers can be an amazing source of knowledge! During my PhD I attended specialised training courses in quantitative genetic analysis (funded by my institution) and received specialised training in ‘Sleep Medicine and Sleep Research’ (funded by a scholarship from the European Sleep Research Society). In addition, I spent a year in a genetics laboratory at the Institute of Psychiatry in London. I was very lucky to have the opportunity to shadow several lab-based PhD students who taught me some fantastic molecular genetic research skills, which I then applied to my own sample. Time as an academic is limited, so use this time wisely while you can.

I do hope that this article has provided some useful tips for students wishing to pursue a career in academia. These are just some of the tips I have picked up along the way in my experience as a PhD student – no doubt I will learn more as I continue along the path to becoming an established researcher. I also look forward to seeing many of you at the 2012 PsyPAG conference, which will be hosted by Northumbria University. The organisers and I hope that this will be an exciting event, an excellent opportunity to start networking with your fellow peers, and to showcase the world of sleep research.

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Conference review: European Association for Social Psychology Conference, Stockholm 2011

Dale Weston

AS I ARRIVED at the European Association for Social Psychology (EASP) general meeting I was more than a little nervous. This was both the first conference that I had attended and the first conference at which I would be presenting, and I was experiencing a heady mix of excitement and apprehension. Whilst the apprehension turned out to be ill-founded, the excitement was justified and persisted throughout the conference – I was very sad to leave when it was over.

The EASP general meeting is a large conference held every three years which aims to showcase the wide variety of research by both junior and senior academics in the field of social psychology. This year the conference was held in Stockholm, a beautiful city built across several islands full of picturesque buildings and regions. Gamla stan (the 'old town' region of Stockholm) deserves a special mention here for its gorgeous architecture, boutique stores and cosy bars/cafes. All in all, Stockholm provided a perfect environment in which to unwind after a stimulating day of talks, posters and discussions.

The EASP conference also provided me with the first opportunity to present my research in public. Thankfully my talk entitled 'Examining the effects of perspective-taking instruction on risk perceptions and safe sex intentions' was well received, and I was given valuable feedback and suggestions for further research, for which I am extremely grateful. Furthermore, the conference provided me with an opportunity to meet both established academics in my field

and other up and coming young researchers and PhD students with whom I could discuss and develop ideas. As a result, I left the conference with an expanded network of contacts and potential collaborators for further research as I continue to develop my career in academia.

In terms of the presentations and posters at the conference, it was unfortunately impossible to attend any more than a small selection but there were some particular highlights for me. Firstly, a thematic session entitled 'eating and exercise' contained some fascinating presentations concerning the role of social comparison on intentions to exercise, how emotional regulation can affect eating behaviour and other interesting topics. This was the first session of the conference that I attended and it really set the bar in terms of quality. Not only were the presentations interesting, but they were also particularly useful to me given my focus on social psychology and health promotion. It is safe to say that I emerged from that particular thematic session brimming with ideas and references to follow up on.

Another highlight for me was a symposium entitled 'The social cure: Identity, health and well-being' which consisted of several stimulating presentations, focusing on exploring the roles that social identity and social groups can play in influencing people's health behaviours. This symposium was rounded off by a brilliant discussion led by Alex Haslam on the role that social psychology can play in informing health promotion in future. This session was of particular note for me as it emphasised the

importance of relating social psychological theories and research to an applied health setting, something which I am striving to encourage through my own research.

However, a conference also provides a great opportunity to look beyond your own sphere of research and consider and appreciate the research being conducted in the wider academic community. To embrace this, I also attended multiple interesting presentations and symposia concerning a broad range of topics not directly related to my own research. Highlights included a thought-provoking symposium entitled 'Identifying the path to wellbeing: Group identity salience promotes happiness, resilience and success'. This symposium broadly focused on the role of group identities for determining how we feel about the world and how these influence our wellbeing. Another highlight was a particularly interesting symposium entitled 'Collective realisation and wellbeing in crowds: Enacting identities and representing social relations', which examined how crowds can be related to positive outcomes such as wellbeing.

Hopefully, these symposia help to demonstrate the vast array of research on display at the EASP conference, making it a must for budding and established researchers alike. As I'm sure you can tell, the standard of presentations and posters was exceptionally high, demonstrating some of the very best research in the field at this time. It was a great opportunity to get a

sneak peek of research likely to be published in the next couple of years.

But the conference wasn't all work; the welcome reception took place in the stunning City Hall (where Nobel Prizes are given out), showcasing a beautiful mosaic spanning the entire upstairs hall. The welcome drinks also provided a fantastic opportunity for some more casual chatting and networking. There was even some sport on offer with the conference football match organised by Rupert Brown, which provided additional enjoyment and a fantastic opportunity to interact with fellow researchers in a more laid back environment.

Overall, I had high hopes from my first conference and the EASP general meeting managed to exceed them all. I had the opportunity to present and receive feedback on some of my research, to network with fellow academics, to catch up with old friends, and crucially engage with research from across the spectrum of social psychology. As you will all know, we can sometimes get a bit bogged down in our own research, but the EASP conference provided a perfect opportunity to engage with other exciting research to get a broader perspective. I would strongly recommend EASP general meetings to anyone debating whether or not to attend in future.

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False confessions in half an hour: A new way of studying the effects of fabricated evidence

Deborah S. Wright

RESearch HAS SHOWN that presenting people with fabricated evidence can make them falsely confess to doing something they did not do and develop false beliefs and memories about events. Unfortunately, this research typically involves laborious procedures, lengthy sessions and many layers of deception. We have developed a novel technique for studying the role of fabricated evidence in fostering false beliefs and memories without the usual limitations. The procedure entails a single session lasting only 25 minutes.

Fabricated evidence is an extremely persuasive tool. It can induce us to report false autobiographical experiences (Strange, Hayne & Garry, 2007; Wade, Garry, Read & Lindsay, 2002), to misremember performing simple actions (Nash, Wade & Lindsay, 2009), to confess to mock crimes that we never actually committed (Horselenberg, Merckelbach & Josephs, 2003; Kassin & Kiechel, 1996; Nash & Wade, 2009) and to falsely accuse someone else of doing something they did not do (Wade, Green & Nash, 2010).

Although the results of these studies are impressive, the procedures involved are normally complicated and arduous. Fabricated evidence studies often require the use of confederates, the help of participants' family members, time spent doctoring evidence and multiple sessions with participants (Lindsay, Hagen, Read, Wade & Garry, 2004; Loftus & Pickrell, 1995; Wade, Garry, Nash & Harper, 2010). Generally, the studies can be grouped into *memory implantation*

studies in which experimenters lead participants to report memories of false autobiographical events such as getting lost in a shopping mall or putting a slimy toy in a teacher's desk, or *false confession* studies in which experimenters lead participants to admit to doing something they did not do.

For example, Wade et al. (2002) conducted a memory implantation study in which they led a group of adults to believe they had taken a hot air balloon ride as a child. First the researchers recruited a family member of the participant to be a confederate. Confederates provided childhood photographs of the participant and confirmed that the participant never experienced the false event. The researchers then digitally altered a photograph to show the participant in a hot air balloon. Three real photographs and the doctored photograph were then presented together to the participant and they were asked to recall what they could about each childhood event during three interviews over approximately two weeks. Ultimately, 50 per cent of participants developed images or memories of having taken a hot air balloon ride as a child.

Kassin and Kiechel (1996) pioneered false confession studies by developing a computer-crash paradigm, whereby participants are falsely accused of pressing a key on a keyboard which caused a computer to crash. The procedure requires several deceptive stages and two confederates; one who provides false eyewitness testimony saying they saw the participant press the key, and another to covertly question the participant to ascertain whether or not they really

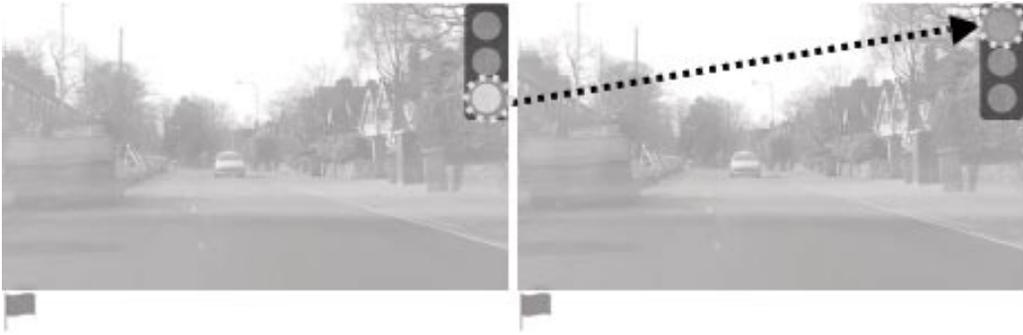


Figure 1: Process of generating the replay

believed they pressed the key. This study has since been replicated many times and other studies have used similar methodologies to falsely accuse participants of exam fraud and of cheating on a gambling task (Horselenberg et al., 2003; Horselenberg et al., 2006; Nash & Wade, 2009).

These studies demonstrate the costly and laborious nature of both memory implantation and false confession studies, which only produce a single data point. We designed a novel procedure to induce false confessions, beliefs and memories in our participants. Our procedure however, has three methodological advantages to previous studies. First, it saves time and prevents contamination of participants' memories by needing only a single session that lasts less than half an hour. Second, it is highly controlled enabling us to observe a direct cause and effect relationship. Finally, it does not require confederates to supply information or determine whether participants believe or remember committing the act.

Our procedure uses new software that we created to generate instantaneous fabricated evidence. It is based on the hazard perception software used in the UK for learner drivers taking their theory test. Participants in our study, are recruited for a 'driving behaviour' experiment and are seated alone at a computer. They view 14 video clips from the perspective of a driver in a car and are told to click the mouse button when they see a hazard. However, they are not allowed to click when a traffic

light icon in the corner of the screen is red, as this will be classed as cheating. After the third clip – called the 'bonus' clip – a message appears on the computer screen falsely stating that they have cheated. At varying points in time they can then be shown fabricated evidence in the form of a video replay registering a click – portrayed by a red flag – when the icon was red.

After the test, the experimenter asks participants to rate 10 statements about their performance and the utility of the programme on a scale of agreement from 1 (strongly disagree) to 5 (strongly agree). Within these is the critical statement 'I believe I cheated on the bonus clip'. They are additionally asked to describe and/or explain what happened on this clip. Raters then rate these statements on a scale of belief to see whether participants internalised the act, and confabulation to see if participants made up details about how the event may have happened. Preliminary results suggest that participants are convinced by – and frequently believe – the fabricated replay evidence, as well as confabulating details about how they may have cheated.

Our procedure provides a simple way to experimentally investigate the influence of fabricated evidence on false confessions and can be used alongside other real-world research to improve police interviewing techniques. In parts of the US, police can legally present suspects with some kind of fabricated evidence during questioning to

induce a confession. Moreover, some interrogation manuals actively encourage police officers to lie to suspects during interrogations (e.g. Inbau, Reid, Buckley & Jayne, 2005). Our initial research shows that fabricated evidence can easily induce people to falsely confess to doing something they did not do. In a legal setting, the consequences of making a false confession can be devastating. Once a case reaches court, suspects who have confessed are more likely to be

convicted even if jurors are instructed to ignore the confession evidence (Kassin & Sukel, 1997). Our *new driving test* procedure can be used to examine the mechanisms behind the power of fabricated evidence to induce false confessions, and inform police practice in jurisdictions around the world.

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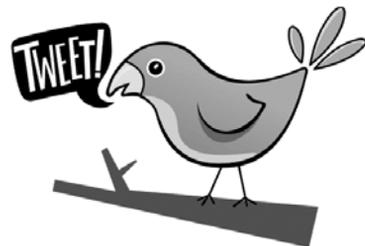
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Conference review: International Human Sciences Research Conference, Oxford

Rebecca Graber

THE INTERNATIONAL Human Sciences Research Conference was held from the 27–30 July at St Catherine’s College, Oxford University, hosted by the Department of Psychology at the Open University. An eclectic, welcoming, and challenging conference, it proved an exciting opportunity for qualitative researchers from a range of backgrounds to come together and explore a compelling diversity of human experience.

I attended the opening Wednesday of the conference, and a couple of presentations on the Thursday morning before rushing off to catch a train. The conference opened with a ‘formal’ welcome from the organisers, Dr Darren Langdrige and Dr Linda Finlay, both of the Open University. In fact, the welcome was quite conversational and *informal*, as the organisers struck a tone of inquisitive exploration and cooperative inquiry, in which delegates could engage with each other on aspects of the human experience critically, but not judgmentally – in Dr Finlay’s words, ‘without apologising for using phenomenology’. The spirit of the day, then, was community rather than competition. Although the conference has a history of embracing phenomenological research methods, a wide and eclectic range of qualitative methods were represented, encouraging innovations and experimentations of form.

Organisers of other conferences would do well to emulate the IHSRC’s unhurried approach. Although the days were long – presentations began at 8.45am and continued until 6.00pm – speakers were granted 20 minutes for talks, 10 minutes for

questions and discussion, and an additional 10 minutes for delegates to move between buildings. This allowed for an immersive experience in which there was actually time to absorb a talk and engage in meaningful discussion, without a rush to prematurely run off to the next talk (and, consequently, little or no occurrences of late arrivals attempting to unobtrusively inch their way into a packed room as usually happens at these things).

The first keynote was Professor Emmy van Deurzen (New School of Psychotherapy and Counselling, London), who took an existential perspective towards ‘radical freedom’ – living authentically while facing what Chekhov called ‘the abyss’, our own mortality. She touched on thinkers such as Nietzsche, Heidegger, Sartre and Spinoza before moving on to her own work on experiencing all modes of living and emotional states in order to facilitate emotional well-being. ‘Engaged freedom’, or moving within a community towards a life project whilst maintaining a sense of openness, choice and play, was an apt way to open a conference which in many ways embodied that very sensibility. Other keynote speakers included Professor Bernd Jäger (Université du Québec à Montréal), speaking of the relationship between the arts and humanities and psychotherapy; Professor Jonathan Smith (Birkbeck College, University of London), employing a hermeneutic phenomenological methodology to explore medical genetics; and a panel comprising Professor Scott Churchill (University of Dallas), Professor Karin Dahlberg

(Linnaeus University) and Professor Les Todres (Bournemouth University) discussing future directions of phenomenological theory and research.

The talks were clustered around philosophy, theory, methodology, general empirical work, and applications in psychotherapy, healthcare, pedagogy and culture. These areas were loosely connected to the conference theme of 'Intertwining Body-Self-World'. This theme references one of the fundamentals of phenomenological enquiry; the interactions between self and other, self and world, subject and object, knower and known, and the intersubjective space in which those interactions unfolds. Practically, this theme allowed for a diverse range of discussions about being-in-the-world led by practitioners of all types of human sciences research – not only psychologists, but psychotherapists, sociologists, educationalists, and other professionals.

Some highlights for me included a considered reconceptualisation of empathy within the therapeutic encounter (Erica Lilleht and Jennifer Schulz, Seattle University). Wei-Chen Chang and Yaw-Sheng Lin (National Dong Hwa University) presented a unique and compelling exploration of the lifeworlds of Taiwanese survivors of tsunamis. David Carless (Leeds Metropolitan University) offered a narrative approach to exploring the development of sexual identity in athletic contexts. My own talk conflicted with an experiential workshop covering relational-centred research (Ken Evans, European Centre for Psychotherapeutic Studies, and Linda Finlay, Open University), but I heard positive feedback from delegates who said that a chance to try out this more dialogical approach to interview methods elicited rich data through a co-constructive, embodied stance to knowledge construction. The evening wine reception and poster session was a welcome opportunity to mingle with other delegates and view high-quality poster

submissions, although more time to peruse these would have been welcome. The programme for the next few days promised a varied, intriguing collection of talks appealing to those interested in any aspect of experience.

Naturally, Oxford itself was a delightful setting for this truly international conference. The organisers did well to provide plenty of information to delegates prior to their arrival. (The absence of a city map was an oversight, but seeing as chocolates were provided on arrival, this can be forgiven.) This being Oxford and so a touch formal, I was not quite used to the heavy gastronomic demands of two three-course meals a day; a daunting prospect, even when set within the warm environs of the St Catherine's College dining hall.

As a postgraduate, I found that whilst the quality and diversity of the submissions was initially intimidating, the organisers and delegates were welcoming, interested and dedicated to exploring each other's ideas. As a conference to present at, IHSRC is an excellent choice: the audience is receptive yet critical, and will provide challenging, intelligent and engaged feedback. As a conference to learn from, IHSRC excels: the student of methodology or philosophy will find a creative mix from which to draw inspiration. As a conference to enjoy, here too there are strengths: the range of topics is sure to address one's area of specialisation whilst drawing out new or underexplored interests. Whatever one's area of psychology – and whether one considers themselves applied or academic – there is a great deal to learn and delight in here. It is a further strength of the conference that this breadth does not sacrifice depth; instead, like experience itself, it is only enriched through exploration and play.

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Psychology people in profile

Phil Loring, Curator of Psychology at the Science Museum

Kate Doran

In this second of two interviews, Kate Doran asks Phil Loring, in his role as the Society's Curator of Psychology at the Science Museum, how he promotes public engagement with psychology.

Kate: I've just walked through the museum – it was teeming with people. Who comes here?

Phil: We specify our market in three categories: families who are looking for what we call a 'good day out'; independent adults who come on their own or with their partner to check out some things 'cos they're curious; and, last but not least, our foreign visitors.

Kate: Has that demographic changed since you've been in post?

Phil: More independent adult visitors have come in recently. This is partly to do with the change in focus of our temporary exhibitions. Whereas we used to do Wallace & Gromit, for example, we're doing things which are not so child-oriented, like one on electronic music, and the previous one on psychoanalysis. Our current cockroach tour is designed to appeal to all age groups (see Boxed Feature 1).

Kate: Specifically in relation to psychology, what've you been doing to develop your audience?

Phil: I've been focusing more on the adult part of the audience. Part of that is the way the post has been set up. There's money involved in my sponsorship which has been set aside specifically for adult events at the DANA centre (our café and bar for adults only which is open in the evenings). I've had one event in the DANA centre, an evening event dedicated to historical IQ testing (Figure 1). And that was a terrific success.

Kate: Tell me more about that event.

Phil: I wanted people to get their hands on the tests because IQ tests are just a black box to most people. I think they have a kind of fetishistic magic to them that has a lot to do with the fact that people don't have experience of them in everyday life. I wanted to give people a chance to open up the tests and get their hands on the parts. In terms of how to do that best, I figured that meant they needed to somehow play with them. I set up a casino evening where people could come in and bet against their friends as to who was going to complete a test faster or who was going do better on a particular sub-test. These were all single tests, either like Form Boards where you take shapes and put them into particular holes, or they were sub-tests of intelligence tests – things like Knox's Cubes or Block Design tests. And then there were several tables set aside just for people to talk about particular historically important tests like the Stanford-Binet, or the various revisions of the WISC. People had an opportunity to ask ques-



Figure 1: The history of IQ event at the DANA Centre

tions with well-briefed volunteers who were informed about the tests. It lasted about three hours.

Kate: It must've caught people's imagination if it lasted three hours.

Phil: We had so many tests that people kept circulating. And we had some time in the middle of the evening where an educational psychologist, Andy Allen (who had experience actually giving assessments to people), and an author, Stephen Murdoch (who has written a book called *IQ*), gave short talks as well.

Kate: Last time we spoke you mentioned bringing people with learning disabilities into the museum to learn about your artefacts related to asylums. Tell me more about that project.

Phil: A group called *Outside In: Pathways* that has in the past worked with the collections of the V&A, bringing them together with people with learning disabilities, wanted to broaden that work and inquired if the Science Museum had anything that would relate. And I said, 'Absolutely'. We've got an entire set of asylum-related objects and learning disabilities would have been a fine reason for people to end up institutionalised at least in the C19th and most of the C20th. And we also have an extended set of assessment instruments and these IQ tests would have been used to send people into institutions. So it's a particularly powerful group of objects that have a lot to say that is directly relevant to learning disability. We had four different object handling sessions, each with about a dozen objects grouped around a different theme. Each session was about 2–3 hours, exploring objects, talking about what an object might be, talking about what the properties of a particular object were, and letting people tell their own stories about the objects. This was all recorded and photographed by the people who were involved. Everybody had cameras; several people had flip cameras so you could get everybody's independent perspective on it. And all these were edited together into a film.

Kate: It sounds very powerful to have people coming in and negotiating the artefacts.

Phil: Yeah, it's an interesting way that things happen, that there are groups of people out

Boxed feature 1: Exhibitions & Tours

In 2009 we had a Wallace & Gromit exhibition on the second floor, accompanied by a 2-for-1 promotion on the web.

The Cockroach Tour

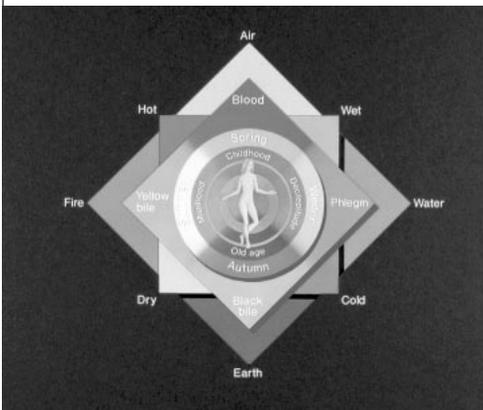
Currently the cockroach tour is running which is great – it's fun for the kids to dress up but it's also something the adults can have fun dressing up as well 'cos they're acting as goofy as the kids. Check out the YouTube trailer for the cockroach tour, running until December 18 2011 (www.sciencemuseum.org.uk/ClimateChanging/Events/Cockroach-tour.aspx)



Boxed feature 2: Time Team



I've been approached by the archaeology TV programme *Time Team*. A dig has uncovered a graveyard which was connected with Bedlam Hospital. *Time Team* is interested in looking at ways psychiatry would have been present in 1300s, so that's an opportunity to show them our medieval medical objects and to point out that there wasn't this division between mental illness and physical illness that we have now. When you were talking about medicine in terms of the four humours, your humours affected your behaviour as much as they affected your physical wherewithal.



This is also a time when they were discovering lots of new drugs. You have to imagine a time when, for example, somebody falls into a raving fever, the raving part of that is as much about madness as it is about malaria. So finding something like cinchona bark that does something to help with malaria is as much a psychological remedy as it is a physical remedy.

there that have particular forms of engagement that they want to foster and they approach us and we say 'Absolutely, that's what we have in mind too'.

Kate: Very interesting. If we step back a bit, to discuss 'engaging' in general, rather than 'who' you're engaging, what do you consider to be your most important marketing tools?

Phil: I think blogs, twitter and people. The curators have their own blog called 'Stories from the Stores'; it's a way of sharing short stories about interesting things that are in our collection. The idea is that things like that will get picked up by other blogs and also objects that we have represented online, via photographs and stories, will be picked up, either coming up in the news and becoming a hot Google search, or people coming across them in the museum and tweeting about them.

Kate: How do you choose what to display?

Phil: This is something that I'm going to talk about in the abstract because displays for me are still in the future. From a curatorial point of view, I would like to choose objects that catch people as they're walking by, giving them a reason to stop and ask 'why's this here?' And also objects that have a kind of depth, by which I mean we know a good deal about them: where an object came from; who used it; at what point in its life it was used; when it stopped being used; why it was the instrument that it was; and what makes it unique. All the different back stories that an object has relate to whether or not it's going to be chosen to be on exhibit.

Kate: In terms of the museum website, how did you select the themes by which to order the material on the web?

Phil: I selected those themes because I have taught the history of psychiatry. I was particularly focused on themes that were not necessarily expected or not always covered. I wanted to do something on women in psychiatry or women in psychology, on trauma that didn't concentrate on shell shock, for example, so I was given complete free rein to choose those and they came out of both my teaching experience and my comprehensive exams.

Kate: And how did you develop the inter-

Boxed feature 3: Alms Boxes from Bedlam



These are alms boxes which used to be outside Bedlam when it was at Moorfields. They represent the typical model of a homeless male madman and a homeless female madwoman, wandering without any help or hope, just asking for alms. You were expected, partly as a gesture of Christian charity, and partly as thanks to God that you didn't end up in Bedlam, to give a little bit of money when you came to see the patients.

Boxed feature 4: A Probang

This thing is fabulous because it's probably the most important thing they had in C19th asylums. It also shows up in veterinary medicine. It's a probang. Basically it's designed to dislodge food if it gets stuck in the throat. If you imagine a C19th asylum where up to half the patients were epileptic, then you realise that during meals it was an extremely common occurrence for



someone to have a seizure and get food stuck in their throat and start to suffocate. You would need to use a probang to get it out.

active displays?

Phil: That was a fascinating process. It was a combination of myself, a web-design firm and a project manager, and all three of us working together turning these ideas from original half page textual discussions of ideas to actual functioning interactives. The one about psychology I particularly wanted to be authentic, to reflect actual published research. One of the ways it works is that it gives you the voice of patients so I did a lot of background research to make sure I wasn't just making those voices up but actually these came from case studies.

Kate: When we spoke last time, you talked about incorporating mental illness into the single unified story you're telling with the medical collection. Can you tell me more about that?

Phil: In a way this is something very personal for me. I am a service user and have been for 15 years. I've always wanted to find a way to link what I do as a scholar with who I am as a person and yet at the same time I'm someone with mental illness who has accomplished a lot of other things in life and so I don't like to think of myself as defined by my mental illness. In that respect I want to tell stories about mental illness that aren't necessarily just my story because, firstly, I'm only one person, I just happen to be a person in a particularly public position and, secondly, because I'm not sure my story is as instructive as some of the stories that can be told using the objects in the museum. So, this is something that comes from a very personal place but it's something that I would like not to reduce to a personal story.

Kate: Last time you mentioned you have a contextualised view of the mind: not the mind as the province of psychology but as a contested object that gets tossed around. How does that impact on how you approach public engagement with psychology?

Phil: I think it makes me think of public engagement as something that doesn't come second. One model of public engagement would be that psychologists have interesting insights that develop out of their own work and then they ought to find ways to publicise that so that knowledge moves from the laboratory out into life. But

Boxed feature 5: Collaborative Doctoral Awards

Right now we're applying for collaborative doctoral awards which are doctoral awards given by the Science Museum and a particular educational institution. One of them that we're applying for concerns Margaret Lowenfeld and her legacy.



Another one is about the Rorschach Test. So this is another way we are continuing to engage people with the collections. That would be the case of a PhD-level researcher working on these kinds of objects. Hopefully that research would have some kind of public output to the museum.

you might as well call that public understanding of psychology. I think of public engagement as kind of working the other way. Starting from the point of saying that psychology, by the nature of its subject matter, is already of great interest to a wide variety of audiences and there's no particular ownership of those subject matters that is unique to psychology. One of the reasons psychology has such a difficult time presenting itself as a hard science perhaps is that it is, by its very nature, never going to be so esoteric as something like physics. It's always going to be very close to the ground of the kind of everyday experiences that people have and the further it gets away from that, the less compelling it becomes in many ways. So I think philosophically I have this sense that the public engagement is already going on, it's what's always made psychology so interesting to many people, including me. So it's not so much a matter of working from laboratory to life so much as an understanding that under-

pinning the kinds of questions psychologists ask are broad, fundamental cultural assumptions and attitudes that need to be examined and for me that means from an historical point of view in order to really make sense of what's happening with the laboratory.

Phil Loring

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Boxed feature 6: Eysenck's Laboratory

That's an exhibit of Eysenck's laboratory. I heard a child say 'what's that?' and mum said 'a bio-signal laboratory' because she couldn't explain. Unfortunately, the rest of the text is kind of



complicated and takes a while to read through. I wish we could highlight more from this lab: first, it was in Bedlam hospital which is an interesting way to look at what Eysenck was doing; and second, that Eysenck's chief funder for this research was Big Tobacco. Eysenck was interested in seeing if there was a connection between smoking and psychometrics: was there some kind of personality that lent itself to more smoking? If so, I think the 'if so' question is the important one, then the tobacco companies would have been in a position to argue that it's not nicotine exactly that causes addiction but some kind of addictive personality. So that would have made a very different story about tobacco than the story we tell today. But it also makes Eysenck look a little more nefarious than he necessarily needed to be because he was getting his money from wherever he could find it and wasn't necessarily so interested in supporting Big Tobacco.

New drug treatments for depression: No reason to be blue

Níall Lally

FEELING DOWN or 'blue' is a natural and expected reaction to negative life events. Typically, a 'blue' period is often a very transient affair and most frequently passes after a few days. Clinical depression, on the other hand, is a longer termed period of sadness, lasting at minimum two whole weeks, and is oft characterised by a litany of potential symptoms: despair, anxiety, feelings of worthlessness, lethargy, psychomotor agitation, impulsivity, dietary change, cognitive impairment, trouble sleeping, and suicidal thoughts. Fortunately, there are several treatment strategies available to people suffering from depression, the most common of which is in pill form (i.e. antidepressants). For the lucky individuals that do respond to these, treatment can be quite effective with a gradual reduction in symptomatology and improvement in mood. However, with standard antidepressants there is always a delay period prior to the medication taking effect which generally lasts between two and six weeks. During this drug treatment lag time, individuals are at the highest risk of suicide and most in need of mood improvement, yet these patients are classified as the lucky ones! There are less fortunate individuals who show no ameliorated response to currently available antidepressants; the so called 'treatment-resistant' or 'refractory' depressives. Thankfully, very recent research has highlighted new rapid acting medications that demonstrate almost immediate relief for these individuals. Here, I will discuss one of these drugs, ketamine, briefly discuss a few others and outline where the current line of research is heading and what the future holds for the treatment of depression.

Ketamine is an anaesthetic, most commonly administered to children and the elderly during surgery. It is also used with animals, although the common misconception that it is a horse tranquiliser is somewhat unfounded; its administration being very common to a Noah's ark amount of animals requiring a surgical procedure (from elephants to ewes). It is popular among anaesthetists due to its attenuated effect on respiration in comparison to other commercially available anaesthetics, thereby making surgery safer when a ventilator is unavailable. However, ketamine is not a standard anaesthetic; it is a dissociative substance, in that it also induces strong, albeit dose dependent, out of body feelings and a distorted sense of reality. These hallucinogenic properties have made it a sought-after recreational drug. Previously consumed almost solely by dance music lovers, it has now become the drug of choice for many groups of people due to the fallacy of it being a 'risk-free' drug. Despite its Class C classification, it is in fact very dangerous with extremely debilitating side effects. After months of regular use, abusers can look forward to significant cognitive impairment, incontinence mediated through irreversible bladder and renal damage, and a host of exacerbated psychiatric symptomatology. Additionally, it can also be a highly addictive (albeit mainly psychologically addictive) substance, with users often self-medicating their ketamine-induced ailments with more ketamine, creating a vicious cycle of administration. Thankfully, for this particular drug, it is not all doom and gloom, and ketamine may be a cloud with a special silver lining.

Almost 12 years ago, Robert Berman and colleagues (Berman et al., 2000) published the first placebo-controlled, double-blinded study showing ketamine as an effective antidepressant medication. The authors demonstrated that not only was ketamine a highly effective treatment for depression, but that these beneficial effects were rapid-acting. Within four hours of drug infusion, long after the psychotomimetic effects had worn off, patients demonstrated a very significant reduction in clinical ratings of depression. The authors continued to measure depression scores in the patients for several days afterwards with results indicating that a single intravenous administration of the drug was efficacious at 72 hours post infusion. This pioneering and revolutionary use of ketamine as an effective antidepressant in humans, working on the basis of previous but sparse animal studies, spawned not only an entirely new theory of the underlying neurobiology of depression, but has also spearheaded research into new rapid acting treatments for depression; a field of psychiatry hitherto uncharted.

These dramatic findings for the field of psychiatry were replicated in extremely well characterised samples of individuals with major depressive disorder (Zarate et al., 2006) and bipolar disorder (Diazgranados et al., 2010a). Critically, both of these studies used a robust placebo-controlled, double-blind, crossover design, showing the same rapid treatment response to a single drug infusion. Moreover, this effect has been shown across multiple sites and centres (aan hen Rot et al., 2010; Valentine et al., 2011) and also in non-humans (Autry et al., 2011). However, the antidepressant effects of ketamine have also proved transient in nature. It must be noted that no one-off magic medicine exists for any psychiatric illness. Most patients who respond to a single infusion of ketamine relapse and decline progressively back to their original state of depression an average of one week post infusion. Conversely, some patients do stay depression-free for much longer, with an impressive maximum recorded remission duration of one month from one single infusion!

Although relapse is a relatively common occurrence to those who respond to either standard antidepressants or cognitive behaviour therapy, the temporal response length of ketamine is a frustrating issue. Responders to the infusion rapidly fluctuate within hours from being severely depressed and unable to concentrate, interact with people, or experience pleasure, to reverting back to their former selves. This temporary period of remission does not last long enough though, with patients falling back into their difficult to treat period of despair and self-worthlessness on average of one week later. Researchers have recently experimented with repeated doses for patients; six doses over the course of two weeks resulted in those patients who responded to the drug being depression-free for a further two weeks with one patient remaining so for three entire months (aan het Rot et al., 2011). Importantly, all studies excluding the first one mentioned here (Berman et al., 2000) utilised a clinical population that were consistently treatment refractory, so for these individuals to remain depression-free for any reasonable period of time is almost miraculous. Follow-up work has also showed that the rapid antidepressant effects are concomitant with a significant decline in suicidal ideation (Diazgranados et al., 2010b), outlining one of the many benefits this treatment has over more traditional ones.

Although ketamine is a food and drug association (FDA) licensed chemical in the United States due to its use in anaesthesiology, the question of whether it could ever be recommended as a treatment for depression is problematic due to its dissociative properties, recreational abuse, and the significant cognitive impairment seen after its frequent use. The most current line of research with regard to ketamine as an antidepressant lies in understanding how it works at a cellular and systems level within the brain. It is hoped that from this line of enquiry it will be possible to generate a cleaner medication that is relatively risk-free and can be more easily administered than the current intravenous protocol.

Unsurprisingly, there has been huge interest from psychiatrists, neuroscientists, and most tellingly from pharmaceutical companies. In particular, large multinational pharmaceutical companies, who have largely withdrawn almost entirely from developing drugs for traditional mental illnesses (schizophrenia, anxiety, attention-deficit hyperactivity disorder), are investing heavily in trying to understand why ketamine is so effective in an attempt to develop similar drugs without ketamine's aforementioned negative associations.

Currently, there are a host of other drugs – some similar (imipramine, memantine, traxoprodil) and some dissimilar (scopolamine, LY451646) to ketamine – under investigation as quick-acting treatments for both unipolar and bipolar depression, although none yet have been found to work as speedily as ketamine. One of these drugs in particular, scopolamine (the main ingredient in a motion sickness tablet and also used as a truth drug to gain confessions – see Wikipedia article), has been shown in a randomised placebo-controlled double-blind design to have strong and consistent antidepressant effects over two weeks (Furey & Drevets, 2006). Due to its use as a motion sickness medication, scopolamine is administered via a transdermal patch, overcoming one of the main issues associated with ketamine and other similar potent drugs: safe and practical administration. The antidepressant properties of this drug have recently been replicated (Drevets & Furey, 2010) and now researchers are endeavoring

in a similar pursuit to that of scopolamine with ketamine, experimenting with doses and different methods of administrations. With all of these new medications the goal is to understand their neurobiological substrates in order to further the knowledge of what causes and alleviates depressive symptomatology.

In sum, although depression is highly prevalent and often very difficult to remit, it appears that there may at some stage, in the not too distant future, be a litany of potential effective treatments available to those who are suffering from this debilitating illness. The most important outcome of the new line of research is, in my opinion, the diversity of treatment options that will be available. Not everyone responds to cognitive behaviour therapy or standard antidepressants; hence, it is critical that therapy is individualised to the patients biological disposition and symptomatology. Importantly, there is now a strong research emphasis on delineating those who respond, and those who do not, to specific forms of therapy (be they drug or behavioural) based on a patients genetic, neural and behavioural phenotype. Hopefully, this holistic research will permit a gradual move away from the archaic treatment for diagnosis style of mental health care and move towards a progressive, individualised, symptom-based approach, allowing science to finally get a grasp on affectively dealing with mental health issues.

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Conference review: European Federation of Sport Psychology Congress, Portugal

Rachel Arnold & Mustafa Sarkar

THE 13th European Federation of Sport Psychology (FEPSAC) Congress took place in Madeira, Portugal from the 12–17 July 2011. The congress theme ‘Sport and exercise psychology: Human performance, well-being and health’ not only provided researchers from nations across the world with a forum to present their scientific research, but also offered support to those involved with service provision to both athletes and the personnel associated with these sport performers.

The conference began with an opening ceremony, in which the audience were treated to traditional Madeira music played by local university students and a knowledgeable and experienced panel of guest speakers. To begin the ceremony, Paul Wylleman (FEPSAC President), commented that ‘FEPSAC and the local organising committee aimed to provide congress participants not only with a high level, quality programme, but also with an opportunity to foster contacts and informal exchanges with other participants from Europe and around the world’, an aim which we feel was certainly achieved. Indeed, the conference programme was varied and of a high quality and there were ample opportunities to meet and interact with sport psychology enthusiasts from around the globe.

This conference report will review the pre-conference workshop and the five keynote lectures that we both attended. We will then conclude by discussing the growing popularity of sport psychology research.

Pre-conference workshop

There were two full-day workshops held prior to the 13th FEPSAC conference. The first was hosted by the Forum of Applied

Sport psychologists in Topsport (FAST) and the second was entitled ‘Getting that first manuscript published’. The first of these workshops brought together professionals from around Europe who provide applied sport psychology support services to athletes, teams, coaches, and other support personnel at the youth, elite and Olympic levels. These professionals delivered an educational workshop with a focus on the development of consulting skills, techniques, and contextual knowledge related to building and maintaining confidence in athletes and teams.

We were both in attendance at the second of these pre-conference workshops, ‘Getting that first manuscript published’, which we found highly useful and informative. The workshop was hosted by Professor Martin Hagger (Curtin University), Assistant Professor Xavier Sanchez (University of Groningen) and Professor Mike Weed (Canterbury Christ Church University). The combined knowledge and complementary perspectives of this trio was fantastic and topics that were covered included: constructing a cover letter, abstract, key words and highlights, qualitative research fundamentals, manuscript submissions, communicating with and responding to editors and reviewers, dealing with rejection, and an extremely useful ‘ask the editors’ question and answer session. As early career researchers, the ‘hands on’ workshop format provided us with a clear overview of the publication process, guidelines and tips for getting work published, and warnings of some of the potential pitfalls that might be encountered along the way. Above and beyond this, we were provided with potential solutions and practical tips for dealing with

some of these issues. For example, the session encouraged attendees when responding to reviewers to be polite and diplomatic at all times and provide evidence as a rationale for proposed changes.

Keynote lectures

Across the duration of the conference, five keynote speakers were invited to discuss and reflect on their work. The first keynote was delivered by Professor Sheldon Hanton, entitled 'Another decade of research and still the question remains: What is this thing called mental toughness?' With 50 publications in the last ten years, mental toughness has become one of the most popular areas of inquiry within the field of sport psychology. Following a brief historical overview of the literature, Professor Hanton reflected on the lessons he has learnt from conducting research on mental toughness and offered the audience various implications for generating quality research in this area in the future. Specifically, he offered suggestions for the direction of the next decade's research including initiating systematic programmes of original research, generating consensus around conceptual and measurement issues, and conducting studies that investigate links between mental toughness and actual performance.

The second keynote was delivered by Professor Andrew Sparkes, entitled 'Qualitative research in sport and exercise psychology: Future challenges and points of contestation'. Due to the recent rise in qualitative research in sport and exercise psychology, Professor Sparkes offered some personal reflections on the challenges that qualitative researchers in this field might wish to address in the future. Topics touched upon included examining the nature of trust within interview and field settings, destabilising the emergence of mixed-methods research, and the use/abuse of inappropriate criteria to judge different forms of research.

The third keynote was delivered by Professor Anne Marte Pensgaard, entitled 'Applied sport psychology'. Based on her

consultancy work with Olympic athletes, Professor Pensgaard presented a theory of optimal performance, which included belief, awareness, authentic identity, positive response outcome expectancy, and task orientation. Using an example from applied work in the lead up to the 2010 Winter Olympic Games, she subsequently illustrated how emerging approaches, such as mindfulness, are advantageous when preparing elite athletes for competition.

The fourth keynote was delivered by Professor Elisabeth Rosnet entitled 'Sport, exercise, and space psychology: Links and challenges'. Based on the notion that performers in both sport and extreme environments actively choose to be confronted with difficult situations, Professor Rosnet provided a broad scope of knowledge and tools that could be brought from polar and space to sport and exercise psychology and vice versa. One example of this transfer of knowledge was her illustration of how coping strategies and group behaviour can be applied to selection, training, and support in both domains.

The fifth and final keynote was delivered by Professor Margarida Matos, entitled 'Health assets for the promotion of personal and social health and well-being in children and adolescents'. Based on a case study of Portuguese children and adolescents, Professor Matos demonstrated how to take a proactive 'assets based' approach in creating the conditions for personal and social well-being. Specifically, she focused on three potential assets (the promotion of skills, self-regulation, and social capital) and highlighted how this approach could contribute to the broader goals of national and international policies for health and development.

To conclude, we feel that the 13th FEPSAC congress was an invaluable experience for us and many other sport psychology researchers and practitioners across the globe. The success of the congress is testament to the congress manager Nelson Teixeira, the organisers, the management council, and all the atten-

dees. It is clear, both by the 800-plus submissions that were received for the congress and the strong sport psychology community in attendance, that there is a growing popularity of, and increasing interest in, sport psychology research. From an applied perspective, in the build up to major competitions, such as the London 2012 Olympic Games and the 2014 FIFA World Cup, we feel that the ever increasing magnitude and quality of research in this area, presented at conferences such as FEPSAC 2011, can make a positive contribution to the enhancement and development of elite sport.

Finally, thanks to all at the Psychology Postgraduate Affairs Group (PsyPAG) for the

international conference grant which they so kindly provided us with. Without this, we would not have been able to attend and experience the fantastic scientific and social experience that was FEPSAC 2011, a week that will be etched on our memories for many years to come. We are already looking forward to the next FEPSAC congress in 2015, and there is even talk of a potential 'themed' FEPSAC congress in 2013 too.

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Psychology of Women Section



The
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11–13 July Cumberland Lodge, Windsor

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Keynote speakers

- Vikki Krane
- Sharlene Hesse-Biber
- Natacha Kennedy

First submission deadline: for proposals 24 February 2012

Latest date for abstract submission: 30 March 2012

For further information and details about registration

- Call Ruth Raven in the BPS Conferences office on 0116 252 9555 or
- E-mail powsconference@bps.org.uk
- See www.bps.org.uk/pows2012

The joy of RECs: The life-cycle of an NHS ethics application

Scott Cole

FOR SOME postgraduates, NHS Ethics is essential to get a PhD alive and kicking. It is fair to say that this process won't be the most fun, creative or exhilarating postgraduate experience (although obtaining ethical approval can definitely bring with it a feeling of joy and relief!). However, a pragmatic knowledge of how to construct an ethics proposal can help enormously and can be a great tool in progressing one's research – from writing the extensive online form in a clear and detailed way to performing your best in the long-awaited Research Ethics Committee or REC meeting. This piece will describe an account of some joys and frustrations associated with NHS Ethics to shed some light on the mystical process of obtaining a 'favourable opinion' from a REC and provide some practical pointers based on my experience of this process.

From the very beginning of my PhD on 'Imagined Future Events' I was keen to recruit some neurological patients to assess their ability to simulate possible future events and how this might be affected by specific types of brain injury. Initially, it was thought a review by Faculty Ethics combined with the Neurological Patient Centre's Ethics would suffice, but after a myriad of e-mail messages between the Consultant Neuropsychologist, Faculty Ethics Administrator, Supervisors and myself, one fact emerged: NHS Ethics was necessary. The reason for this was twofold: Firstly, it was thought that the Mental Capacity Act 2005 may be relevant as some of the participants were likely to have difficulties in understanding and remembering their role in the project. NHS reviews can satisfactorily check the project corresponds with these ethical statutes and a

helpful summary of this law for anyone working with patients who may have issues giving informed consent is available at the National Research Ethics Service (NRES) website (www.nres.npsa.nhs.uk/news-and-publications/news/release-of-adults-lacking-capacity-toolkit). Secondly, the patients at this centre were under the remit of NHS care (this includes all patients referred by and funded by local Primary Care Trusts). The initial discussions with stakeholders from inside and outside the university take time. How much will depend on the type of research conducted and the type of patients you expect to recruit. So far, one calendar month had passed.

NHS Ethics Applications are now initiated online through a website called IRAS (Integrated Research Application System). It has functions in which research projects can be created, modified and submitted. One useful feature is that personal details (e.g. principal investigator's address) can be populated to other questions automatically. The IRAS website has a range of general FAQs and advice as well as question specific help functions. The NRES website provides more general advice on ethical issues, and also has templates for consent forms and participant information sheets which follow a different format to the university ethics forms. These websites help with creating new ethics documents, such as the study protocol. The advice and guidance of professionals and clinicians can also be helpful to highlight key details for your application.

After two months and a few quick nervous calls to the Faculty Ethics Office to make some last minute checks, the form was finally 'submitted'. This term is somewhat

misleading as the form doesn't actually go anywhere, rather it 'locks' the REC Application for future access. It is expected that this version will be printed and sent to the local REC. It is therefore important that the online form is checked several times over before 'submission'. After 'submission' I telephoned the regional office who assisted me in finding an appropriate location and date for the REC meeting.

Another week floats past. I receive an e-mail from the Ethics Coordinator at the REC confirming the date of the meeting and requesting relevant documentation. Just like the Application, all forms previously uploaded onto the system are then printed off, each one dated with the version number (to track any corrections made to documentation). The documents sent to the local REC included six copies of the study protocol, CVs (student and supervisor), insurance documents (usually from sponsor), participant information sheets, consent forms and letters to GPs (the specific forms required will depend on your study).

One month later and an unexpected e-mail appeared in my inbox. Despite the fastidious checking, I failed to tick the box verifying that this was an 'educational project'. I translated this as researchers working in schools. Mine was no such project. It never occurred to me that *educational project = student working on PhD or master's* (the PhD tick-box only appears once you tell IRAS you're doing an educational project). This 'small' mistake (I'll let you be the judge) cost me another 30 days. Another REC form submitted. Another tree felled to print the required documentation. Small mistakes like this can add days, weeks or even months to your ethics process, so definitely treble-check your form before submission.

And so, the day of the meeting arrived and I awaited the arrival of my supervisor, who unfortunately never made it because of a train strike. Four months after starting this process and I'm sitting in a hospital café nervously shuffling copies of e-mails I had

received from clinicians that 'rubber stamped' various aspects of my design. Top of my list of fears (gleaned from the many rumours I had heard about these meetings) was that I would be quizzed on how the results would be analysed by a statistical expert (I had heard – rightly – that all REC meetings necessitated a statistician, in addition to a layperson, chair, and clinicians from various fields).

When the time came, I walked through several small corridors and waited outside the meeting room door. Two researchers strode out of the meeting room after attending their meeting. Twenty minutes passed by. I was then asked to enter and given some cursory guidance as to where the meeting chair was seated and what to do when entering the room. The actual meeting was a brief affair. I entered the room late in the afternoon, and gave myself a few seconds to take in my surroundings; around 10 attendees sat around a table that looked slightly too small for its current purpose, strewn with papers and name-plates placed adjacent to each attendee. The half-eaten trays of a buffet lunch at the rear of the room indicated that the committee had been reviewing projects for at least several hours.

'Please sit down and tell us a bit about your project', a friendly medical professorial type asked. Easy: Research background. Design. Overall aims. And of course ethics have been considered at every juncture. In line with rumours I'd heard, only two attendees actually asked any detailed questions. Others watched on, flicking through to find the 'bit' that had caught the questioner's ethical eye.

I had the impression that questions were supposed to be specific to challenge the researcher and give the committee confidence that the decisions were all evidence based and took the patient into due consideration. The questions were focused on the latter point. The committee did not focus on the task, paradigm, research base or analysis, but how the task would be performed by the patient and how they

would react to being tested in such a way. Answer these with confidence and expertise and you will find that things run smoothly. My meeting consisted of reiterating my experience with the patient group and the advice given to me by leading clinicians in the field as well as emphasising ways in which I would help patients complete the tasks. After a meeting of around 15 minutes (yes, 15!), the Chair advised that I make a few minor corrections to the documents and send the changed ones back shortly, after which I would be given ethical approval. Needless to say, I left the meeting feeling thrilled, academic supervisors, texted. Congratulatory texts, received. Overcome by a sudden relief and pride that I had satisfied the committee and that it wasn't half as bad as I had predicted, I took the train heading back to the Psychology Department. Essentially, the difficult decisions had been made and justified. The hardest part of the process was over.

Hints for Gaining Ethics Approval

- Check whether you require NHS Ethical Review and which type (the NRES website is a good place to start)
- Seek advice from clinicians or those with experience of NHS Ethics
- Emphasise personal experience with participants (and patients if possible).
- Speak to your Faculty Ethics Department (they have the university's reputation in mind which will make them rigorous advisors)
- Think about your tasks with those particular patients and possible problems that may occur (e.g. will extra resources be provided where required? What if a participant forgets giving informed consent?)
- Be prepared at the meeting with evidence (e-mails, papers, CV)
- Accept that it will take a long time and plan early
- Triple-check your application before 'submission'!

Six months after first encountering the NHS ethics process I received the letter which stated I had been given a 'favourable opinion' and could start recruiting (my first patient was recruited approximately one year after starting the process). In contrast to what many might think, gaining ethical approval is not a 'green flag' to test patients. The ethical discussions that filled the previous months can more accurately be seen as a set of rules that govern how the project will be run at every future juncture. In this way the process can be seen as cyclical, whereby each ethics problem is actively considered throughout the research project. Of course, the considerations and decisions made prior to Ethical Review will be vital to future decisions and can be perceived as a set of 'if...then' contingency plans. The cyclical nature of NHS Ethics is evident in the requirement of researchers to submit yearly reports that outline how ethical considerations have been dealt with and solutions applied.

In hindsight, I was privileged to have had so much advice from a leading clinician and a helpful and encouraging Faculty Ethics Administrator, recorded via many e-mails (I would recommend that correspondence is either by letter or e-mail, so that you have written material to show the committee as evidence, and to show how decisions were made). This benefited me more than I realised at the time and helped the committee come to their decision. However, there are a range of professionals who can provide advice; perhaps a clinician from your faculty or department, or your academic supervisor with clinical (or NHS Ethics) experience. These individuals can all help primarily because you are asking people who defend and uphold the treatment of research participants (i.e. RECs) *to trust you* with patients under their remit. The issue of trust may be more salient if you are an early career researcher new to NHS Ethics. Therefore, RECs will truly appreciate it if you show them you have fully explored ethical issues with advice from experts. This shows diligence and thoughtfulness on your part.

Remember, this process is rigorous (and long-winded) for a reason: If your application succeeds in gaining approval, you essentially hold the gold standard in research ethics. Although NHS Ethics is a long, drawn out process, it undoubtedly adds strength to your research profile, improves your knowledge on the latest ethical issues and helps you become a more independent researcher. Although mistakes can sometimes be good

learning experiences, they are frustrating nonetheless, and can increase the time lag of gaining approval. Below, I have listed some hints to hopefully make the process run smoother for any of you thinking of entering the world of NHS Ethics, and perhaps reduce the chance of errors.

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Dates for your diary

Event	Date	Where	Website
Division of Clinical Psychology Pre-Qualification Group Annual Conference	16 March 2012	Crowne Plaza, Nottingham	dcp-prequal.bps.org.uk
Psychotherapy Section Annual Training Conference	19–20 March 2012	Society's London Office, 30 Tabernacle Street	www.bps.org.uk/events/psychotherapy-section-annual-training-conference-2012
The BPS Annual Conference	18–20 April 2012	The Grand Connaught Rooms, London	annual-conference.bps.org.uk
Qualitative Methods in Psychology Section Conference	18–20 April 2012	The Grand Connaught Rooms, London	www.bps.org.uk/events/qualitative-methods-psychology-section-conference-2012
DARTP Inaugural Conference	19 April 2012	The Grand Connaught Rooms, London	www.bps.org.uk/events/dartp-inaugural-conference-2012
Division of Educational & Child Psychology One Day Event	16 June 2012	Woodeaton Manor School, Oxfordshire	www.bps.org.uk/events/divisional-educational-child-psychology-one-day-event
21st Division of Forensic Psychology Annual Conference	26–28 June 2012	Cardiff Metropolitan University	www.bps.org.uk/events/conferences/21st-division-forensic-psychology-annual-conference

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Division for Teachers and Researchers in Psychology	Emma Davies edavies@brookes.ac.uk	2014
Division of Forensic Psychology	Ross Bartels RMB956@bham.ac.uk	2013
Division of Health Psychology	Ruth Laudler ruthlaidler88@yahoo.co.uk	2012
Division of Neuropsychology	Ralph Pawling Pss825@bangor.ac.uk	2013
Division of Occupational Psychology	Kazia Solowiej k.solowiej@worc.ac.uk	2012

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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, 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 journal, 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 Society generally. We also liaise with the Society's Student Members Group 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.

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 (twitter.com/PsyPAG) and add us on Facebook (www.facebook.com/PsyPAG).

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

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