STUDENT WRITER COMPETITION JUDGES' REPORT

IN this second year of the Annual Student Writer Competition — sponsored by *The Psychologist*, the Scientific Affairs Board and the Professional Affairs Board — we are pleased that yet again we received a good number of entries.

Entries were rated blind on five criteria: quality of writing; clarity of argument; accessibility to *The Psychologist*'s audience; interest value; and relevance to audience. We also gave an 'overall impression' rating.

Last year, the most common difficulty was with the criterion of accessibility: failing to bear in mind that the majority of our 30,000-odd readers will not be specialists in the topic of any individual article. But this was not a problem this year — every entrant had made a real effort to write for a broad audience.

Unfortunately, however, other problems were manifest,including:

- Poor standard of grammar and punctuation.
- Lines of argument very unclear. Articles badly structured, convoluted and disjointed. They also often trailed off at the end (e.g. with the classic 'more research is needed'), rather than offering a strong ending pointing out the main message.
- Reference lists not included. Sometimes no references were supplied; at others there was just a 'Reading list'. Although this criterion was not spelled out, it was expected; reference lists are given for all articles in *The Psychologist*.
- Individuals and samples were identified or identifiable. We would like to remind everyone of the Society's Code of Conduct on confidentiality — briefly, that the identity of individuals, organisations or participants in research should not be revealed without their express permission.
- Entrants themselves not totally disguised. As the entries are judged blind, we would be grateful if people removed all elements that might identify them or their affiliation.

But there were entries that suffered from none of these difficulties, and of these our two excellent winners met the criteria with great success. We are delighted to publish the winning articles here, with our sincere congratulations.

You will notice that both concern clinical psychology — this is entirely coincidental, not a message for the future!

We would also like to thank all the entrants for their hard work and enthusiasm. We are sorry to disappoint those who did not win this time. But we hope for as many — if not more — entries next year.

Mar yon Tysoe (Editor, *The Psychologist*, 1997–2000)
Pam Maras (Professional Affairs Board)
Tamar Pincus (Scientific Affairs Board)

What goes up must come down

MOST of us know the occasional experience of unpredictable moods, mood swings and changes in our own thoughts and behaviour that can happen quickly and for no apparent external reason. This may bring a sense of lack of control over our feelings that can to many of us be confusing and distressing, often affecting our relationships with others and our ability to carry out daily activities that normally are quite familiar to us.

This experience, in its more extreme clinical form, is known as bipolar disorder (BD), and presents a challenge both to the sufferer and to mental health professionals in a way that goes far beyond the common experiences of mood changes described above. BD involves altemating episodes of depression and mania that vary dramatically in their severity and length from one sufferer to the next.

The polarising experience

Treatment of BD, both with sufferers living in the community and when attending acute mental health settings, is currently largely dependent on medication being administered to the sufferer, often on a long-term basis. The dominant use of medication reflects the aim of the professionals involved to try to reduce the symptoms of BD to a level that is manageable for the patient, by way of correcting some imbalance in brain chemistry.

This purely medical approach to treating BD causes concern to many of us who are either professionally or informally involved in the treatment and care of sufferers. We are concerned by the undesirable side-effects of many of the medications, and by the potential toxicity of some of the chemical compounds that are used during treatment.

In light of this, much encouragement is gained from the development of a psychological explanation for BD, that may in future introduce new therapeutic approaches to this distressing condition that are free from the difficulties of the chemically-based treatments.

The manic defence hypothesis

Central to the movement towards establishing a psychologically-based

MENNA JONES, *the winner in the postgraduate category, argues for a psychological explanation of bipolar disorder.*

approach to explaining and treating BD is the intriguing possibility that a manic episode is, in fact, a type of coping response, or a form of psychological defence against the BD sufferer's basic depression. This means that a swing towards mania occurs in defensive reaction to a depressive state.

Theorists working from a psychoanalytic background have long argued for mania being understood as an extreme defence against, or reaction to, depression. For instance, mania has been described as a defence against an unpleasant psychological state such as involving unacceptable impulses (e.g. Klein, 1968), or the distress associated with loss and depression (e.g. Freeman, 1971).

Taking this description of mania to its logical conclusion, Abraham (1911/1927) clarified that both depression and mania must be dominated by the same underlying psychological problems and patterns of thought, since one (the manic state) is effectively seen as a product of the other (the depressive state).

The role of self-esteem

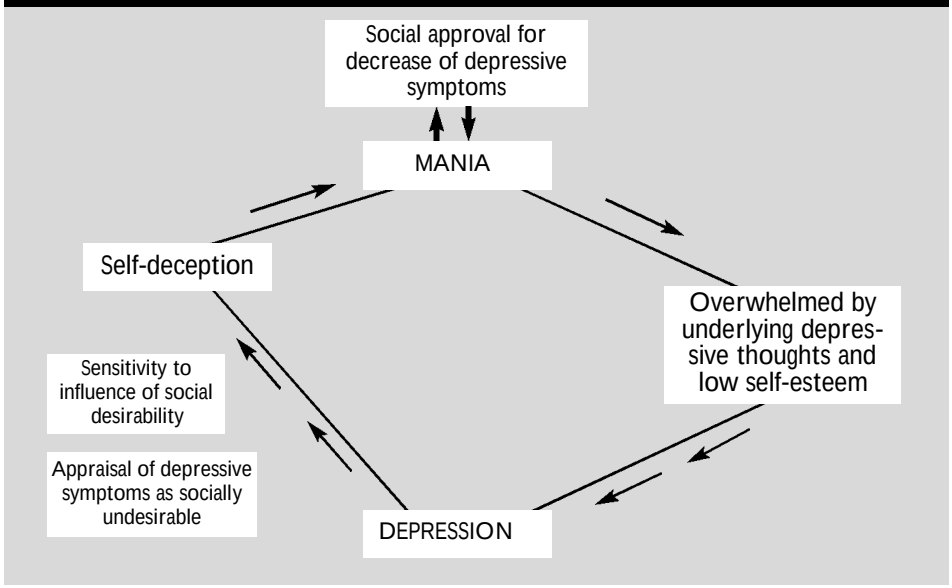
The function performed by low self-esteem in determining both the characteristics of depression and of BD has been of great interest to researchers of the manic defence.

Recent reformulations of the hypothesis include Winters and Neale's (1985) proposal that low self-esteem characterises the BD sufferer during both phases of the condition. Bipolar patients (like depressives) are said to be of low self-esteem, yet (unlike depressives) avoid the discomfort of these feelings by adopting a manic disguise, through which they report normal self-esteem levels.

Developing his argument, Neale (1988) suggested that unstable self-esteem, when coupled with unrealistic standards for success, may be predisposing factors in the development of BD. In this way, he predicts that when the negative and self-depreciating ideas which individuals hold of themselves are brought to the surface of the person's thoughts and behaviour by events in their lives, then either they consciously experience emotions surrounding low self-worth (in which case depression then often develops) or defensive responses against those feelings are triggered (in which case mania may develop).

What Neale doesn't give, however, is a reason why the manic defence is only sometimes activated, and only in some people, in response to the trigger events. This is an important issue that I will return to later.

FIGURE 1 A model of bipolar disorder based on the interaction between depressive symptoms and the effect of sensitivity to the influence of social desirability and self-deception



Inside every manic there's a depressive trying to get out

A limited amount of research has been undertaken into the underlying patterns of thoughts and emotions depicted in BD, with studies of the socially oriented cognitive processes of BD patients being most salient and supportive of the 'defence against depression' approach to BD.

Assessing people's styles of explaining the causes for hypothetical events (including both good and bad events), Winters and Neale (1985) revealed that sufferers of BD tended to explain bad events (e.g. 'You can't find a job') by referring to personal factors (e.g. lack of skills, poor interpersonal qualities) more than to obstacles beyond the person's control (e.g. lack of opportunities ; poor health).

This self-denigrating pattern of explaining events was more pronounced for the BD sufferers than for non-BD sufferers. Such a tendency to infer that failures in one's life are due to personal causes, rather than to environmental causes, has consistently been revealed within depressed clinical groups (e.g. Dent & Teasdale, 1988).

Evidence of depression during episodes of mania has also been found by targeting sufferers' information-processing skills. People displaying manic symptoms have been seen to take more time in responding to depression-related words than to happiness-related words (Bentall & Thompson, 1990). Such an effect of delay when presented with depressive words is characteristic of depressed patients' performances (e.g. Gotlib & Hammen, 1992), and is said to arise from those individuals' depressive ideas and thoughts about themselves interfering with the simple task of responding to words.

Similarly indicating depressive cognitive processes underlying BD, although bipolar individuals tend to describe themselves in terms of personality traits that are more positive and desirable than is seen in non-bipolar individuals, their recall of words is better for negative trait words than it is for positive trait words (Lyon *et al*., 1999). The negative personality traits are better recalled since they correspond with the bipolar individuals' thoughts and feelings of themselves.

A great divide exists between the way that the bipolar individuals describe themselves during the manic episode (and indeed the way that they conduct themselves in appearing confident, extravert and enthused) and the way that they actually feel about themselves.

The question of dividing pathways

Of particular interest to myself is the observation that the clinical pathway for some individuals displaying low self-esteem and self-worth is depression, whereas others who appear to similarly portray negative thoughts and feelings about themselves seem to develop BD. The reason for the 'selective' occurrence of manic episodes within depressed individuals remains unknown.

Potentially important in explaining the

Geoffrey Rush as the manic-depressive David Helfgott in **Shine**

selective development of manic episodes, is evidence for bipolar sufferers' sensitivity to the influence of social desirability in determining their behaviour. Patients experiencing BD have successively been reported to show high ratings of sensitivity to the influence of social desirability, as well as high ratings of social defensiveness and of self-deception, when compared with both non-clinical samples and those enduring clinical depression (e.g. Donnelly & Murphy, 1973; Winters & Neale, 1985).

Sensitivity to the mediating influence of social desirability on one's behaviour, may be the crucial factor that distinguishes people who develop manic episodes as a reaction to depression from those who don't.

The social desirability of manic episodes

For those who appraise their own depressive symptoms to be socially undesirable, an attempt to disguise those symptoms both from others and from themselves, through self-deception and avoidance may appear preferable.

Depression sufferers who are sensitive to social influence (regarding depression as being thus undesirable), and who display unrealistic standards for success, may therefore be predisposed to developing manic episodes (see Figure 1). Once this process is in place the person's behaviour will appear to indicate an improvement in his or her condition, although the basic depression will remain unchanged and unresolved.

The apparent improvement in the health of the sufferer, with a more positive outlook, more energy and more enthusiasm for participating in activities may in turn bring those around him or her to respond more positively to their contact with the sufferer. As a result, a manic episode will be maintained, and its severity increased, particularly in such a person who responds so readily to social approval. In this way, a manic episode will continue until, predictably, the sufferer is again overwhelmed by the continuing underlying depression, when the manic episode will give way to depression.

Closing thought

This account of BD according to the sufferers' sensitivity to social influences depicts a distressing cycle of depression, social pressure and self-deception. Addressing such a complex condition, operating at several psychological levels at once, would demand creativity. We must, therefore, use the sources of knowledge that are available to us in designing psychologically based interventions for BD. This includes capitalising on our knowledge of the origins of depression and its effective intervention.

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Transforming psychology …
The example of trauma

ALEX LINLEY, *the winner in the undergraduate category, discusses the relationship between adversity and success.*

CURRENT trends within psychology inspire a revaluation and reformulation of the scope of our discipline, with attention being called to the investigation and promotion of a science of human strengths and optimal functioning (Seligman & Csikszentmihalyi, 2000). This movement towards a positive psychology is reflected in the recent development of interest in the potential for positive change through trauma and suffering.

As psychologists, many of us will be familiar with the human quest for improvement, whether it is alleviation from adversity or advancement from a more homeostatic plateau. Beyond the personal struggles and crises of those who seek our support, the media broadcast images of human devastation in the aftermath of such anguish as the Turkish earthquake and the Balkan war. Closer to home, the Paddington rail crash seized our attention, and the many reports of more individual victimisations such as rape or personal assault have become so commonplace as to be (wrongly considered) banal.

Yet the negative valence of these issues is only one side of the story – increasingly, positive outcomes are being recognised and documented following suffering. For example, 'Tragedy propelled Briton into space'(Rhodes, 1999), described how the British astronaut Michael Foale set out on the path to fame only as the result of his own personal misfortune.

As the traumatic nature of varied experiences becomes increasingly recognised, so in parallel the list of circumstances grows in which positive adaptations have been identified. Nine out of ten survivors of the Jupiter sinking reported positive changes in their outlook on life (Joseph *et al.*, 1993). More than half of a sample of cancer patients described re-ordering their priorities (Taylor, 1983). Perceived benefits following a heart attack were predictive of lower morbidity at an eight-year follow up (Affleck *et al.*, 1987).

Survivors of a lightning strike were prompted to reappraise what was important in their lives (Dollinger, 1986). Childhood sexual abuse survivors acknowledged the development of stronger personalities and increased self-knowledge (McMillen *et al.*, 1995). Combat veterans, one of the most consistently studied trauma populations, revealed greater psychosocial resiliency in later life (Elder & Clipp, 1989), and an increased probability of being featured in *Who's Who in America* (Lee *et al.*, 1995). Thus, as the devastation wreaked by an increasing variety of events is documented, so it is paralleled by the realisation of potential gains in the face of these adversities.

Traditionally, the attention of psychology has been limited to the negative consequences of trauma, particularly within the context of post-traumatic stress disorder (PTSD). However, some researchers have made the case for the adaptive nature of PTSD (e.g. Eberly *et al.*, 1991), while others have described it as a continuum of normal adaptive behaviour, rather than a distinctly abnormal reaction (Brewin *et al.*, 1996; Williams & Joseph, 1999).

Inspired by these trends, and on the basis of the research evidence, psychologists are increasingly able to explicate the processes and outcomes of these transformations. The term 'post-traumatic growth' was coined by Tedeschi and Calhoun (1996) to describe these positive changes. Three broad areas were identified in which such growth might be found: perception of self; relationships with others; and philosophy of life (Tedeschi & Calhoun, 1995, 1996; Tedeschi *et al.*, 1998).

The underlying principle of 'post-traumatic growth' is that of a *changed perspective*. On the basis of the brief literature review above, the positive changes covered by these broad categories can be illustrated. The categories are congruent with those areas hypothesised to relate to a 'positive life'(i.e. connections outward; individual qualities; life regulation (Seligman, 1999)), suggesting that positive adaptation to traumatic experience is one route through which a positive life may be achieved.

Trauma has been described as the 'atom-smasher' of personality (Epstein, 1991), in that it destroys our view of who we are, revealing our inherent vulnerability but also our integral strength. This acknowledgement of vulnerability, simultaneous to the appreciation of strength, is a key development in our self-knowledge. It allows an appreciation of self (e.g. Collins *et al.*, 1990) which in turn develops more positive emotions (Baumgardner, 1990), leading to enhanced self-esteem, greater self-reliance and increased self-confidence (Aldwin & Sutton, 1998).

Trauma brings into focus the value of our human relationships, and yet the fragility of these connections within our world. Changes in perspective lead to a greater appreciation of the role of others in

STEFANO GAGNONI (REPORT DIGITAL)

Rescue workers at Paddington

our lives (Joseph *et al.*, 1993), as well as allowing the dismissal of minor aberrations when our focus is set on the broader tapestry of life (Aldwin *et al*., 1996). Compassion for others is emphasised, and greater altruism develops with the experiential knowledge of the suffering of others (Wuthnow, 1991).

The 'existential authority'(Shay, 1994) which survivors possess is born of having had sight of the scales of life and death, of having witnessed the measuring of their existence. They emerge sadder but inevitably wiser, for they have experienced firsthand the 'understanding and management of existential issues such as death and suffering [which] are at the core of wisdom'(Baltes *et al*., 1995, p. 157). It is this wisdom which prompts survivors to redefine their philosophy of life.

Trauma survivors respect the finitude of their existence and value the world and their relationships. Questions of meaning inevitably arise, and these can lead to the development (Pargament, 1996) or abdication (Schwartzberg & Janoff-Bulman, 1991) of religious faith. Life is no longer taken for granted (Joseph *et al*., 1993), thus leading to the appreciation of one's everyday existence (Taylor *et al*., 1984).

These advances in the development of philosophy of life are mediated through the construction of meaningfulness, which allows the creation of narrative to inform experiential wisdom. The human need for meaning has a rich history (e.g. Frankl, 1984; cf. Power & Brewin, 1997), and trauma emphasises this quest. The allocation of meaning provides comprehension in the place of existential chaos (Janoff-Bulman & Frantz, 1997).

The creation of narrative is the milestone marking the progress made since the trauma. Narrative is the story created which tells of experiences, both good and bad; it operates equally on the individual and societal levels. Narrative gives voice to that which was often nameless, thus avoiding repetition and allowing reparation through the acknowledgement and acceptance of the past.

On a societal level, the work of the Truth and Reconciliation Commission in South Africa is an example of just such processes of acknowledgement and acceptance. Through the development of a narrative which allowed society to move positively forward, instead of being shackled by its past, South Africa has recognised and acknowledged the turbulence of its history (van der Kolk *et al.*, 1999). The role which psychology might play in such regeneration is profound. The cultural experience of South African psychologists has led some to suggest that they may be able to 'inform

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how psychology reinvents itself elsewhere in the world'(Saths Cooper, quoted in Cavill, 2000, p. 15) — a timely reminder at this time of transformation.

The role played by art, humour, education and political action, in addition to the importance of witnessing and rescuing, has been described by Bloom (1998) in her discussion of the social transformation of trauma. The lessons which can be learned by societies in the aftermath of the victimisation of their citizens have also been emphasised (e.g. Shay, 1994; Tedeschi, 1999), through drawing attention to the social context in which trauma is ultimately understood and overcome.

The transformation of the study of psychological trauma, with attention being given to the positive outcomes of such negative experience, is in part a reflection of, and in part an influence on, the wider trends already noted within psychology.

Seligman and Csikszentmihalyi (2000) called for an expansion of the remit of psychology. It was time, they claimed, to found a science of optimal human functioning which would investigate and promote the development of positive subjective experience and positive personal qualities at the individual level, together with positive civic virtues and positive institutions within communities and societies.

MONTAGE FROM ORIGINALS BY JILLIAN EDELSTEIN/NETWORK

As much as trauma is not the only catalyst for positive personal change, the negative valence of the experience lends a particular piquancy to its positive outcomes. The transformation of trauma on an individual level (e.g. 'post-traumatic growth'), on a research level (e.g. the investigation and elaboration of 'post-traumatic growth') and on a societal level (e.g. the work of the Truth and Reconciliation Commission in South Africa) is representative of a broader transformation of psychology.

From being a discipline with a primarily pathological focus, psychology can expand its attention to embrace the pinnacles of human attainment. Through investigating and demonstrating the possible routes to positive living, psychology can show individuals and their societies how they may flourish, both in the face of and absence of adversity, so that genuine fulfilment might be achieved.

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