

Talking ageing and ageing talk

FIONA JONES reports on an invited talk on intergenerational communication around the Pacific Rim

by Howard Giles from the University of California, Santa Barbara.

TALKING about age may actually age us, suggests Howard Giles. In a talk that was much more lively and interesting than the title suggested, Professor Giles looked at cultural differences in intergenerational communication.

Most of us are perhaps not aware that 1999 is the International Year of Older People. However, we probably are aware that the population in developed countries is getting older. Soon, over a third of the population of many countries will be over the age of 65. Those of us who are beyond about 35 may also have some experience of ageism.

Psychological research has demonstrated a number of ageist phenomena. Younger people tend to evaluate older-sounding speakers negatively. They seek information about older people in an ageist manner (for example, if an older person is involved in an accident, they will look for ageist reasons). Young people recall information from elderly people less effectively. Young people feel that older people patronise them and do not listen to them.

Giles summarised these findings in the opening to his talk, but suggested that much of our information is based on studies of Western societies. We know little about ageism in Asian countries where there is often a tradition of filial piety, whereby older people are venerated for their wisdom.



Howard Giles

This is the background against which Giles and his colleagues have conducted a large programme of research seeking to address a number of basic questions. For example, what are the ingredients of intergenerational talk, as perceived by young people? Is intergenerational communication more healthy in Asia? Do younger and older adults differ in their views?

Using a specially constructed measure of filial piety, they examined expectations of looking after, providing financial assistance for and listening patiently to older relatives in a number of different cultures (US, Australia and Japan). They found that filial piety exists in both the West and the East. East Asian respondents seemed prepared to offer more practical help, but surprisingly the Westerners endorsed more contact and communication.

Giles investigated stereotypes in a number of studies in which young adults from different cultures rated adults in three age groups — young, middle-aged and older. In general, across cultures, the older adults were seen as less vital, but as more benevolent than the younger adults. However, the climate for elderly people seemed overall more favourable in westernised countries. For example, in Australia older people were rated more favourably on dimensions of benevolence and vitality than in Japan.

This perceptual theme was also explored in open-ended interviews asking people about communication with non-family elders. People found it difficult to think of satisfying aspects, or if they could, they

described the person as not being like an older person. Dissatisfying aspects related to such matters as the older person being out of touch, closed-minded or inattentive.

In a large nine-nation study (covering the US, Australia, Canada, New Zealand, Hong Kong, China, the Philippines, South Korea and Japan), respondents were asked to rate communications with the elderly. In general, Westerners reported a more healthy psychological climate and age seemed to matter less, with little difference between the various Western countries. However, it nevertheless seems the young do report having more problems with the elderly than with their peers.

While there is some evidence of negative stereotyping from these studies, Giles reported further research on the ageist stereotypes elderly people themselves hold. He found they endorsed even more negative stereotypes than the young, seeing themselves as both losing vitality and losing benevolence as they age.

Further studies described by Giles looked at in-group and out-group bias. He found that both young and old favour their peer group as more accommodating, but in-group bias is stronger for the young who are more avoidant of elderly people than vice versa. In-group bias seems stronger in the East. This might seem not to matter too much, but Giles went on to show that there are complex interrelations between these perceptions and reduced self-esteem and well-being (life satisfaction).

Overall, he concluded that language and communication mechanisms are central to the social construction of ageing. Further research is needed to look at the effects of communications on physical as well as psychological outcomes and we need to examine ageism in the workplace where it may be worse.

In practical terms, we need to be more alert to ageism and depersonalisation and how to manage them in personal interactions as well as through media publicity. There is a need to combat ageism by working across age groups to close the generation gap. We also need to be aware that people from ethnic minorities in situations of rapid social change may be particularly vulnerable.

Continuing from last month, FIONA JONES, Associate Editor for **Conference reports** presents more reports from the Society's Annual Conference held in Belfast in April.

Comparing results

DAVID GILES reports on a symposium on discrepant measures in neuro-rehabilitation.

THIS symposium, organised by the Rivermead Rehabilitation Centre in Oxford, was concerned largely with the different quality of information obtained from pen-and-paper neuropsychological tests and other measures of cognitive and social performance in people recovering from brain injury.

Ian Baker (a researcher at the centre) kicked off the presentations by discussing the case of a 34-year-old man with hypoxic brain injury (caused through lack of oxygen). This man performed very poorly on standard measures of cognitive ability, yet was able to function competently enough in everyday settings to enable him to live independently. Baker suggested that the artificial nature of neuropsychological tests does not enable participants to demonstrate the compensatory strategies ('life skills') they use outside the laboratory.

Jenny Butler (Oxford Brookes University) reported on a 'kinematic' task for assessing apraxia (i.e. difficulty with purposeful movements) in which participants were required to perform the actions required for reaching, grasping, drinking and replacing an imaginary glass of water.

There was little correspondence between performance on this task with standard clinical test scores and diagnoses of apraxia. Moreover, in employing a whole

battery of apraxia measures, none of the individual tests correlated with each other either! Again, reservations were made about the usefulness of these measures.

Jo Cock (Rivermead) focused on dual task performance — specifically, walking and talking at the same time — in brain-injured (mostly stroke) patients. She found that, again, questionnaires failed to predict performance on an observational analysis, and that patients were generally more accurate than staff (therapists) when it came to predicting performance. Staff had



Stroke patients are less likely to perform a strenuous cycling exercise at the highest intensity

a tendency to underrate the ability of those who were more competent on the walking and talking task.

The role of exercise in recovering from brain injury was discussed by Helen Dawes (a physiotherapist from the University of East London). She found that patients, particularly those recovering from stroke, were less likely than controls to perform a strenuous cycling exercise up to the highest reported intensity.

Joanna McGrath (Rivermead) discussed the discrepancy between therapists and patients in their perception of emotional distress during rehabilitation. Staff often failed to detect emotions reported by patients (such as anxiety at being handled by the therapist). She argued that these findings challenge the literature, which argues that brain-injured patients have low insight into their psychological condition.

Janet Cockburn (University of Reading) rounded off the symposium with an outline of the difficulties in selecting criteria for determining successful rehabilitation that had been thrown up by these studies. She argued that an integration of quantitative and qualitative data may provide a better insight into patients' recovery than the reliance on a single method. Nevertheless, as one delegate commented, there is still pressure from other institutions, such as courts, to provide 'hard' numerical data for individual cases.

This one will run and run ...

The challenge of quality of life

Hannah McGee from the Royal College of Surgeons in Ireland gave an invited speech to the Division of Clinical Psychology. FIONA JONES reports.

DEFINING and measuring quality of life (QoL) has to be one of the most ambitious undertakings that psychologists have engaged in. In this talk, Hannah McGee described work she has conducted with colleagues in meeting this challenge. She identifies QoL as a problematic concept. Much like 'stress', the term is poorly defined but has become widely used. It is thus not exclusively a psychological or scientific construct. Car adverts promise us QoL

and pharmaceutical firms use the idea to promote medications to doctors.

It has been suggested that 'QoL is what the individual says it is'. However, often in practice a person's QoL is evaluated by others. Many different QoL indicators have been used — for example, health, activities and social amenities (such as availability of running water etc.). QoL indicators have also been combined with other factors to compute economic indicators (e.g. 'quality adjusted life years' (QALYs) based on the

relationship between years of life gained by a particular intervention and the quality of life obtainable in those years).

Assessments may also be made on the basis of functional status, ability to perform activities of daily living or of health status. Measures have been constructed of 'health-related quality of life'. Finally, there have been measures of 'individual quality of life' as defined and graded by the person themselves. Measures can be based on either 'needs' or 'wants' — that is, they can



Individuals determine what is important for their own quality of life

be based on either a standard set or an individually defined set of needs ('wants').

Professor McGee's view is that only the individual can determine the domains that are important in defining their quality of life, the criteria they use for rating them or the relative weighting they give to different domains. A range of individualised approaches have been tried, for example, using content analysis of interviews or repertory grids. The approach used to assess QoL developed by the team at the Royal College of Surgeons was designed as a sequel to such QoL measures and hence was called the SEIQOL (schedule for evaluation of individualised quality of life).

There are several stages involved in this assessment. The five most important domains of life for the individual are first elicited in a structured interview. People then rate where they stand on each of these domains on a scale from 'worst possible' situation to 'best possible'. They then determine the weighting of each domain, either by an indirect method involving cue cards (judgement analysis) or by explicitly rating the importance of each domain.

Studies using this method have found that, perhaps surprisingly, health is not

even listed as one of the five salient QoL domains by many patients. QoL is clearly not the same as health, correlations between SEIQOL scores and health status being only low to moderate. Even palliative care patients sometimes have high SEIQOL scores.

Thus, this kind of measure gives a rather different and arguably more meaningful assessment than many of the traditional approaches. The method is clearly also practical, as it has been adapted to form questionnaire measures used in the omnibus survey of Great Britain conducted by the Office of Population Censuses and Surveys in 1994.

Measurement of quality of life is, however, only one of the challenges in this area. McGee raised a number of other issues. For many people, QoL may be low because of a gap between hopes or ambitions and reality. This gap can be narrowed by either reducing expectations, improving functioning or both. However, we do not know what size of gap might be best. Is a small gap always optimum or does a larger gap motivate?

Are the present and the ideal positions absolute, or are they based on comparisons with other groups? Some work on social comparisons suggests that the QoL of elderly women is high and independent of health status; these women used unhealthy elderly as a reference group.

Is quality of life a state or trait variable? Research on life satisfaction (a related topic to QoL, and one studied for much longer) in 43 studies across countries and four decades has found that people on average score 70 per cent plus or minus 5 per cent

of the maximum on the scale. This would support a trait explanation; could there be a homeostatic mechanism that anchors general life satisfaction about this level?

A final issue raised by McGee is the accuracy of proxy judgements. Judgements clearly may need to be made by others in some circumstances. These may be made either by relatives living with the person or by professionals. Studies have found that health professionals are quite inaccurate in estimating people's QoL in that they systematically underestimate it.

The Dublin group has investigated whether long-term (marital) partners are better at evaluating one another's QoL than are health professionals. They asked particular types of couple (e.g. couples where both are well, or where either one or both have physical conditions) to rate each other's QoL.

The group found that where both were sick they were good at estimating QoL, but where there was disparity then men were inaccurate (and pessimistic) in judging QoL of their wives. Wives were better at judging sick husbands' QoL. Wives were also more accurate when both were healthy.

McGee outlined the challenges to a better understanding of QoL from different perspectives in psychology — the social construction of QoL; QoL as a concept across the lifespan; proxy assessment of QoL in clinical settings; trait versus state aspects of QoL; and influences on the decision-making processes in QoL judgement. Clearly there are plenty of remaining challenges and this interesting and thought-provoking talk will no doubt stimulate further research.

Executive dysfunction in schizophrenia

Results from some recent studies were presented at a symposium. KATE CAVANAGH was there to report.

MANY individuals with schizophrenia have problems performing tasks which involve planning, attention and memory. The specific nature of these executive function deficits, and their implications for rehabilitation and prognosis, were tackled in this interesting symposium.

In the first talk, David Freeman (Institute of Psychiatry) argued that we

need a clearer understanding of the predictors of outcome in therapy for psychosis. This will facilitate decisions about treatment of choice, and may provide information concerning the psychological mechanisms that underlie these disorders.

Freeman's study looked at demographic, clinical and cognitive predictors of outcome following nine months of cognitive behaviour therapy

(CBT) or the normal psychiatric treatment programme. CBT was generally the more effective.

The number of previous psychiatric admissions, and scores on a measure of belief flexibility (tapping the extent to which individuals endorse the possibility that they might be mistaken) were significant differential predictors of CBT outcome. Freeman suggested that CBT

might work by helping the client to use cognitive flexibility resources to rethink their delusional beliefs.

Elizabeth Newton (Institute of Psychiatry) then presented a case study of dysexecutive syndrome in young people with schizophrenia. Dysexecutive syndrome is a pattern of cognitive and social problems, characterised by poor planning ability, poor strategy formulation and use, working memory deficits and monitoring difficulties.

The study examined the patterning of executive function deficits in 10 early-onset schizophrenics aged between 15 and 20. Whilst IQ was quite well preserved in this group, they generally performed well below the mean on the test battery, and no differently from a group of individuals with chronic schizophrenia. However, the case-study approach indicated that there was considerable heterogeneity across tests and between participants. Newton argued that individual differences in executive function might usefully inform a more 'needs led' approach to rehabilitation for this group.

The next paper, presented by Raymond O'Carroll (University of Stirling), turned our attention to memory problems in schizophrenia. Highlighting some parallels between memory deficits in schizophrenia and amnesiac syndrome, O'Carroll

introduced a study of errorless learning in a group of memory-impaired schizophrenics, a memory-preserved schizophrenic group and a normal control group.

The process of errorless learning involves generating only correct answers, as opposed to errorful learning in which incorrect guesses may be generated prior to the completion of the task. The results indicated that whilst the memory impaired group performed significantly less well on the errorful learning task, their performance was boosted to the level of the control groups on the errorless learning task.

The implications of these data for rehabilitation practice that O'Carroll highlighted were particularly interesting. Traditional 'guessing games' approaches to learning might actually impair performance in comparison to errorless learning techniques in schizophrenics with memory deficits.

Kathy Greenwood (Institute of Psychiatry) discussed performance on the Hayling test in individuals with psychomotor poverty and disorganised schizophrenic syndromes. The Hayling test involves generating meaningful or meaningless sentence completions.

The results showed that both of the schizophrenic groups were slower to initiate

meaningful responses than the control group, but that there were no differences between groups in the additional time taken to generate meaningless responses. The disorganised group made more errors and showed poorer strategy use than the other groups. Greenwood argued that these differential executive task impairments should be addressed in treatment and rehabilitation practices.

The final paper, presented by Clare Reeder (Institute of Psychiatry), looked at the efficacy of cognitive remediation work with a schizophrenic group. A remediation regime of 40 sessions that focused on developing cognitive flexibility, working memory and planning was contrasted with a control therapeutic procedure for individuals diagnosed with schizophrenia.

Both groups showed an overall improvement on cognitive and social measures. In addition, the cognitive remediation group evidenced further improvement in cognitive flexibility, memory tasks and on self-esteem measures.

Finally, the convenor, Til Wykes (Institute of Psychiatry), reflected on the research presented. She emphasised the importance of further research into cognition in developing our understanding of schizophrenia and its rehabilitation.

Towards a more unified profession

PAUL REDFORD *attends a Society symposium.*

DAVID Legge, the Society's Chief Officer, began this session by relating the theme of the symposium to one of the main conference themes — diversity. He said that the symposium aimed to discuss the theme of unification within the Society, bringing together the diversity within the organisation. He went on to introduce the innovative format of the session: short presentations, leaving time at the end for audience-led discussion.

David Bartram (Saville and Holdsworth Ltd) outlined the results of two projects undertaken by the Society, the occupational standards project and the applied psychology project. The occupational standards project explored competence-based approaches to occupational standards.

The applied psychology project built on these results and aimed to explore what it was that unified applied psychologists. The

project was based on the premise that there was some commonality among the diverse fields of psychology; therefore, some generic standards could be developed. The project drew information from the major Divisions of the Society and required members from the Divisions to discuss their work.

At present, work has been completed on standards. The subsequent qualifications are still under construction.

Bartram then outlined areas of commonality among the diverse fields of applied psychology (e.g. professional ethics), and suggested that we should produce generic standards that support them. He finished by posing the question 'Do we want external accreditation for the discipline?' — a point that was taken up in the discussion.

Ingrid Lunt (Institute of Education) began by agreeing with Bartram, suggesting that there should be a coherent

framework and set of unifying qualifications within psychology. She proposed that we should promote integration within the discipline, but that this should not be at the expense of differences.

At the moment, Lunt argued, the only unifying framework within the Society is the graduate basis for registration. She argued that there should be a framework that provides an underlying definition of common knowledge required to be a psychologist, and then specific knowledge for the specific Divisions. She stressed that this should not just be within this country but throughout Europe. The overall theme of Lunt's talk highlighted the search for similarity rather than an emphasis on differences within psychology.

Pat Frankish (Northern Tees General Hospital) focused her presentation on the history of clinical psychology training. She traced how training has developed and

discussed the recently-emerged distinction between health psychology and clinical psychology. She agreed with Lunt and Bartram that there should be a coherent framework and qualification that allows psychologists to demonstrate that they are competent to practise psychology.

Chris Brotherton (Heriot-Watt University) began by outlining his concern that occupational psychology is increasingly being taught in management

schools. Consequently, the focus of the discipline has shifted, becoming less psychological and more akin to human resource management (HRM). One problem with this, he suggested, is that HRM has become atheoretical.

Brotherton argued that psychology has better methods than management and should have more weighting within the management environment. Echoing the previous speakers, Brotherton suggested

that we need to map out the competencies that occupational psychology has. This would help both define and defend the role of occupational psychologists.

The final, somewhat heated, discussion focused on the issues raised by presenters. There was some agreement that psychology as a discipline should be more unified, and that there should be more unification both in what it means to be an applied psychologist and in how to become one.

Cognitive biases in anxiety disorders

Catastrophising, stop rules and coping styles. PAUL REDFORD reports.

THIS symposium examined cognitive biases in a variety of anxiety disorders from specific phobias to pathological worry. The work presented illustrates this burgeoning area of research on how anxiety disorders are maintained.

Andy Field (Royal Holloway) linked research on rumination (cognitive rehearsal about a past event) and worry (future-focused catastrophising, or imagining the worst) in spider phobics. He asked phobics and non-phobics to rate their anxiety when viewing a picture of a spider, before and after being asked to ruminate and then catastrophise about an imagined interaction with either a spider or a pet.

Field found that phobics reported increased anxiety after rehearsing the possible consequences of interaction with a spider, whereas their anxiety decreased following rehearsal of the possible consequences of interacting with a pet. In the non-phobic sample, there was no pre-post difference in anxiety.

Field also found that phobics catastrophised more when asked about a spider than a pet. They were also more likely to catastrophise about a pet than non-phobics. Field concluded that the causal pathway in this relationship is unclear. Is it that rumination increases worry and consequently worry increases catastrophising, or that rumination directly increases catastrophising?

Continuing with a spider phobic versus non-phobic comparison, Kate Cavanagh (University of Sussex) presented data on the beliefs about harm and safety in spider phobics and non-phobics. Although it has consistently been found that phobics tend to overestimate the aversive consequences of interactions with their feared stimuli, research on this phenomenon has focused

almost exclusively on phobics' beliefs about their phobic object.

Cavanagh examined beliefs about phobic stimuli (spiders) and both fear-relevant (e.g. snakes) and fear-irrelevant stimuli (e.g. kittens). Both phobics and non-phobics were asked to generate beliefs about these stimuli. Cavanagh found that phobics generated more reasons why spiders are harmful, and fewer reasons why they are safe compared to non-phobics. Phobics also generated more reasons why fear-irrelevant stimuli are safe and fewer reasons why they are harmful.

These findings not only support previous research on cognitive biases amongst phobics, but also show that these biases extend to fear-irrelevant material, a finding that is not as easily incorporated into current theories.

Helen Startup (University of Sussex) presented data on stop rules (how to decide when to stop a task, e.g. when the task is complete, or you do not feel like carrying on) and the persistence of catastrophic worry. She suggested that negative mood may be an indicator that the problem (or worry) has not been resolved ('been

resolved' being a stop rule), and that therefore it increases catastrophic worry.

Research has demonstrated that participants induced into a negative affective state catastrophise more than those induced into either a neutral or positive mood. However, research has also found that when pathological worriers (who demonstrate higher levels of catastrophic worrying) were put into a positive mood they increased the amount of positive thoughts they generated compared to non-worriers.

Startup proposed that the 'mood as input' theory may be a useful explanatory framework to explain this persistent effect. Specifically, mood may serve as an input for stop rules which affects processing. Startup found that participants in a negative mood persisted for longer (were unclear when to stop) in a problem-solving task (similar to worrying). Moreover, this was explained by their using their negative emotional state as an indicator that the problem was not resolved.

Naz Derekhshan (University of Sussex) outlined the importance of the repressive coping style in anxiety research. She presented data from a number of research projects highlighting the cognitive biases among both repressors and high-anxious individuals.

Repressors demonstrate high physiological arousal although they report low anxiety. Derekhshan argued that this group should be taken into account when conducting anxiety research as they show the same responses on self-report measures of anxiety as low-anxious individuals, yet demonstrate physiological reactions similar to those of high-anxious individuals.

Derekhshan's research has highlighted a number of cognitive biases that repressors demonstrate, including memorial (e.g.



Fear-ir relevant stimulus?

restricted access to, and weak links among, negative emotional memories) and interpretive biases (e.g. tendency to report that increased heart rates indicate excitement not threat).

Derekshian concluded by proposing that the search is now on to find the underlying mechanisms of these cognitive biases among repressors.

Graham Davey (University of Sussex) began by outlining a paradox concerning specific phobias: all phobics expect aversive or traumatic consequences to follow encounters with their feared stimuli, yet only a small number of phobics can recall a traumatic incident at the onset of

their fears. Consequently, the aetiology of phobias still remains largely unclear.

Davey described some links between situational phobias and panic disorder, such as spontaneous onset, overlapping symptoms and high co-morbidity. Drawing on research into the misinterpretation of bodily sensations in panic, Davey reported two studies supporting the idea that this cognitive bias might also underlie situational fears.

The first study found that self-reported fear of heights was strongly associated with focus on internal sensations, whereas there was no relationship between such sensations and a non-situational phobia.

For example, people who are afraid of heights are concerned about sensations such as their heart beat, whereas spider phobics do not demonstrate such a concern.

Secondly, Davey presented the results of a study that examined the relationship between induced negative, positive and neutral perceptions of bodily sensations and fear. The results demonstrated that negative perceptions of bodily sensations increased fear of certain situations, yet they did not increase fear of other phobic stimuli. Davey suggested that these results may help identify the mechanisms that underlie the outcome expectancies of situational phobics.

Accentuate the positive

A symposium on physical exercise reported on by RUTH LOWRY.

MANY people involved in sport and exercise extol the benefits they derive from being physically active. Sometimes, it seems that the benefits of exercise are emphasised while less positive aspects are ignored. This symposium attempted to look further and more critically at the pros and cons of physical exercise, drawing on evidence from a number of settings.

Jan Grayton (Chichester Institute of Higher Education), opening on behalf of Nanette Mutrie (University of Glasgow), looked at the evidence for a causal relationship between physical activity and the reduction of depression.

Based on her review of the available research literature, Mutrie generally found evidence to support this relationship. She suggested that the strength of the relationship between exercise and depression is the same as that for other forms of treatment for depression (behavioural intervention and drug therapy).

Interestingly, the effect size is similar for both aerobic and anaerobic exercise. These types of results have been found not only in the UK but also in Canada, Australia, Europe and the US, and have been reported for over three decades.

However, researchers looking at the relationship between exercise and depression should take into account the fact that women report depression more often than men and lower levels of activity are noted in women than in men. Furthermore, intervention studies need to consider the influence of other treatments, which may still be operating during the study.

To conclude, Grayton pointed out that while we have no evidence to suggest that exercise has other than a positive effect on depression, the mechanisms underlying this effect remain poorly understood.

Tracey Farrington (University of Portsmouth) continued the symposium's theme by describing a study of women's self-esteem and body image after physical activity.

In this study, women had participated in a programme (aerobics, weight training or no physical activity). By using measures of self-esteem and asking the women to draw pictures of themselves with the aid of a full-length mirror, Farrington assessed their self-esteem and body image pre- and post-intervention.

The use of self-portraits proved an insightful method of assessing each woman's attitude to her body shape. An art therapist independently assessed the way the women had drawn themselves and what they had chosen to accentuate or eliminate.

Farrington's results suggested that although no physical change in the women's appearance had occurred during the course of her study, the women had changed in their self-esteem and perceptions of body image.

It appears that those who were involved in physical activity had increased levels of self-esteem and body attractiveness compared to those who did not take any physical activity. Furthermore, there were differences between the aerobics and weight-training groups in their use of feedback: the former tending to rely more on support and comments from others, the

latter using changes in their own activity and strength.

Katrin Dudgeon (Queen's University of Belfast) took up the theme by discussing the issue of pre-menstrual syndrome (PMS) in women who take regular exercise.

Dudgeon began by highlighting that there is little consensus as to what PMS is and that approximately 150 symptoms have been identified. However, symptoms can vary from woman to woman, or even from cycle to cycle in the same woman.

By using qualitative techniques with 13 participants, Dudgeon has been able to plot exercise participation, menstrual distress and mood over the course of each woman's cycles. This work has provided evidence of variations in mood and menstrual distress during a cycle and between cycles.

With regard to physical exercise, the woman's exercise routine is often disrupted at the time of PMS and during menstruation. Dudgeon has also found that younger women report higher levels of distress and disruption during menstruation, whereas older women report more distress and disruption during the PMS phase of their cycle.

Next, Ian Cockerill (University of Birmingham) described his work with dancers and hockey players in their attitude to food intake and body image.

Previous work has suggested that 60 per cent of female athletes may have nutritional problems and that 20 per cent of dance students have recognised eating disorders such as anorexia and bulimia nervosa. However, after asking both male and female athletes to keep food diaries and

measuring their predisposition towards eating disorders, Cockerill was unable to find significant incidences of 'at risk' individuals in terms of either their calorific intake or predisposition towards eating disorders.

Cockerill did find that the athletes were dissatisfied with their appearance; the female dancers and hockey players, rather than males, were most dissatisfied with their appearance and wished to be thinner. This attitude towards appearance did not correspond with attitudes towards their weight.

Finally, John Kremer (Queen's University of Belfast) drew attention to the relationship between psychological well-being and physical exercise within a long-term prison population.

Kremer first highlighted the differences between those prisoners who did regular physical training and those who did not. Those who trained were found to have more stable positive mood states, and scored higher on athleticism and self-esteem measures than those who were inactive.

The information gained from in-depth interviews shed even more light on the



benefits of physical exercise. Kremer drew attention to examples of the changes in the level of physical activity and the psychological adjustment of specific prisoners.

These case studies suggested that prisoners had used physical exercise in various positive ways: to structure their time; to maintain an appearance of health for loved ones; to adjust to their new environment and to gain acceptance among fellow prisoners. However, it was also found that parole and prison release can prove to be an extremely disruptive

influence on the prisoner's exercise regime. After release, many seem to abandon exercise.

Ian Cockerill concluded the symposium by summarising the main points covered, stating that physical exercise can be used as a method of alleviating and improving physical and psychological problems. The symposium provided a valuable insight into the complexities surrounding the relationship between exercise and well-being. It indicated the diversity of existing research and the potential areas for further investigation.

Language and society

YAARA DI-SEGNI *reviews presentations on the centrality of language to social psychology.*

THE study of the social psychology of language began as a marginal field of study but has gained respect, legitimacy and importance over the last few decades. The symposium discussant, Howard Giles (University of California, Santa Barbara), opened the session with a review of the history and development of the field, emphasising the important role of British schools in this process.

The three papers that followed introduced some of the main schools of thought in the social psychology of language and emphasised different roles of language in different contexts.

In the first paper, Peter Bull (University of York) suggested an alternative theory of equivocation — the intentional use of imprecise language — that considers consequences as well as causes. Typically, people equivocate when presented with an 'avoidance-avoidance' conflict, where all of the possible responses to a question have potentially negative consequences.

According to Bull, the use of equivocation in politics can help in understanding the consequences of equivocation as well as the causes. In political contexts, equivocation has a role in 'saving face'. Analysis of several interviews with political leaders during the general elections in 1992 and 1997 shows a high occurrence of equivocation in situations where all responses to a question would be face-threatening for the politician, for the party or for other political partners.

Furthermore, the analysis suggests that by equivocating, the politician not only saves face but also gains political advantage. Bull suggests therefore that equivocation theory can be elaborated and improved by considering the consequences and strategic advantages of different forms of imprecise language.

Margaret Wetherell (Open University) introduced the concept of discursive psychology and some of the main approaches to it, including the study of rhetoric, conversation analysis and other aspects of discourse. Discursive psychology emphasises context and construction and the emergent and relational nature of social action.

Wetherell reviewed five different approaches — the anti-structuralist, the anti-realist, the anti-cognitivist, the pictorial and the pragmatic. These approaches emphasise



People tend to converge to the choice of language of someone asking directions

different aspects and roles of discourse. For example, in the anti-realist approach, discourse is a tool in building minds and worlds. Conversely, in the pictorial approach, any reference to a mental state is a mere description of the internal state.

Wetherell argued that the mind is first social and only then internal. Discourse is a key to carrying the internal message to the external world and public practices create and influence the internal world. Some of the questions that were looked at were: How is the world brought into the discourse? How does conversation reflect the social situation as a whole? Can descriptions of mental states be seen as literal or are they interpretations?

The third paper, presented by Itesh Sachdev (Birkbeck College, London), discussed perceptions, attitudes and behaviours in bilingual communications. More than 80 per cent of the world's population is bilingual; the studies reported by Sachdev were conducted in Tunisia — a particularly multicultural and multilingual country.

The reported studies focused in particular on 'code switching' — the use of at least two different languages in one conversation. Language choice is determined by several factors. These include: speaker's characteristics; interpersonal characteristics; inter-group factors; power; status; and situational norms. Attitudes to code switching tend to be negative, to the point that some deny that they use it.

In the first study, five readers read a story in five different languages that are used in Tunisia. Readers were scored for status and solidarity. Code switching received very low status ratings.

Participants in the second study were asked to keep a language diary where they recorded what language they spoke in which setting and with whom. High

levels of code switching were reported, mostly in conversations with friends and family.

In the third study, the actual use of language in the street was observed. Experimenters approached passers-by asking in different languages for instructions on how to find the post office. It was found that, in general, people tended to be quite helpful and to converge to the language used by the experimenter.

Higher levels of code switching were observed when both the experimenter and the person approached were Arab, compared to situations where one of them was European. When the experimenter was black, there was a higher level of divergence in language and little code switching.

Overall, the three studies suggest that different languages differ in status, with code switching having the lowest status. Code switching is quite commonly used in informal situations, and ethnicity seems to have a strong effect on choice or willingness to converge.

Seen together, the findings of the three studies show an interesting reality where code switching is commonly used despite being perceived quite negatively. It appears to be used more when status issues are less important, such as in family situations.

This symposium presented an interesting range of approaches and methods in the study of the role of language and discourse in society. Without doubt, reflects a reality where the social psychology of language is a central and valuable field of study.

Dr Fiona Jones is from the University of Hertfordshire
 Dr David Giles is from Sheffield Hallam University
 Kate Cavanaugh is from the University of Sussex
 Paul Redford is from the University of Sussex
 Ruth Lorry is from Queen's University of Belfast
 Yaara Di-Segni is from the University of Hertfordshire