PSYCHOLOGY MISCELLANY

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An independent academic psychologist, based in England, who has written extensively on different areas of psychology with an emphasis on the critical stance towards traditional ideas.
        A complete listing of his writings at http://kmbpsychology.jottit.com.

<u>CONTENTS</u>

1. CROWD BEHAVIOUR - GOOD OR BAD?

1.1. HISTORICAL VIEW

Much of the historical and popular understanding of crowds sees them as out of control, irrational and dangerous, but recent research shows that this is far from the case.

Historically, the best known early explanation of crowd behaviour was provided by Gustave Le Bon (1895/1947).

He saw individuals in the crowd becoming one in a "collective mind": "The sentiments and ideas of all the persons in the gathering take one and the same direction, and their conscious personality vanishes. A collective mind is formed, doubtless transitory, but presenting very clearly defined characteristics. The gathering has thus become what, in the absence of a better expression, I will call an organised crowd, or, if the term is considered preferable, a psychological crowd. It forms a single being, and is subjected to the law of the mental unity of crowds" (p13).

This collective mind causes the individuals to behave in a different way to how they would individually: "Whoever be the individuals that compose it, however like or unlike be their mode of life, their occupations, their character, or their intelligence, the fact that they have been transformed into a crowd puts them in possession of a sort of collective mind which makes them feel, think, and act in a manner quite different from that in which each individual of them would feel, think, and act were he in a state of isolation" (p15). They become like hypnotised individuals:

> He is no longer conscious of his acts. In his
> case, as in the case of the hypnotised subject,
> at the same time that certain faculties are destroyed,
> others may be brought to a high degree of exaltation.
> Under the influence of a suggestion, he will undertake
> the accomplishment of certain acts with irresistible
> impetuosity. This impetuosity is the more irresistible
> in the case of crowds than in that of the hypnotised
> subject, from the fact that, the suggestion being the
> same for all the individuals of the crowd, it gains in
> strength by reciprocity. The individualities in the
> crowd who might possess a personality sufficiently

> strong to resist the suggestion are too few in
> number to struggle against the current (pp18-19).

The over-riding outcome of this process for Le Bon was that the crowd becomes barbaric: "by the mere fact that he forms part of an organised crowd, a man descends several rungs in the ladder of civilisation. Isolated, he may be a cultivated individual; in a crowd, he is a barbarian — that is, a creature acting by instinct. He possesses the spontaneity, the violence, the ferocity, and also the enthusiasm and heroism of primitive beings..." (Le Bon 1895/1947 p19).

Le Bon's work exemplified the group mind theory, which saw individuals as losing their individuality and conscious control, and reverting to a "primitive racial unconscious" (and "mindless behaviour").
Reicher (1984) suggested that Le Bon's work "gained its repute not through any theoretical novelty... but rather through its conscious attempt to advise the establishment on how to contain crowds or even use them against the socialist opposition. For his efforts he gained fulsome praise from, amongst others, Mussolini and Goebbels" (p188).
The negative attitude towards the rebelling crowd by the elite in the nineteenth century was based on their unwillingness to admit that the crowd's reaction to social inequality might have been valid. So "certain characteristics of the crowds - as they appeared to these 'gentleman' observers - were abstracted from the context of class struggle and converted into generic characteristics of the crowd: violence, irrationality, fickleness, mental inferiority" (Reicher 1984 p188).

Allport (1924) challenged the group mind theory by suggesting that individuals in a crowd are the same as individuals alone, and that all behaviour is down to personality. Rather than losing their individuality in a crowd, a person has it accentuated. However, individual personality fails to explain crowd behaviour adequately (Reicher 1984).
More recent explanations of crowd behaviour are influenced by these earlier ideas, including emergent norm theory (Turner and Killian 1972). Crowd behaviour is determined by norms that develop from the actions of prominent individuals at the heart of the crowd. These are known as keynoting activities".

1.2. REICHER AND "ST PAULS RIOT"

Reicher (1984) used the "St Pauls riot" in Bristol on 2nd April 1980 as a case study to show that the crowd

is not "mindless". Data were collected from interviews with those involved, and from studying media reports.

The main focus of events was an "illegal" drinking venue which the police raided. Subsequently a crowd gathered and attacked the police.

Reicher drew out three themes from this data:

1. The crowd was not out of control, but showed "distinct social limits", as well as geographical limits (ie: it did not cross beyond the boundaries of St Pauls after the police had been "chased away").

"Indeed, perhaps the most remarkable feature of the whole episode was the backdrop of normality on which the so-called 'Battle of Bristol'... was played out. As police cars were burnt and officers stoned, cars flowed through the area, people walked home, families did their shopping, neighbours watched and chatted about the events" (Reicher 1984 p195). The crowd attacked the police and police property, and were not indiscriminately attacking anybody.

2. The event was not pre-planned, but was spontaneous. Media reports and officials referred to agitators or leaders who provoked the attacks, but Reicher found no evidence for that. One interviewee said: "There was no organisation or anything like that. It was just totally spontaneous, but it was... I don't know, just a feeling they were invading - bringing a hundred coppers down to St Pauls" (p197).

3. Those involved had a clear social understanding of their actions. For example, one man said: "I think it was quite honestly a case of us against them. Us, the oppressed section of society, if you like, against the police, against authority, basically" (p198). Those involved referred to a social identity of the group ("St Pauls community")(the ingroup), and an outgroup (police/authority) that was the focus of the anger.

Reicher argued that group mind theory cannot explain the "controlled" behaviour of the crowd. He preferred to use the social identity theory (SIT).

The SIT (Tajfel and Turner 1979) focuses upon how the individual identifying with a social group or category leads to ingroup favouritism and outgroup discrimination.

Social identity is defined as "those aspects of an individual's self-image that derive from the social categories to which he perceives himself as belonging" (Tajfel and Turner 1979).

The SIT makes the following assumptions (Tajfel and Turner 1979):

- Individuals strive for positive self-esteem and a positive self-concept.
- Social groups or categories are attributed positive or negative value in society.
- The evaluation of an individual's social group, in comparison to other such groups, influences the individual's self-esteem.

The last assumption leads to a "biased" categorisation of the world into groupings like "us" (good) and "them" (bad).

1.3. CROWD BEHAVIOUR AND EMERGENCIES

The belief in the "unruly mob" has dominated thinking about crowds, but "crowds nearly always act in a highly rational way... [and] when facing an emergency people in a crowd are more likely to co-operate than panic" (Bond 2009 p38).

"Mass panic" is a term used to suggest that in an emergency the crowd is less intelligent than the individual, more prone to respond to simple emotions, disproportionate in its reaction to the danger, and vulnerable to "contagion". "Further, since 'instinct' is said to overwhelm socialisation, collective bonds dissolve, and personal survival becomes the overriding concern... resulting in competitive behaviours within the crowd" (Drury et al 2009a p488).

But studies of crowds in emergencies have shown that the notion of "mass panic" is not right. This is because, for example, everyday norms that shape behaviour in society continue to apply even in an emergency (eg: routine courtesy) (eg: Johnson 1987). Or that threat produces a need for affiliation, and so individuals prefer to remain with loved ones than escape alone (eg: Mawson 2005 [1]).

Drury et al (2009a) felt that both these explanations could not account for crowd behaviour because they focused on pre-existing social bonds. Drury et al proposed a model where social bonds arise within a crowd of strangers in an emergency. The authors make use of self-categorisation theory (SCT) (Turner et al 1987),

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[1] This is called the social attachment model. It says that "the overriding tendency in disasters is to seek the proximity of loved ones, familiar possessions, and places (ie: affiliation rather than 'fight or flight');these tendencies lead to altruism, camaraderie, and social solidarity at the community level rather than social breakdown, passivity, or escape; and separation from loved ones and familiars is a greater stressor than physical danger" (Jacob et al 2008 p557).

which has developed from SIT. Individuals categorise themselves as part of the crowd, and this produces solidarity with others because they are perceived as part of the self. A common identity or "we-ness" is formed.

For the SCT the self is not a single entity, but a "complex system with a number of different levels", and "social identity changes as other groups or individuals enter (or leave) the relevant social context" (this is known as the metacontrast ratio) (Levine et al 2005).

If the SCT is right, it is expected that individuals in crowds reporting high identification with each other will also report help (given, received, and observed) and order, and less of personal selfishness and disorderly behaviour.

1.3.1. Examples of Research

Drury et al (2009a) recruited, via newspaper advertisements in the UK, twenty-one individuals who had experienced an emergency involving a mass of people. The emergencies included:

- Sinking of cruise ship.
- Stadium disaster.
- Large building fire/evacuation.
- Bomb blast.
- "Crowd stampede"/severe overcrowding.
- Train accident.

Each person was interviewed for about one hour, and the interview was transcribed. Analysis of the transcript looked for themes related to solidarity (and lack of) (eg: helping, sharing), and shared identity (eg: feeling of unity/togetherness).

Though some of the interviewees did not report a shared identity among the crowd, the majority did - eg: "All of a sudden everyone was one in this situ- when when a disaster happens when a disaster happens, I don't know, say in the war some- somewhere got bombed it was sort of that old that old English spirit where you had to club together and help one another, you know, you had to sort of do what you had to do, sort of join up as a team, and a good example of that would be when some of the fans got the hoardings and put the bodies on them and took them over to the ambulances" (Survivor of Hillsborough football stadium disaster 1989; extract 5 p496).

The shared identity was associated with helping each other - eg: "The behaviour of many people in that crowd and simply trying to help their fellow supporters was heroic in some cases. So I don't think in my view there was any question that there was an organic sense of... unity of crowd behaviour. It was clearly the case, you

know... it was clearly the case that people were trying to get people who were seriously injured out of that crowd, it was seriously a case of trying to get people to hospital, get them to safety... I just wish I'd been able to... to prevail on a few more people not to... put themselves in danger" (Survivor of Hillsborough football stadium disaster 1989; extract 8 p497).

Interviewees also reported orderliness among the crowd in such situations - eg: "It was very orderly very orderly noisy but very orderly and people calling out and this teacher very calmly saying 'come on, just keep going get going get going'" (Survivor of "Jupiter" sinking 1988; extract 11 p498). There was not a loss of control - eg:

> no... though I don't think people did lose control
> of their emotions and I think the restraint shown
> by... particularly several of the... individuals
> that I've mentioned I've talked about... it was the
> degree of the capacity of people to help others who
> were clearly struggling you know... it's it should
> be source of great pride to those people I think
> because you know, they were clearly in control of
> their own emotions and their own physical insecurity
> I mean a lot of people were very... as I was you know...
> you're being pushed, you're being crushed when you're
> hot and bothered you're beginning to fear for your own
> personal safety and yet they were I think controlling
> or tempering their emotions to help... try
> and remedy the situation and help others who
> were clearly struggling so... I would have to
> say that that was a degree of emotional control
> that... that still stands out (Survivor of Hillsborough
> football stadium disaster 1989; extract 12
> Drury et al 2009a p499).

A pattern in themes emerged depending upon whether there was high or low identification of the survivors with the crowd (table 1.1).

	LOW IDENTIFICATION	HIGH IDENTIFICATION
"Shared sense of danger"	67	92
"Survivors helped others"	78	83
"I helped other survivors"	33	66
"Order and calm"	22	42
"Courtesy"	11	25
"Discourtesy"	11	0

(Selection from tables 1, 2 and 3 Drury et al 2009)

Table 1.1 - Percentage of interviews showing different themes based on high and low identification.

Drury et al (2009a) accepted limitations to their study:

- Self-presentation of themselves in good light by survivors (eg: "I helped others").
- Selectivity of recall by interviewees.
- Volunteer sample (ie: those willing to talk about their experiences).

Drury et al (2009b) collected data on the 7/7/05 London bombings from ninety survivors and 56 witnesses. Many of the accounts emphasised the "calm" among the crowds, and few referred to "panic" [2]. One survivor said: "It took about twenty twenty five minutes before we got out... and some people were really itching to get off the train so more people the more agitated people were not being shaken up they felt they were, even though they wanted to get off at the same time so it was quite a calm calm evenly dispersed evacuation there wasn't people running down the train screaming their heads [off]. It was very calm and obviously there was people crying... but generally most sort of people were really calm in that situation, which I found amazing" (p78).
Many accounts referred to giving, receiving or seeing help, and little "selfish" behaviours - eg: "I remember walking towards the stairs and at the top of the stairs there was a guy coming from the other direction. I remember him kind of gesturing; kind of politely that I should go in front— 'you first' that. And I was struck I thought God even in a situation like this someone has kind of got manners really. Little thing but I remember it" (p79).
There was a feeling of unity among the survivors - eg: "I felt that we're all in the same boat together... yeah so I felt exactly I felt quite close to the people near me" (Drury et al 2009b p82).

1.4. SOCIAL IDENTITY AND HELPING

Levine et al (2005) showed in two field experiments how individuals were more likely to help ingroup members than outgroup ones who were injured. The focus of social identity in these experiments at Lancaster University, England, was football supporters. In study 1, male students who self-identified as Manchester United FC fans were the participants. Their willingness to help when individually faced with a person who has fallen over in

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[2] Ironically, because crowds tend not to panic, individuals may not move and act quickly when that is required in an emergency. For example, individuals in the lower floors of the World Trade Centre on 11th September 2001 took several minutes before attempting to escape (Bond 2009).

front of them was the dependent variable. It was scored
as follows:

- 1. The participant failed to notice that the victim was
  in need of help at all.
- 2. Perceived the victim to be in need of help (ie:
  glanced in the victim's direction) but did not offer
  any form of help at all.
- 3. Stopped and asked the victim if they were in need of
  help.
- 4. Stopped and asked the victim if they were in need of
  help and then directly helped the victim themselves.
- 5. After stopping to provide assistance, participant
  did not leave victim and escorted them out of the
  experimental context (Levine et al 2005 pp447-448).

     Categories 1 and 2 were classed as not helping and
3-5 as helping. Each participant was scored by three
independent hidden observers.
     A particular script was followed to create the
"emergency" situation [3] (table 1.2).
     The independent variable was the shirt worn by the
victim (confederate) - either Manchester United FC
(ingroup), Liverpool FC (outgroup), or no football shirt
(control).

     After the participants had completed the two questionnaires,
they were told that, as part of the study, they would be asked to
watch a short video about football teams, their supporters, and crowd
behaviour at football matches... As this projection room was in
another building adjacent to the Psychology Department, the
experimenter informed participants that they would accompany them to
the new room. The experimenter and participant walked down the two
flights of stairs and out onto the car park that separated the two
buildings. Having walked a short distance across the car park, the
experimenter informed participants that the experimenter needed to
go back to meet the next person in the study but that they should
continue across the car park and around the back of the building
where they would be met by a second experimenter who would show them
the video. The participants were then left to walk on alone. The path
around the back of the building was a quiet and secluded part of the
campus that narrowed as it neared the corner of the building. At the
corner of the building, the path had a clear line of sight to a
grassy area a short distance away. Hidden observers ensured that all
other people were kept out of the area and the sight of the
participants.
     As the participants approached the corner of the building, a
confederate appeared, jogged across the grass, and prepared to run
down a grass bank a short distance in front of the participants. The
confederate had mud splattered up his legs and was wearing shorts,
socks, and running shoes. In addition (depending on experimental
condition), he was also wearing either a Manchester United team
shirt, a Liverpool FC team shirt, or an ordinary, unbranded sports
shirt. As the confederate ran down the grass bank, he slipped and

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[3]   This experiment was based on the "Good Samaritan" experiment by Darley and Batson (1073).

fell over, holding onto his ankle and shouting out in pain. Having crumpled to the ground he groaned and winced, indicating that he might need help. The confederate did not make eye contact with or ask the participants for help.

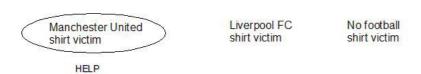(Source: Levine et al 2005 p447)

Table 1.2 - Details of procedure to create "emergency" situation.

    Help was offered to 12 of 13 ingroup victims (90%), but to only three of ten outgroup victims (30%), and four of 12 controls (33%). This was a significant difference using chi-square (p = 0.0024).
    Study 2 was the same basic experiment but a different social identity was made salient. The Manchester United supporter-participants were asked to think about being a football fan (rather than to concentrate on their own team as in study 1). This time help was offered to 70% of Liverpool-shirted victims (and 80% of Manchester United-shirted victims), but only 22% of controls. This was a significant difference between football shirt-victim and control-victim (p = 0.012).
    This research shows that which social identity is salient influences inclusive helping behaviour (figure 1.1).

STUDY 1   Social identity = Manchester United

Manchester United shirt victim | Liverpool FC shirt victim | No football shirt victim

HELP

STUDY 2   Social identity = football supporter

Manchester United shirt victim | Liverpool FC shirt victim | No football shirt victim

HELP

Figure 1.1 - Helping behaviour depending on salient social identity.

    Furthermore, individuals choose a greater proximity to others who are regarded as members of the ingroup.
    In two personal space experiments, Novelli et al

(2010) found that participants would sit closer to
ingroup members even when the group category was
arbitrary. Participants had to guess the number of dots
in a random pattern, and afterwards were told, randomly,
that they were a dot under-estimator or over-estimator.
This was the basis of group membership. Personal space
was measured by allowing the participants to set up
chairs in a small room for themselves and ingroup or
outgroup members.

The mean distance between chairs was 38.60 inches
for ingroup members and 48.00 inches for outgroup members
in experiment 1, and 46.56 and 51.15 inches respectively
in experiment 2 (a replication). In both cases the
difference was statistically significant.

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2. PSYCHOLOGY WEB SEARCH TASKS

Here are a list of ideas to search the Internet and find information related to areas of psychology and their application. The websites listed are starting points only, and are not claimed to be comprehensive.

1. Classical and Operant Conditioning and Training Dogs

Dogs are usually trained with rewards and punishments. These are examples of processes in operant conditioning. For example, find out how they are applied in training police dogs by the Dumfries and Galloway Constabulary in Scotland

- http://www.dumfriesandgalloway.police.uk/aboutUs/specialistUnits/dogs.htm

    See also

- http://101-dog-training-tips.com

and how to sites in no.3 below.

2. Genetics and Selective Breeding of Racehorses

The process of inheritance of traits can be seen through selective breeding. One animal that has been specially bred over many generations is the thoroughbred racehorse. Go the site of one company that specialises in this process to find out about the genetics involved

- http://thoroughbredgenetics.com/index.html

    See also

- http://www.bloodlines.net/TB

3. Observational Learning, Modelling and Learning New Skills

Find a video demonstration of a new skill and look for principles of modelling and imitation by the "teacher"

- http://www.ehow.com
- http://www.videojug.com

4. Prejudice and Discrimination Throughout History

Prejudice and discrimination have existed throughout history. Look for examples in the 19th and 20th centuries around the world. See which theories in psychology explain the behaviour

- http://www.bbc.co.uk/history/

Often the focus of prejudice and discrimination are minority groups, based on ethnicity

- http://www.minorityrights.org

or sexual orientation

- http://psychology.ucdavis.edu/rainbow/html/spssi_91.PDF

5. Moral Development and Modern Moral Dilemmas

Moral dilemma puzzles used by Kohlberg and Piaget can seem dated. Find the section "Modern Morals" in "The Times" newspaper. See if it is possible to use these modern dilemmas to study moral development or for applying the stages of development of Kohlberg

- http://www.timesonline.co.uk

Original articles by Kohlberg and Piaget

- http://education.csufresno.edu/bonnercenter/Book_Reviews/Foundation_Moral_develop.html

and details

- http://faculty.plts.edu/gpence/html/kohlberg.htm

6. Bipolar Disorder and Creativity

It is believed by many people that madness and creativity go together. Look for examples of famous writers and artists who suffered from bipolar disorder, and examples of those who did not

- http://www.neuroticpoets.com

Details of research

- http://tinyurl.com/6a9csw

- http://tinyurl.com/5z4kwz

    See also no.8.

7. Attitude Change and Government Health Campaigns on Alcohol Consumption

    Research in psychology emphasises that certain factors are involved in persuading people to change their attitudes. Look at a health campaign by the British Government and evaluate whether it is an effective campaign

- http://tinyurl.com/5jbov7

    Alcohol Concern is a charity campaigning on issues related to alcohol consumption

- http://www.alcoholconcern.org.uk/servlets/home

and Alcoholics Anonymous helps alcoholics

- http://www.aa.org

8. Mental Illness and Famous Historical Figures

    Joan of Arc claimed to hear the voice of God speaking to her. Today she may be diagnosed with schizophrenia for such a claim

- http://www.stjoan-center.com/topics/jgrundy.html

    Find details of other famous people who suffered from schizophrenia

- http://www.schizophrenia.com/famous.htm

    See research on mental illness and US Presidents

- http://tinyurl.com/5qqpjs

    See also no.6.

9. Eye Witness Testimony and Miscarriages of Justice

Eye witness testimony are viewed as crucial evidence in court, but psychological research shows that recall can be inaccurate. Look for cases where the conviction was overturned because of eye witness mistakes

- http://www.innocent.org.uk
- http://tinyurl.com/5786ta
- http://www.justicedenied.org/index.htm

10. Popularity and Rejection in Childhood in Children's Literature

Being popular and avoiding rejection dominates life for many children, and there is evidence of the psychological consequences in adulthood. Rejection often includes bullying. Look for this theme in children's literature, stories and books

- http://childrensbooks.about.com/b/a/87894.htm

See research

- http://tinyurl.com/5v4uo3
- http://tinyurl.com/55m7py

11. Challenging Negative Images of Older People in Society

Many images of older people tend to stereotype them in negative ways as, for example, frail and dependent. Look for examples of images that challenge these stereotypes

Ninety-year-old marathon runner

- http://www.guardian.co.uk/sport/2003/apr/06/athletics.features1

YouTube User "Geriatric1927"

- http://www.youtube.com/watch?v=p_YMigZmUuk

Actress Helen Mirren "still sexy in her sixties"

- http://women.timesonline.co.uk/tol/life_and_style/women/article4362925.ece

12. Listening to Sufferers of Mental Illness

The medical (or biomedical) model dominates clinical psychology, and it focuses upon the causes and treatment of mental illness. But what about the individuals who are suffering from the disorders? Find examples of sufferers describing their experiences. How do they compare to the view of clinical psychologists and psychiatrists?

- http://www.mind.org.uk/
- http://www.mentalhealth.org.uk/

13. Autobiographical Memory

Traditionally research on memory has used random word lists for certain periods of time. This is artificial and not how individuals use their memory in everyday life, particularly in relation to their autobiography. Look for examples of individuals talking about the past.

- http://www.oralhistory.org.uk/
- http://www.thirdage.com/brain-fitness/autobiographical-memory

14. Correlations

The correlational method is able to show the linear relationship between two variables (eg: IQ score and educational success), but it cannot establish causation. However, there are also many spurious correlations which show a relationship that is entirely false. For example, a classic is the number of storks nesting on houses in spring and the birth of babies. There is no relationship between these two variables.
Look for examples of spurious correlations related to psychology. Why are they spurious?

- http://www.burns.com/wcbspurcorl.htm
- http://www.southalabama.edu/coe/bset/johnson/oh_master/Ch11/Tab11-02.pdf

15. Sexual Identity and Gender

Sexual identity is divided into male and female based on genes and physiology. Males have XY sex chromosomes which determine the development of the male body in the womb and afterwards, and females have XX leading to the female body. However, there are cases where this is not so clear-cut, like Turner's Syndrome ad inter-sexuality. Look for such examples. How do they influence our understanding of gender?

- http://www.tss.org.uk/ (Turner's)
- http://intersexinitiative.org/ (Inter-sex)

3. PEACEKEEPING AND POST-DEPLOYMENT PSYCHOLOGICAL DISTRESS

3.1. INTRODUCTION

Individuals actively involved in combat can experience subsequent psychological problems, like post-traumatic stress disorder (PTSD). This risk for soldiers is relatively well known. But peacekeepers are a different situation.

Peacekeeping refers to military intervention in a conflict zone usually on behalf of the United Nations Security Council. Currently, there are over fifty such operations around the world, and in the last half a century over 2000 peacekeepers have died on duty (Sareen et al 2010).

3.2. EFFECTS OF PEACEKEEPING DEPLOYMENT

Peacekeepers' duties vary from monitoring ceasefires to helping with humanitarian aid, but combat might be involved when stopping an aggressor. Even if peacekeepers are not actively involved in fighting, they will often be confronted with the consequences of conflict. What is the effect of such duties on the peacekeepers?

Sareen et al (2010) set about answering this question in a literature review of sixty-eight studies [4].

1. Psychological distress

The studies were mixed in their findings about psychological distress after deployment. Using self-reports, many studies found no negative effect, whereas others did report increased rates of psychological distress (eg: about one-third of US soldiers after peacekeeping duty in Somalia; Orsillo et al 1998).

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[4] All articles in English including the key word "peacekeeping" in four databases were collected:
- MEDLINE (1980-2009)
- PsycINFO (1806-2009)
- Scopus (1823-2009)
- Embase (1980-2009)
    I did a quick update for studies in 2010 (appendix 3A).

2. Suicidality

Again the studies were mixed. Some reported an increased suicide risk during and post-deployment among peacekeepers as compared to the general population, and other studies found less risk. Exposure to traumatic events during deployment was associated with increased suicidal ideation, however (eg: Thoresen and Mehlum 2008).

Table 3.1 presents examples of studies of different groups of peacekeepers (and the main findings).

SAMPLE	MAIN FINDINGS	AUTHOR(S)
US in Somalia	PTSD - 7.9% male/8.8% female	Litz et al (1997)
Australians in Somalia	One-fifth increased mental health problems	Ward (1997)
Canadian - different missions, including those in the Middle East (ie: the first Gulf War), Rwanda, Somalia, and the former Yugoslavia	Twice suicide risk	Sareen et al (2008)
Danish - various missions in 1990s	Small increase in suicide risk	Hansen-Schwartz et al (2002)
Swedish - various missions	Less suicide	Michel et al (2007)
Finnish - various missions	Higher rates of suicide	Ponteva et al (2000)
Norwegian - various missions 1978-95	Increased suicide	Thoresen et al (2003)

Table 3.1 - Examples of studies of peacekeepers.

Sareen et al (2010) outlined a number of factors that mediated the risk of psychological distress for peacekeepers. The risk of distress was increased by:

A. Deployment factors

- Exposure to combat.
- Exposure to traumatic events (eg: aftermath of civilian massacre).
- Pressure to uphold restraints (ie: not use firearm) (Litz et al 1997).
- Longer duration of deployments.
- First-time deployments.
- Increased number of deployments.

- Physical injury or illness.
- Non-combat stressors (eg: sexual harassment; Fontana et al 2000).

B. Pre-deployment factors

- Anxious personality.
- Pre-deployment personality disorder.
- Coping strategy that includes wishful thinking and accepting responsibility.
- History of mental health problems.
- Childhood maltreatment.

C. Mediators

- Perceived lack of meaningfulness of mission.
- Perceived negative homecoming experience.
- Lack of social support.

In conclusion, Sareen et al (2010) emphasised that the vast majority of peacekeepers do not experience post-deployment psychological distress or high levels of distress relative to the general population.

Sareen et al (2010) explored some of the limitations of the studies and the possible reasons for mixed findings:

i) Many studies are not comparable because different groups of peacekeepers in different environments were studied.

ii) Recruitment of soldiers varies between countries (including the pre-existing risk factors).

iii) Differences in measurement and definition of psychological distress among studies.

iv) Tendency to use self-reported measures, particularly as soldiers may under-report symptoms as part of their "macho culture".

v) Whether the study is longitudinal (following one group over time) or cross-sectional (one-off snapshot).

vi) Often the study is retrospective (ie: asks for individuals to recall past events), which can be open to "recall bias".

vii) Few studies compared peacekeepers to combatants (especially in the same conflict zone).

3.3. APPENDIX 3A - 3 STUDIES FROM 2010

A quick search of two of the databases, MEDLINE and PsycINFO, using the keyword "peacekeeper" for articles in 2010 produced three [5].

1. Dickstein et al (2010) collected data on 635 US soldiers deployed on a six-month NATO-led peacekeeping mission in Kosovo between pre-deployment and nine months post-deployment. Four trajectories of response to stress and trauma emerged:

- Resilience - 84% of the sample showed few PTSD symptoms.
- Delayed - 3% of individuals got worse over time.
- Recovery - Reduction in symptoms over time in 4% of sample.
- Unrealised expectations/anxiety - 9% of individuals showed more distress pre-deployment.

2. Klaassens et al (2010) studied Dutch peacekeepers who had served on high-risk missions in Lebanon and Yugoslavia [6] between 1979 and 1995. Thirty-six healthy male trauma-exposed veterans, 23 non-trauma-exposed veterans, and 25 non-trauma-exposed civilians were compared for physiological stress (eg: cortisol). The trauma-exposed veterans did not differ from the other two groups 10-25 years after the trauma exposure. This finding challenged the idea that trauma exposure produces long-term changes in the stress reaction (ie: hypothalamic-pituitary-adrenal axis).

3. Schok et al (2010) investigated "resilience" (defined as "high degrees of self-esteem, optimism, and perceived control") among 1561 Dutch veterans of war or peacekeeping. Higher resilience was associated with less distrust of others and the world, more personal growth, and less intrusions and avoidances (symptoms of PTSD) after deployment.

3.4. REFERENCES

Dickstein, B.D et al (2010) Heterogeneity in the course of post-traumatic stress disorder: Trajectories of symptomatology Journal of Traumatic Stress 23, 3, 331-339

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[5] Search performed on 11/04/11.
[6] United Nations International Force in Lebanon (UNIFIL) and United Nations Force in Former Yugoslavia (UNPROFOR).

Fontana, A et al (2000) Impact of combat and sexual harassment on the severity of post-traumatic stress disorder among men and women peacekeepers in Somalia Journal of Nervous and Mental Disorders 188, 3, 163-169

Hansen-Schwartz, J et al (2002) Suicide after deployment in United Nations peacekeeping missions - a Danish pilot study Crisis 23, 55-58

Klaassens, E.R et al (2010) Trauma exposure and hypothalamic-pituitary-adrenal axis functioning in mentally healthy Dutch peacekeeping veterans, 10-25 years after deployment Journal of Traumatic Stress 23, 1, 124-131

Litz, B.T et al (1997) Post-traumatic stress disorder associated with peacekeeping duty in Somalia for US military personnel American Journal of Psychiatry 154, 2, 178-184

Michel, P.O et al (2007) Suicide rate among former Swedish peacekeeping personnel Military Medicine 172, 278-282

Orsillo, S.M et al (1998) Psychiatric symptomatology associated with contemporary peacekeeping: An examination of post-mission functioning among peacekeepers in Somalia Journal of Traumatic Stress 11, 4, 611-625

Ponteva, M et al (2000) Mortality after the UN service. Follow-up study of the Finnish peacekeeping contingents in the years 1969-96 International Review of Armed Forces Medical Services 73, 235-239

Sareen, J et al (2008) Canadian military personnel's population attributable fractions of mental disorders and mental health service use associated with combat and peacekeeping operations American Journal of Public Health 98, 2191-2198

Sareen, J et al (2010) Is peacekeeping peaceful? A systematic review Canadian Journal of Psychiatry 55, 7, 464-472

Schok, M.L et al (2010) A model of resilience and meaning after military deployment: Personal resources in making sense of war and peacekeeping experiences Aging and Mental Health 14, 3, 328-338

Thoresen, S & Mehlum, L (2008) Traumatic stress and suicidal ideation in male peacekeepers Journal of Nervous and Mental Disorders 196, 814-821

Thoresen, S et al (2003) Suicide in peacekeepers: A cohort study of mortality from suicide in 22 275 Norwegian veterans from international peacekeeping operations Social Psychiatry and Psychiatric Epidemiology 38, 605-610

Ward, W (1997) Psychiatric morbidity in Australian veterans of the UN peacekeeping force in Somalia Australian and New Zealand Journal of Psychiatry 31, 2, p184

4. THE USE OF HALLUCINOGENS IN PSYCHOLOGICAL RESEARCH: TWO EXAMPLES

4.1. PSYCHOLOGICAL RESEARCH WITH HALLUCINOGENS

Hallucinogens are drugs that alter perception, including inducing hallucinations. They include psilocybin (known colloquially as "magic mushrooms") and lysergic acid diethylamide (LSD), and work by changing the neurotransmitter serotonin (Griffiths and Grob 2010). The common use of hallucinogens as "recreational drugs" since the 1960s has meant that academic research has been restricted. However, in recent years, in the USA, research projects have been started, for example, at the John Hopkins University School of Medicine.

One such research project began in 2001 to study the effects of psilocybin (Griffiths et al 2006; appendix 4A). Individuals were monitored as they took the drug in a controlled environment, and then were followed up two and 14 months afterwards. Participants reported increased self-confidence, inner contentment and overall well-being with less nervousness, and more ability to tolerate frustration (Griffiths and Grob 2010). Much of the focus has been on the "mystic" experiences that occurred when talking the drug.

Other research has investigated the use of hallucinogens with cancer patients experiencing severe anxiety and depression (where normal psychotropic drugs do not work). Grob et al (2011) reported benefits in a pilot study with psilocybin for severe anxiety among terminal cancer patients.

Twelve highly anxious volunteers with advanced-stage cancer received one dose of psilocybin in one session and a placebo in another session. They did not know which session was which, and medical staff who remained with the participants did not know either (ie: double-blind procedure). Participants rested for six hours in a quiet room after the drug.

Outcome measures related to anxiety and psychological state (eg: Beck Depression Inventory; BDI) were taken two weeks, and at monthly intervals up to six months after the sessions.

Participants reported significantly less anxiety (compared to baseline) at one and three months after the drug, and significantly lower BDI scores after six months. There were no adverse effects from the drug. grob

et al felt that their pilot study had "established the feasibility and safety of administering moderate doses of psilocybin to patients with advanced-stage cancer and anxiety" (p71).

4.2. APPENDIX 4A - GRIFFITHS ET AL (2006)

Thirty-six middle-aged, psychological stable, hallucinogen-naive volunteers (who reported regular participation in religious and spiritual activities) were observed over seven hours after taking one dose of psilocybin or methylphenidate hydrochloride [7].

The volunteers were recruited by local advertisements of a "study of states of consciousness brought about by a naturally occurring psychoactive substance used sacramentally in some cultures".

After taking the drug, participants relaxed in a living-room-like environment with their eyes covered and classical music on the headphones. Two assistants were always present to monitor the health of the participants. The participants completed various questionnaires about their experience afterwards including the Mysticism Scale. Further questionnaires were used at the follow-ups.

To avoid expectancy effects, participants (and assistants) were told that there were receiving a placebo, psilocybin, or one of eleven other drugs (eg: caffeine).

After the psilocybin, the volunteers rated the items on the Mysticism Scale significantly higher, while the assistants rated the emotions expressed as significantly higher (eg: joy/intense happiness; tearing/crying). At two months follow-up, 33% of volunteers rated the psilocybin experience as being "the single most spiritually significant experience of his or her life", and 38% more placed it in their top five most spiritually significant experiences (compared to 8% for the methylphenidate).

Evaluation

- (+) Careful screening of participants as psychologically stable.
- (+) The use of hallucinogen-naive individuals to avoid confounding effects of previous experiences, including selection bias where only those with previous positive experiences volunteer.
- (+) Concern for health of participants including

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[7] This was used as the comparison substance because it produces some effects similar to psilocybin.

regular monitoring of blood pressure and heart rate throughout the experiment.

- (+) The use of various, established questionnaires for measuring the experience. Because the focus was upon the subjective experience, self-reports were the only means available.

- (-) A specific population was used which limits the generalisability of findings.
- (-) It was an artificial situation (ie: not the same as the everyday/illicit use of the drug).
- (-) Volunteers are not typical of the general population, particularly the motivation here for taking part (eg: curiosity; "opportunity for extensive self-reflection").
- Questions about the effectiveness of the blinding process.

4.3. REFERENCES

Griffiths, R.R & Grob, C.S (2010) Hallucinogens as medicine <u>Scientific American</u> December, 53-55

Griffiths, R.R et al (2006) Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance <u>Psychopharmacology</u> 187, 3, 268-283

Grob, C.S et al (2011) Pilot study of psilocybin treatment for anxiety in patients with advanced-stage cancer <u>Archives of General Psychiatry</u> 68, 1, 71-78

5. RESEARCH METHODS EXAM QUESTION PRACTICE

Read the following extract and then answer the questions below [8].

READING

This study was an investigation into the relationship between introversion-extraversion and altruistic behaviour using bi-lingual participants in Germany.

This study is based on previous research by Eysenck (1953). He devised a model of personality theory whereby introversion is opposed to extraversion and following from this that each has differing personality traits. Eysenck used psychometric measurement derived from questionnaire responses to assess extraversion-introversion.

The research hypothesis was that there would be a negative correlation between extraversion and altruism scores. The null hypothesis for this study is that there will be no negative correlation between the extraversion and altruism scores as calculated from the questionnaires.

The design was a correlational study with two questionnaires distributed to each participant. The Extraversion Questionnaire (EQ) was designed to establish whether the participant tends towards an extravert or an introvert personality type. The Altruism Questionnaire (AQ) was to determine to what degree the participant is altruistic.

An opportunity sample was used. There were three bi-lingual participants, two of whom spoke English as their native language, whilst the third had spent extensive time in England. Their ages ranged from 28 to 55 years of age, and two were male.

The Extraversion Questionnaire (Eysenck and Wilson 1975) contains sixteen statements to measure extraversion-introversion, with the choice of "agree", "disagree", or "not sure". Items include "Generally I prefer reading to meeting people", and "I often buy things on impulse". A maximum score of 16 was possible, and higher scores were associated with extraversion.

The Altruism Questionnaire (Open University 2001) also had 16 statements, and the same scoring key. A high score was seen as a sign of altruism. Items here include "I give generously to charitable appeals", and "I often jump queues".

This has only content validity, whereas the EQ is based on the Eysenck Personality Inventory (EPI), which has established validity and reliability (Eysenck and Wilson 1975). The questionnaires were in English.

So as not to influence the participants they were not informed of the nature of the study prior to answering the questionnaires. However, informed consent from the participants, and the right to withdraw were explained.

The participants each received standardised instructions. These were presented verbally and in written format. Each

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[8] The question level is equivalent to first year of degree course.

participant then completed the questionnaires receiving both at the same time. The order of which questionnaire was varied. This change of order was to rule out any possibility of bias towards one survey or the other. The questionnaires were distributed in a domestic lounge room and each participant was given ten minutes to complete both questionnaires.

None of them required the entire time. After completion of both questionnaires, and in accordance with the British Psychological Society (BPS) Ethical Guidelines, a detailed debriefing and discussion followed.

A Spearman's test produced a value of 0.84, which is not statistically significant (N = 3; critical value = 1.00).

Extract from: Reinicke, H (2002) Extraversion and helping: a small-scale study with bi-lingual individuals in Germany Orsett Psychological Review 6, June, 8-11

QUESTIONS

1. Name one advantage and one disadvantage of opportunity sampling (2 marks).

2. The study above used three participants only. When would a researcher use a small sample like this? (2 marks)

3. Why were the standardised instructions presented both verbally and in written form? (2 marks)

4. Describe one confounding variable relating to how the questionnaire was completed. (3 marks)

5. Is the study described above an example of qualitative or quantitative research? Describe two strengths of qualitative research. (5 marks)

6. What kind of data were collected? (1 mark)

7. Why is a Spearman's test the correct statistical test to use? (2 marks)

8. What does the phrase "not statistically significant" mean? (3 marks)

9. Name two problems with the Altruism Questionnaire used in the study. (4 marks)

10. Discuss three ethical issues not mentioned by the researcher. (9 marks)

TOTAL: 33 marks

SUGGESTED ANSWERS

1. Advantage - eg: convenient, easy to perform, requires little planning (1 mark for any one).
      Disadvantage - eg: unlikely to be representative, risk of biased sample (1 mark for any one).

2. A pilot study before full scale research check for problems and viability of study OR research with specific group where there are few participants and/or they are hard to find (2 marks for either).

3. To make sure that participants understood and were clear about tasks (2 marks).

4. Eg: language problems and understanding questions, reliability and validity of Altruism Questionnaire, two questionnaires completed together and interference in some way (eg: tiredness, boredom) (3 marks for any one).

5. Quantitative (1 mark). Advantages - eg: more detailed and rich data, study meanings, go beyond numbers, not reductionist (4 marks for any two).

6. Ordinal (1 mark).

7. Correlational study (1 mark) and ordinal data/non-parametric (1 mark).

8. The correlation between the two questionnaires was likely to be due to chance to accept as due to the research variables. Usually a level of significance will be included (eg: $p < 0.05$) (3 marks).

9. Eg: only content validity not other types of validity, reliability (4 marks for any two).

10. Eg: deception, right to withdraw, distress during research (1 mark each for naming, and 2 marks each for expansion = 9 marks).