



RESEARCH IN BRIEF

Contributions wanted

If you read a paper published in a peer-reviewed journal (or at proof stage) and think it would be of relevance and interest to our wide audience, send a lively and informative review (up to 400 words) to Tom Stafford on tom@idiolect.org.uk.

I think fat, therefore I am fat

Thought–shape fusion among people with eating disorders. JENNIFER NASH

THE indulgence of the festive season is by now a distant memory, but the thought of Christmas can linger on in an expanded waistline. However, new research is highlighting that for some individuals, the link between thinking and body shape can be highly complex. The role of maladaptive thoughts in the development and maintenance of psychiatric disorders has been well documented. ‘Thought–action fusion’ describes the belief that thinking about an unpleasant event has some causal or moral connection with a real event of the same sort. This is particularly observable in obsessive compulsive disorder, in which a person might believe that they have made an undesirable event happen by thinking about it happening, or that by thinking about performing an undesirable act (e.g. harming one’s child) they are as morally blameworthy as if they had carried it out.

It has been suggested that individuals

with eating disorders may have a similar cognitive distortion, labelled ‘thought–shape fusion’ (TSF), which exists in three

forms. Likelihood TSF refers to a belief that the mere thought of eating a prohibited food makes it likely that the person has gained weight. Moral TSF occurs when

thinking of and physically eating prohibited foods are equated. Feeling TSF arises when thinking about eating forbidden food increases the feeling of fatness. Put simply, these TSFs state that an individual experiencing them will have a cognition such as: ‘If I think about overeating or eating prohibited foods, then I think that I may have gained weight/I am immoral/I feel myself as fatter.’

Roz Shafran (Oxford University) and Paul Robinson (Royal Free Hospital) administered a number of self-report measures of eating disorders and psychiatric symptomatology to females with and without eating disorders. They used the ‘thought–shape fusion questionnaire’ in which patients rate their level of agreement with such statements as ‘I feel fatter just by thinking about gaining weight’. Differences were found to exist between the eating-disordered and control groups; those with eating psychopathology experienced significantly more TSF. In addition, the higher the level of TSF the more severe the eating disorder.

Shafran and Robinson state that individuals with TSF are not delusional, they know that thinking about their weight cannot change it; nevertheless their irrational belief persists. The authors go on to suggest methods of applying these findings to treatment programmes. Therapy needs to be personalised to each individual’s maladaptive thoughts and to allow direct demonstration that beliefs do not necessarily reflect reality.

Although the clinical significance of these findings has yet to be proved empirically, it seems very possible that influencing distorted cognitions may be the key to helping those eating-disordered patients who fail to respond to existing therapies.

Shafran, R. & Robinson, P. (2004). Thought–shape fusion in eating disorders, *British Journal of Clinical Psychology*, 43, 399–408.

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THEY SAY LOVE IS BLIND

CHRISTIAN JARRETT reports on a study about perceptions of others’ relationships.

PSYCHOLOGISTS in America have found that people who are in love, and who spend a lot of time thinking about love, are the least accurate at judging the depth of love between other people. Ironically, they are also the people who are most confident in their ability to see love.

One hundred and forty-eight students watched 60-second video clips of 25 couples talking about activities they enjoyed

together. The students rated how in love they thought each individual was with their partner, and said how confident they were in their judgement. Their estimates were then compared with the filmed individuals’ own report of how in love they were (based on Sternberg’s Love Scale).

‘Overall we simply could not find any common attributes among those students who were very good at this – other than

they were not in love at the time of the study,’ Frank Bernieri (Oregon State University), co-author of the study, said. ‘The ironic part was discovering that people who were most in love were most confident in their ability. But as it turned out, they were so blind in their love they turned out to be wrong more often than right.’

Aloni, M. & Bernieri, F.J. (2004). Is love blind? The effects of experience and infatuation on the perception of love. *Journal of Nonverbal Behaviour*, 28, 287–296.

Down through the generations

Family history of depression predicts depressed grandchildren. CHRISTIAN JARRETT

THE risk of depression intensifies as it passes through successive family generations. That's according to a study conducted by researchers at Columbia University, who began following 47 individuals in 1982, some of whom were diagnosed with major depressive disorder. Over the next 20 years the team conducted several diagnostic interviews with the initial participants' children – of whom there are 86 – and then their grandchildren, of whom there are 161, with an average age of 12 years. The study is the first of its kind to follow three family generations.

Grandchildren with a two-generation history of depression were five times more likely to have an anxiety disorder than grandchildren who had a depressed grandparent, but not a depressed parent. Anxiety disorders in children are a known precursor of later depression, a pattern observed in the earlier generations of the study. Overall, nearly 60 per cent of the highest-risk grandchildren had one or more psychiatric disorders.

Grandchildren who had a depressed parent but not a depressed grandparent were

at no increased risk of psychiatric disorder, although their functioning was more impaired than children with no family history of depression.

'We have shown that the risk of depression is carried through several generations and that it intensifies as more generations are affected,' said lead researcher Myrna Weissman (Columbia University). The report says that 'obtaining family history of depression and its severity and impairment in previous generations should help to identify persons at high risk for psychopathology at a young age' and that 'relatively simple family history screens available to obtain this information'.

However, the specific mechanisms at play in the familial transmission of depression remain unknown. 'Because parents may provide both high-risk genes and a high-risk rearing environment, disentangling psychosocial and biological factors mediating risk across generations is a challenge,' the report concludes.

Weissman, M.M., Wickramaratne, P., Nomura, Y. et al. (2005). Families at high and low risk for depression: A 3-generation study. *Archives of General Psychiatry*, 62, 29–36.

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LOOKING UP – AN ANSWER

Why do we look skywards when we're thinking? Do children do it too?

Fred Previc (Northrop Grumman Information Technology) and colleagues at the University of Antwerp, filmed 24 children (average age 11 years) while they answered 11 questions of increasing difficulty.

They found that the children made significantly more upward eye movements than downward movements, especially for questions involving mental arithmetic.

This difference was only apparent when the children were answering, not when they were listening to the questions. And when they were asked to keep their eyes still, their performance seemed to suffer. That is, it took them significantly longer to recite the eight times table backwards with their eyes still, than it did to recite the seven times table backwards when free to move their eyes. The children also blinked more when answering harder questions.

The authors believe that we look

upwards when we're performing mental operations because of the close links between brain areas in the lateral prefrontal cortex that are responsible for shifting our eyes, and those responsible for holding things in memory for short amounts of time (i.e. working memory).

'The close linkage between eye movement mechanisms and working memory, designed for keeping track of multiple targets while scanning the environment, would also be valuable for performing multiple mental operations, as is required of mental arithmetic', the authors said.

'The origins of many cognitive operations in humans may be linked to more primitive systems involved in the exploration of distant 3-D space,' they added.

Previc, F.H., Declerck, C. & de Brabander, B. (2005). Why your head is in the clouds during thinking. *Acta Psychologica*, 118, 7–24.

Weblinks: Journal: tinyurl.com/55pzw
Psychologist article: tinyurl.com/6zrpp



ON THE MOVE

This is the last 'Research in Brief' section. But never fear, the reports are not disappearing completely, just moving to form part of our expanded news and analysis coverage at the front of the magazine. We hope this will allow us the space and flexibility to cover even more recent research in a timely and interesting fashion.

We need and want your contributions just as much as ever. Please continue to submit them in exactly the same way (see box at the top of the opposite page).