Writing a structured abstract for the thesis

James Hartley

James Hartley suggests how to improve thesis abstracts.

Two books on writing abstracts have recently come to my attention. One, *Creating Effective Conference Abstracts and Posters in Biomedicine: 500 tips for Success* (Fraser, Fuller & Hutber, 2009) is a compendium of clear advice – a must book to have in your hand as you prepare a conference abstract or a poster. The other, *Abstracts and the Writing of Abstracts* (Swales & Feak, 2009) contains several research-based exercises on writing abstracts for journal articles in the Arts and Social Sciences. Both books extol the virtues of structured abstracts (i.e. those with standard sub-headings found in several journals published by the British Psychological Society) but both contain few examples.

**Thesis abstracts**

Swales and Feak also have a short chapter on writing the abstract for the PhD – a rather different kind of abstract. Here two such abstracts are presented for analysis. However, because the book is written mainly for a North American audience, British students might like to check their institution’s regulations in this respect. It is likely, of course, that these will not be very helpful. Here, for example, are the regulations from my own University:

*Abstract*

The page should be headed Abstract, followed by no more than 300 words describing the key features of the thesis. Many information retrieval systems will search abstracts rather than complete works, and you should indicate keywords. Unfortunately, the advice on writing abstracts given in books on ‘How to write a thesis’ is much the same. Here, typically, you will find a paragraph or two of generalities with, if you are lucky, an example (e.g. see Rudestam & Newton, 2007). One notable exception is Dunleavy’s (2003) *Authoring a PhD*. Dunleavy provides almost three pages of text on writing the abstract, and provides quite specific advice about the content and structure – again advice that might not be appropriate for every situation. So, under these circumstances, it might be wise for students to examine the abstracts written for previous theses in their departments, and to consult with their supervisor(s) about what is required.

Another possible source in this respect is the *Index to Theses* (www.theses.com/). This website provides a listing of all of the 533,704 theses with abstracts accepted for higher degrees by universities in Great Britain and Ireland since 1718! Fortunately there is a useful index and readers can look up theses and their abstracts by topic and by author.

**Structured thesis abstracts**

I have only seen one structured abstract for a postgraduate thesis (Drakeford, 2006) but there maybe more by now, and the notion underlying them is straightforward. Structured abstracts follow a particular format and systematically include all of the required information (Hartley, 2008). Thesis writers can do this under the following headings (and then delete these headings if they offend the purists):
Background: Here you can outline the issues of concern that led you to work on the topic.

Aims: Here you can outline what you planned to achieve.

Method(s)/Procedures: Here you can describe how you set about achieving your aims (e.g. ‘Three studies were carried out in which …’). This section is appropriate for both qualitative and quantitative studies, and indeed ones with mixed methods.

Results: Here you can give the main results of the studies and the enquiry as a whole.

Conclusions/Implications: Here you can give your main conclusions and provide suggestions for further research that would extend the work.

Figure 1 (overleaf) shows a slightly modified version of Drakeford’s structured thesis abstract. I commend it to you!

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References


Background: Studies investigating recognition memory (RM) in schizophrenia report a selective deficit in autonoetic awareness and intact levels of noetic awareness for visual stimuli. It has been suggested that abnormalities in autonoetic awareness result from a breakdown in frontal strategic memory processes involved in encoding and retrieval and executive functions linked to reality monitoring and decision making.

Aims: The aims of this thesis were to investigate four predictions arising from these proposals: (1) If decrements in autonoetic awareness arise from a ‘central’ impairment, then these abnormalities should not be domain-specific; (2) if autonoetic awareness abnormalities arise from a breakdown in executive processes, then these abnormalities should correlate with executive dysfunction; (3) because autonoetic awareness is a necessary correlate of episodic memory, then patients with schizophrenia should also be impaired in contextual memory; and (4) autonoetic awareness abnormalities are likely to be more severe in schizophrenia, a condition associated with marked executive dysfunction relative to major depressive disorder, in which executive dysfunction is less marked.

Method: The remember/know paradigm was used to investigate RM across four modalities (verbal, visual, auditory and olfactory) in three groups: patients with schizophrenia (N=19), patients with major depressive disorder (N=21), and normal controls (N=24). A subgroup of the same schizophrenia patients (N=14) were also tested for temporal-order memory for words, line drawings and abstract drawings. Autobiographical memory was assessed in patients using the Autobiographical Memory Interview. Executive function and working memory were assessed using the Wisconsin Card Sorting Test and the Letter-Number Sequencing Test, respectively.

Results: Autonoetic awareness abnormalities were evident in patients with schizophrenia for voices (p<0.05) and smells (p<0.05). These deficits were restricted to schizophrenia, with patients with major depressive disorder performing intermediate to both schizophrenia patients and normal controls. A subgroup of the same schizophrenia patients also exhibited impaired temporal-order memory (p<0.05), but this impairment was restricted to words and also evident in patients with major depressive disorder (p<0.05). Executive dysfunction and reduced working memory was restricted to patients with schizophrenia, but none of these measures correlated with decrements in autonoetic awareness or temporal-order memory. Autobiographical memory for both patient groups was within the normal range.

Conclusions: Impaired autonoetic awareness for voices and smells in the same cohort of schizophrenia patients provide some support for proposals that abnormalities in autonoetic awareness stem from a breakdown in ‘central’ rather than domain-specific processes. Furthermore, these patients were also impaired for temporal-order memory, which suggests that strategic memory processes were also implicated in these schizophrenia patients.