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Psychology Postgraduate Affairs Group

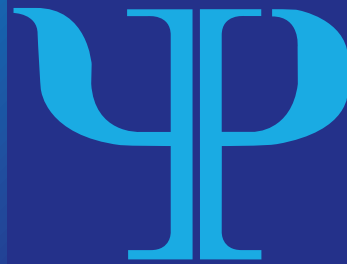
Quarterly

Issue 115 June 2020

Postgraduate study during Covid-19

Contagious conspiracy theories and potential pathways to address them

A critical analysis of the concept of transference in psychodynamic therapy



Also in this issue:

Towards a comprehensive framework of assessing bystander intervention behaviour among adolescents in the context of gender based violence

Just how reliable is your internal reliability – an overview of Cronbach's alpha

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Editorial

Alex Lloyd

IT BRINGS ME great pleasure to introduce the June 2020 issue of the *PsyPAG Quarterly*. This issue comes at a time of great uncertainty for many of our readership and we wish good health to you and your loved ones. While global circumstances remain in flux, this issue highlights the consistently high-quality of research produced by psychology postgraduates across the UK. As many of you will have heard, this year's PsyPAG Annual Conference will be hosted online. Registration is free so if you enjoy reading our usual submissions, I encourage you to sign up to hear the very latest of research from individuals across the country. As ever, I hope you enjoy reading the articles in this issue just as much as we have!

Our first article was written by the *PsyPAG Quarterly* Editorial Team. We felt that it was important to address the Covid-19 pandemic and the impact this has had – and will have – on postgraduate students. We outline some of the information that has been released regarding studentship funding, as well as highlighting some methods that are suited for home working. In particular we identify platforms and software that can be used for online data collection, as well as alternatives for researchers whose work is not suited for online data collection. Last but by no means least, we emphasise the importance of self-care during this period. Many of us will be adapting to new working situations and this will undoubtedly impact our studies. We want to hear from you about how the coronavirus pandemic is affecting your studies, whether in an article to the *PsyPAG Quarterly* or in our weekly Zoom meetings organised by PsyPAG's chair, Maddi. You can find out more about this in the Chair's column overleaf.

Our first submission comes from Richard Amelio and Thomas Dunn, who provide novel validation of their scale: the Santa Barbara sense of direction scale. The authors administer this scale to participants and ask them to indicate the direction of local landmarks relative to their position. In their analyses, the authors find gender differences with females demonstrating a bias to identify targets left of their true position, while males have a bias to identify targets to the right of their true position. Next, we have an empirical study by Lauren McSorely who examines the role of personality characteristics in postnatal depression. In particular, this article focuses on vulnerability personality styles, which includes timidity and sensitivity. The author finds that there is a significant relationship between vulnerable personality types and postnatal depression, suggesting that these findings can be of use when developing interventions to support individuals experiencing postnatal depression.

Moving on, we have a series of insightful discussion pieces. Darel Cookson provides a timely discussion of conspiracy theories and psychological factors that predict individuals' conspiracy beliefs. In a time where scepticism towards the coronavirus pandemic is harming attempts to enforce measures such as social distancing, an understanding of interventions that can reduce harmful beliefs are of upmost importance. Following this is a methodological piece from Olly Robertson and Michael Scott Evans who outline the use of Cronbach's Alpha for assessing internal reliability. Reliability is a crucial metric when administering quantitative questionnaires in any study and the authors concisely explain the promises (and pitfalls) of how Cronbach's is used in psychological research. In cases where Cronbach's alpha might be limited, the authors recommend additional

tests for researchers to be confident in the conclusions they draw from this test. In addition, the authors provide a link to a tutorial on using this test in SPSS, which I highly recommend.

Our next discussion article by Elizabeth James provides a critical overview of the concept of transference in psychodynamic therapy. In their article, James addresses the uses and misuses of transference, but highlights the utility of this tool to support work between therapists and their clients. The final discussion piece in this issue was written by Stefania Pagani and offers a novel framework for assessing bystander intervention, with specific focus on adolescents who witness gender based violence. Pagani argues that previous work in this area fails to capture some of the key psychological variables that explain whether adolescents intervene to stop peer engaging in violence motivated by gender. Arguing for an integration of the Theory of Planned Behaviour and the prototype willingness model, the author concludes that a flexible framework is required in order to provide a comprehensive overview of this behaviour.

Drawing to the end of this issue we have a series of reviews. In the wake of mass conference cancellations, we have two conference reviews that may help you plan your next submission once the global situation stabilises. Samuel Hales and Victoria Lister detail their experiences at the Association for the Treatment of Sexual Abusers. Bringing together practitioners, researchers and those with lived experience of sexual abuse, the conference offered a range of activities detailing the most recent research and best-practice in this field. Farah Elahi

summarises her experience at the 5th International Conference on Youth and Mental Health. The author describes how the conference provided many opportunities to network with other academics and the range of sessions that facilitated these opportunities. Finally, we have a book review by Megan Whitehorn who provides a positive review for *The Psychology of Effective Studying*. Those in taught postgraduate degrees may find this review particularly helpful to use empirically-based tactics to maximise their success.

Thank you to all our authors for their insightful contributions. The scope of the submissions we regularly receive is what makes the *PsyPAG Quarterly* such an excellent reflection of the UK postgraduate community. We would also like to thank our readers for their support and hope you will consider contributing an article to our publication.

We wish you all good health and hope you enjoy your summer.

Alex Lloyd

On behalf of the *PsyPAG Quarterly* Editorial Team

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Chair's Column

Maddi Pownall

Dear postgraduate community,

IT GOES without saying that these are difficult times for all of us. If there was ever a time for our wonderful community to come together and invest time in supporting and checking in with one another, that time is now. I have been struck by the amount of peer support I've seen recently throughout postgraduate psychology online. I think PsyPAG has a really important role to play here too. PsyPAG's job, as I see it, is not only to represent and advocate for postgraduate psychologists and foster professional development, but also to act as a community. We're continuously looking at ways that we can adapt PsyPAG's offering to support postgraduates through this difficult time.

If you are feeling isolated, anxious, or if you just fancy a chat, from now on every Friday at 5pm we will be hosting PsyPAG 'After Work Drinks' on Zoom. You can message me for the week's log in details (@maddi_pow) or contact via @PsyPAG on Twitter. I have 'attended' the past few sessions and have found that they instil some sense of normality into my working week. These social sessions are open to all.

The next important update from me is regarding our ever-legendary PsyPAG Annual Conference. Due to the ongoing global uncertainties, our 2020 Conference will now be held as a free one-day Virtual

Conference on Friday 31 July. There will be pre-recorded papers, online posters, and live Q&As with presenters. Although it is disappointing that we won't be able to welcome you to Leeds this summer, I have high hopes for this year's event and think it has real capacity to be as accessible, supportive, and celebratory as ever. Please do engage online (all the information is posted to @PsyPAG2020) and encourage others to virtually participate too!

Finally, please see our website (<http://www.psypag.co.uk>) for all of the usual funding opportunities; note that the workshop fund may also be used to apply to host online webinars. The next deadline is June.

Once again, thank you to the BPS Research Board for their continued support. Thank you also to all of our PsyPAG committee members for their dedication and hard work in supporting UK Psychology postgraduates, particularly in the challenging times we find ourselves in.

Take care,

Maddi Pownall

PsyPAG Chair

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Postgraduate study during Covid-19

Alex Lloyd, Brad Kennedy, Hannah Slack &
Josie Urquhart

ON BEHALF of the *PsyPAG Quarterly* Editorial Team, we hope that you are all keeping physically and mentally well in these unprecedented circumstances. The Covid-19 pandemic has caused considerable changes to many people's working lives, including postgraduate psychologists. These adjustments will have both short- and long-term ramifications for postgraduate study and we do not yet know the full scale of the measures that will be put in place to support those who have had their studies impacted. In these times of great uncertainty, the *PsyPAG Quarterly* Editorial Team would like to open a discussion about the impacts of the coronavirus pandemic – both personal and professional – on our readers.

One of the challenges faced by postgraduate researchers is the impact of Covid-19 on their submission deadlines. At Master's, PhD and Professional Doctorate level, there are deadlines that must be met in order to be awarded our qualifications that will be disrupted by our inability to work at our respective institutions or collect data in person. While many institutions are being proactive in their response to revised deadlines or methods of assessment, there is still a great deal of uncertainty in what provisions will be put in place as we wait to hear about decisions made at management level. Following guidance from various institutions, it is important that postgraduates log the impact of the pandemic on their studies and submit this to their institutions and funding bodies. This will give those at the decision-making level an understanding of the scale of the impact and provide

them with the information that is necessary to provide an appropriate response to disruptions. At the time of writing, major UK Research Councils (e.g. UKRI) have announced funding extensions for student projects impacted by Covid-19. Postgraduate researchers should consult with their funding bodies for information about extensions and additional funding to support research after the current situation has been resolved.

Many researchers are being encouraged to move their studies online as a way to mitigate the disruption caused. There are already a great number of online resources that can facilitate data collection online. For survey-based research, Qualtrics.com provides an accessible software that provides a range of survey types and options. Alternatively, Gorilla.sc is a relatively new online source that can host behavioural studies, as well as features for survey studies. jsPsych is another online repository of behavioural studies aimed at those with a background in the Python coding language. These sites can be integrated with survey distribution websites, such as Prolific and MTurk for fast online data collection. The utility of these sites will largely depend on your methodology and confidence with coding. Operationally, these platforms have similar online accuracy and precision for behavioural studies (see Anwyl-Irvine et al., 2020). Using one or a combination of these platforms can facilitate a wide range of studies applicable to many areas of psychological research.

Those working with vulnerable populations or specific methods may not have been able to adapt their recruitment for

online methods. In these cases, researchers may instead want to focus their efforts on conducting systematic reviews or meta-analyses (for guidance on the former, see Howie, 2019). Additionally, working with open access datasets can be a fruitful endeavour as these are typically well powered and can include difficult to recruit and non-WEIRD populations. While we present these as options to mitigate the impact of the current crisis on postgraduate studies, it is to be expected that typical productivity levels may not be possible during these times, and that is ok!

With school closures and at-risk groups being advised to stay indoors, it may not be possible to maintain a normal working schedule. Speaking with your supervisor(s) will help to manage workload expectations during this period. However, it is important first and foremost to consider your wellbeing when adjusting your working schedule. Taking time for adequate self-care is recommended by healthcare bodies such as the NHS with equal importance to physical health ([nhs/uk/coronavirus](https://www.nhs.uk/coronavirus)). Preliminary findings indicate that rates of anxiety and depression have spiked during the Covid-19 crisis (Bentall et al., 2020). If you feel that your mental wellbeing has been impacted by the current crisis, there are a number of charities that offer support, such as Samaritans or Covid-19 Mutual Aid (see end of article for contact details for these support groups).

The current Covid-19 pandemic has led us into uncertain and unprecedented times. It is vital that the postgraduate community comes together to support one another in

both personal and professional capacities. To this end, we hope that this article identifies some of the challenges that postgraduate researchers are facing and some of the ways to mitigate these issues.

If you would like to submit a short commentary on how Covid-19 has impacted your postgraduate research, please get in contact via email at quarterly@psypag.co.uk.

Support Group Contact Details

Samaritans
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Revisiting the Santa Barbara sense of direction scale, mental rotations, and gender differences in spatial orientation

Richard D'Amelio & Thomas J. Dunn

Angular direction estimation to landmarks of varying distance in the physical environment was utilised to investigate the ecological validity of the Santa Barbara sense of direction scale (SBSOD). Two- and three-dimensional MR measures were included to enable further the scale applicability. Results showed a moderate correlation between SBSOD and angular deviation from landmarks in the immediate landscape, but not with local or distant landmarks. Moreover, the findings suggest that skills which underlie three-dimensional MR better relate to pointing accuracy (PA) of distant landmarks and the cardinal direction, North. Results also showed a gender-related systematic biases in landmark estimation.

Introduction

SUCCESSFUL navigation in the physical environment is an essential life-skill which appears to heavily rely on landmark information (see Mallot & Gillner, 2000; Foo et al., 2005; Zhao & Warren, 2015) and the ability to update one's location and orientation within the environment (Sholl, 1988). Some have suggested that the human organism has access to a non-visual ability in orientation, a sense of magnetoreception, however this has been met with scepticism (see Baker, 1987). Instead what appears agreed, is that sense of direction (SOD) is the often-considered term which seeks to conceptualise the necessary abilities required for successful navigation (Liu et al., 2011; Chai & Jacobs, 2012). Sense of direction has been defined as '*knowledge of the body's facing direction relative to a stable spatial framework anchored to the environment*' (Sholl et al., 2006, p.516). Underlying this knowledge are the perceived relations between known geographical features and how they are utilised to provide a spatial framework that can be applied across different locations (Cornell et al., 2004).

Key to scientific investigation of human cognition is the availability of reliable SOD measures. Historically, psychometric measures, such as mental rotation (MR), and perspective taking (PT) tests have been used as a proxy for spatial cognition and SOD (e.g. Allen et al., 1996). However, Hegarty, Richardson, Montello, Lovelace, and Subbiah (2002) detail how this method is generally inadequate in predicting real-world navigational abilities. This led the authors to develop and validate a self-report measure of SOD, the Santa Barbara sense of direction scale (SBSOD). Sixteen years has now passed since the publication of SBSOD and the scale has provided a valuable tool which has been implemented within a range of research disciplines from cartography to psychology and neuroscience (see Ishikawa & Montello, 2006; Davies et al., 2017).

The current article re-visits the SBSOD focusing on the ecological validity of the scale utilising pointing accuracy (PA) to landmarks at the non-vista scale. It also reassesses the connection between scores on the

SBSOD and both 2D and 3D mental rotation capability. Finally, gender differences are explored across all measures. Of note is the literature which shows significant differences between male and female cognitions related to the spatial domain. With much supporting research (e.g. Parsons, et al., 2004; Malinowski, 2001), Reilly et al. (2016) state, 'gender gaps in spatial ability are the largest of all gender differences in cognitive abilities' (p.195).

It is expected that the SBSOD's power to predict PA will diminish as landmark distance increases (e.g. immediate compared to distal landmarks). It is hypothesised that gender differences will be observed across the proposed measures particularly within MR and PA performance, with males scoring higher than females.

Method

Participants

Twenty-eight participants (*female* = 14) were recruited with a mean age of 29.71 (*SD* = 12.52).

Design & measures

A cross-sectional design was used. Angular direction estimation was employed to compare pointing accuracy (PA) related to 11 landmarks, a self-report sense of direction measure (SBSOD) (Hegarty et al., 2002), and spatial orientation reasoning (e.g. mental rotation) measures (Ekstrom et al., 1976). Landmarks comprised immediate (campus buildings [e.g. library]), local (city-wide [e.g. cathedral]), distant (country-wide [e.g. UK cities]), participants' hometown, and cardinal north. A laboratory, with no available views of the external environment was selected to complete the trials. Locations of the laboratory and campus landmarks were recorded in the ten-figure Ordnance Survey (OS) GB reference system format using global positioning services. The remaining landmarks were recorded on the map layer to allow magnetic bearing and distance measurement from the laboratory (magnetic deviation from North was

corrected for).

Procedure

Participants had to complete all psychometric scales and then mark on a piece of paper affixed a circular table their estimated direction of all 11 landmarks.

Results

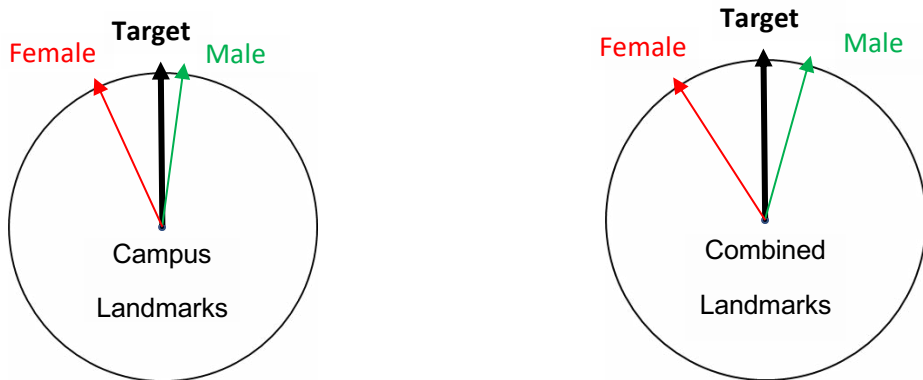
Angular deviation from each target landmark was calculated and then averaged across each distance category (i.e. immediate, local, distant). Angular deviation from the participants' hometown and cardinal north was also calculated.

No significant correlations were found between SBSOD score and MR ability; SBSOD-2D MR [$r_s(28) = .244, p = .211$]; SBSOD-3D MR [Pearson's $r(28) = .136, p = .489$]; SBSOD-total MR [Pearson's $r(28) = .253, p = .195$]. A significant moderate correlation was revealed between SBSOD and angular deviation from immediate landmarks (i.e. campus) [$r_s(28) = -.495, p = .007$]. Correlations between SBSOD and the remaining landmarks (local, UK city, hometown & north) were non-significant.

Three-dimensional mental rotation abilities significantly correlated with three of the landmark groups; UK city [$r_s(28) = -.388, p = .041$]; North [$r_s(28) = -.451, p = .016$]; and the combined landmark total [Pearson's $r(28) = -.420, p = .026$]. Combined MR abilities significantly correlated with both; North [$r_s(28) = -.386, p = .042$], and the combined landmark total [Pearson's $r(28) = -.374, p = .049$].

Independent *t*-tests and Mann-Whitney *U*-tests, were conducted to determine if any gender differences between SBSOD score and MR measures were statistically significant. Such a difference was found between 2D MR data [$t(20.12) = 2.203, p = .039$] and 3D MR data [$U = 51.00, Z = -2.166, p = .031$]. No significant differences were found between SBSOD data [$t(1,26) = 1.675, p = .106$]. Finally, plot inspections of the median signed angular deviation data revealed a pattern which showed female

Figure 1: Gender deviation for campus and combined landmarks



direction indication to be biased West of target, and males to the East of target for most landmarks (see Figure 1) (campus [$U = 54.00, Z = -2.022, p = .044$]; combined [$U = 44.00, Z = 2.481, p = .012$]).

Discussion

In its current form the predictive nature of SBSOD appears limited to SOD in the immediate environment. Correlations between SBSOD and PA to campus landmarks are comparable to that of previous work (Hegarty et al., 2002) ($r .49$ and $r .44$ respectively). The lack of evidence for a relationship between the SBSOD and PA to landmarks, other than those in the immediate landscape, supports the hypothesis that SBSOD is not predictive of spatial orientation abilities at a localised or national spatial frame. Similarly, there is little support for a relationship between SBSOD and three-dimensional MR. There is, however, evidence to suggest that 3D MR skills appear more predictive of PA to distant national landmarks and true North (Vashro & Cashdan, 2015), suggesting the utilisation of alternative orientation strategies at this scale such as MR tasks, over the Santa Barbara Sense of Direction Scale.

The most intriguing findings suggest a bias for females to indicate West (left) of a target landmark and for males to indicate East (right) of a target, with median angular deviation values of $+16^\circ$ for males

and -32° for females. The current literature base does not at present discuss this effect. Although research shows that males may rely on left-hemispheric processing more than females (Parsons et al., 2004), employ different strategies for solving spatial orientation problems (Boone & Hegarty, 2017), rely more readily on ego-centric representations (Lambrey & Berthoz, 2007), and simplify the process of aligning test stimuli to the surrounding environment (Brandner & Devaud, 2013).

The findings of the current study show that the self-report Santa Barbara Sense of Direction Scale is not related to mental rotation ability and limited to measuring sense of direction in the immediate environment. The results also suggest that sense of direction for distant landmarks (e.g. nationwide cities) and true North are related to mental rotation ability. Further research is necessary to; first, investigate the current SBSOD format and whether additional items could be included to account for SOD outside of the immediate environment. Second, to account for the relationship between MR and SOD in a large reference frame. Third, investigate the phenomenon which suggests a tendency for males and females to bias their estimate either to the right or left of target landmarks respectively and whether cognitive processes or distinct strategies may be responsible.

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The role of personality characteristics in postnatal depression

Lauren McSorley

This study aimed to investigate the role of personality factors in predicting risk levels of suffering from postnatal depression. One-hundred and twenty-four female participants with an infant under 12 months of age completed the Edinburgh Postnatal Depression Scale (EPDS), the Vulnerability Personality Style Questionnaire (VPSQ) and the Self-Compassion Short form (SCS-SF). VPSQ scores showed a significant positive correlation with scores of depressive symptoms. Scores of self-compassion showed a strong negative correlation with depressive symptoms. Regression analysis confirmed the strong predictive value of self-compassion in depressive symptoms. Limitations include reliance on self-report measures and the single point time testing during the postnatal period.

Introduction

POSTNATAL depression is the most common perinatal mental illness experienced by new mothers, with an estimated prevalence rate in the community of 10 to 15 per cent (Brown & Lumley, 2000). There are however, noted difficulties in recognition and diagnosis of the condition, suggesting that the actual rate is much higher (Heneghan et al., 2000). Several studies have reported women not disclosing concerns to health care professionals due to stigma, or fear of the potential consequences (Moore et al., 2017). Common symptoms of postnatal depression (PND) include anxiety, worry, panic, tension, irritability, sleep disturbances, and changes in appetite (Beck, 1998).

Previous research linking personality components and postnatal depression has highlighted neuroticism as a risk factor; with pregnant women showing high levels of neuroticism being four times more likely to suffer from PND (Iliadis et al., 2015). Antenatal stress and anxiety have also been implicated in increasing the risk (Robertson et al., 2004). Conversely, personality factors such

as antenatal optimism and self-compassion have been shown to provide protective effects when it comes to postnatal depression (Robakis, 2015; Felder et al., 2016).

Boyce, Hickey, Gilchrist, & Talley (2001) created the Vulnerability Personality Style Questionnaire (VPSQ); a scale which assesses nine different personality dimensions including nervy, volatility, timidity and sensitive. They propose that a high score on this personality scale is linked with vulnerability to experiencing PND. These findings have thus far been supported in a small number of studies, including a Spanish sample (Gelabert et al., 2011) and Canadian sample (Dennis & Boyce, 2004). To our knowledge, this scale has not been tested in a UK participant sample.

Aims and hypothesis

This study aimed to further examine the role of self-compassion in PND, using similar methodology to Felder, Lemon, Shea, Kripke and Dimidjian's (2016) self-compassion study. Self-compassion was selected as

a variable due to its promising applications regarding self-compassion-based therapies in the perinatal period for both anxiety and depression (Dunn et al., 2012).

Whilst much previous research has identified individual personality components which put people at a higher risk of experiencing PND, this study wishes to look at a more multi-dimensional approach. Therefore, the VPSQ (Boyce et al., 2001) will be used to further investigate if the combination of certain personality factors (such as timidity, sensitivity, volatility) are linked to higher levels of postnatal depression in a UK sample.

Hypotheses:

- (1) Vulnerable personality scores (as measured by VPSQ) will correlate positively with postnatal depressive scores.
- (2) Self-compassion levels will correlate negatively with postnatal depressive scores.

Methods

Participants

One-hundred and twenty-four women with a child under 12 months were recruited from advertisements on online parenting websites. Of the respondents, 74.8 per cent had an infant aged between 3 to 6 months, with 2.4 per cent of infants aged between 0 to 3 months and 22.8 per cent aged between 6 to 12 months. The majority of participants (64.5 per cent) were aged between 25 to 34, with 12.9 per cent aged between 18 to 24 and 22.6 per cent aged between 35 to 44 years. Participants were mainly white British (85.5 per cent) and a high majority were co-habiting or married (96.7 per cent) rather than single parents.

Measures

Participants completed the Edinburgh Postnatal Depression Scale (EPDS) (Cox et al., 1987). The EPDS is a 10-item measure, with each item rated on a scale from 0 to 3. Participants are instructed to complete the measure based on feelings that they have

experienced in the past seven days. The maximum possible score achieved is 30, with a score of 13 or above typically signifying that the individual is likely to be suffering from postnatal depression (Cox et al., 1987). In the current dataset the EPDS showed a high level of reliability ($\alpha = 0.90$).

The Self-Compassion Scale Short Form (SCS-SF) is a 12-item measure developed by Raes, Pommier, Neff, & Van Gucht (2001). Participants are instructed to reply taking consideration as to how they would generally feel or act in a situation. Statements include 'When I fail at something important to me I become consumed by feelings of inadequacy' and 'When I'm going through a very hard time, I give myself the caring and tenderness I need'. Participants answer on a 5-point Likert scale ranging from 'almost never' to 'almost always'. The SCS also indicated a high level of reliability ($\alpha = 0.88$).

Participants also completed the Vulnerability Personality Style Questionnaire (VPSQ; Boyce, Hickey, Gilchrist, & Talley, 2001). The 9-item measure is rated on a 5-point Likert scale ranging from 1 = not at all to 5 = very much so. The questionnaire is comprised of questions relating to 9 different personality dimensions which make up two subscales; a 'vulnerability' subscale and 'organised/responsive' subscale. When conducting reliability in the current sample, one dimension from the 'organised/responsive' subscale (the organised dimension) displayed a negative correlation with the overall VPSQ scale. Factor analysis confirmed that this dimension was loaded negatively on a different factor to the rest. The decision was made to remove this dimension so as not to compromise the reliability. Following removal, the VPSQ showed a high level of reliability ($\alpha = 0.74$).

Certain demographic details were also measured, including age, age of infant, marital status, whether the woman was a first-time mother or not, employment and ethnicity. Education level was determined by three options: GCSE/A-level or NVQ 3/equivalent, Foundation or Bache-

lor’s degree, Master’s Degree or Doctorate. Women also were asked to score their subjective labour experience on a scale of 1 to 10, with 1 representing a strongly negative experience and 10 representing a strongly positive experience.

Design and procedure

Ethical approval was gained from Sheffield Hallam University in January 2019. Following this, the measures were entered into an anonymous online survey format using Qualtrics. An advertisement was posted on social media and parenting websites and forums requesting participants for the study. Individuals who wished to gain further information or take part were able to access the Qualtrics survey through a link and read the information sheet and consent form prior to completing the measures. Instructions were given to participants at the top of each measure regarding how to complete the questions. Details of support organisations for postnatal depression were also listed in the information sheet and debriefing information provided following completion of the study.

Results

Data was analysed using Jamovi. Descriptive statistics are shown in Table 1. The data was checked for parametric assumptions using visual plots and Shapiro-Wilk. This confirmed that the data was not normally distributed, therefore the decision to use non-parametric analyses was made.

Correlations

Correlation analysis using Spearman’s rho was conducted in order to examine whether there

was a correlation between the VPSQ and postnatal depressive symptoms. In support of our first hypothesis, there was a moderate to strong correlation between EPDS scores and VPSQ scores ($r_s(122) = .39, p < .001$), confirming this hypothesis. Furthermore, a correlation was run to examine the relationship between self-compassion and depressive symptoms. A strong negative correlation was found between scores on the EPDS and scores of self-compassion, ($r_s(122) = .63, p < .001$). Subjective labour experience was also added to the matrix, which can be seen in Table 2.

Regression analysis

Regression analysis was conducted in order to further investigate the predictive value of self-compassion, VPSQ and subjective ratings of labour experience on EPDS. Data assumptions for conducting regression analysis were met, and multicollinearity checked using VIF and tolerance level.

In the first step of the hierarchical regression model, self-compassion scores were entered as they had thus far shown the strongest relationship through correlation analysis. This model was significant ($F(1,122) = 78.6 p < .001$) and explained 39 per cent of variance in postnatal depressive scores. VPSQ scores and subjective labour experience scores were entered into block 2 of the regression model. The introduction of these predictors accounted for an extra 2 per cent of variance in scores, the model remained significant ($F(3, 120) = 27.7 p < .001, R^2 = 0.41$). Self-compassion scores were confirmed as the only statistically significant variable in the final adjusted model, thus showing the strong predictive value of self-compassion in postnatal depression scores ($p < .001$).

Table 1: Descriptive statistics for questionnaire measures used in the present study

	SCS Total	EPDS Total score	VPSQ Total	Labour Experience
Mean	32.9	10.9	21.7	6.40
Standard deviation	9.28	6.07	5.77	3.00

Table 2: Correlation Matrix

	SCS Total	EPDS Total score	SCS Total	VPSQ Total	Labour Experience
EPDS Total score	Spearman's rho	–	-0.632***	0.387***	-0.249**
	p-value	–	<.001	<.001	0.005
SCS Total	Spearman's rho		–	-0.624***	0.206*
	p-value		–	<.001	0.022
VPSQ Total	Spearman's rho			–	-0.265**
	p-value			–	0.003
Labour Experience	Spearman's rho				–
	p-value				–

Exploratory analysis: T-tests and ANOVA

The current study applied a cut-off point on the EPDS of a score of 13 or above, to signal that a woman may be experiencing clinical depression. This was chosen as it was the cut off originally validated by Cox, Holden, & Sagovsky (1987). Out of 124 participants, 53 women were found to have scored 13 or over on the EPDS. Women who scored above 13 on the EPDS scored significantly lower in self-compassion levels ($U = 565, p < .001$). Women who scored above 13 on the EPDS also showed significantly higher scores on the VPSQ ($U = 1014, p < .001$).

Analysis using ANOVA showed a significant effect of the age of the mother on EPDS scores ($H(2)=10.8, p = .005$). Women aged between 18 to 24 showed significantly higher levels of depressive symptoms on the EPDS ($M = 15.3, SD = 6.54$) than women aged between 35 to 44 ($M = 8.68, SD = 5.14$). Analysis using ANOVA also showed a significant effect of education level on EPDS scores, ($H(2)=6.27, p = .044$). Post-hoc tests demonstrated that the largest difference was between those who held a qualification at level 3 or below (NVQ, GCSE or A-level) with women who held a bachelors or founda-

tion degree ($p = .021$). Women qualified to level 3 held a mean EPDS score of 13.3 ($SD = 6.21$), whilst women holding a degree held a mean EPDS score of 10.1 ($SD = 6.20$).

Discussion

This study confirmed the first hypothesis; that scores on the Vulnerability Personality Style Questionnaire would correlate positively with scores of postnatal depressive symptoms. The second hypothesis was also confirmed, with scores of self-compassion showing a strong negative correlation with postnatal depressive symptoms. Regression analysis further identified levels of self-compassion to be the most powerful predictor of postnatal depressive symptoms. Although VPSQ scores showed a significant correlation, they subsequently failed to display a significant predictive value in the final regression model when SCS scores and subjective labour experience were also considered. These findings highlighting the important role of self-compassion in depressive symptoms support the previous findings of Felder and colleagues (2016).

This study confirmed the effect of mother's age on scores of depressive symptoms as

measured by the EPDS, previously suggested in studies such as Mayberry, Horowitz, and Declercq (2007). Women without a degree also experienced significantly increased EPDS scores compared with women holding a foundation or bachelor's degree. Little research has addressed education level as a risk factor for postnatal depression exclusively and results in multifactorial studies have been mixed. Some studies, such as Saligheh, Rooney, McNamara & Kane (2014) have reported no effect of education level on postnatal depression. Grussu & Quatraro (2009) noted that education level, income and socio-economic status are interlinked, making it difficult to distinguish effects of education level alone. In their study, they examined both socioeconomic status and education level individually and found that among women with similar socioeconomic position, those with university level qualifications were less than half as likely to experience postnatal depressive symptoms. Grussu & Quatraro (2009) note one possible reason is that interaction with, and advice from health professionals may be interpreted differently by women with lower education levels. They also note that people with low socioeconomic status and levels of education may experience higher rates of isolation.

In the present sample, 43 per cent of participants were found to be at likelihood of suffering from clinical depression (displaying a score of 13 or above in EPDS scale). Such women were also significantly less likely to exhibit self-compassion, suggesting self-compassion could be one target of interventions to address postnatal depression. In comparison with previous studies (such as Leigh & Milgrom, 2008) this number is high. Regarding sample representativeness, the fact that all participants were users of parenting chat forums does limit the generalisability. Many new mothers use online parenting networks for support. However, it is questionable whether using online

social networks and social media postnatally increases a woman's risk of developing postnatal depression (Schoppe-Sullivan et al., 2017). If this is the case, this could indeed explain the high proportion in this sample.

One notable limitation of the present study is that no mental health history of each participant was known, for example if they had suffered from depression, anxiety or another mental health disorder antenatally. Mallikarjun & Oyeboode (2005) note that postnatal depression can often begin in pregnancy, and women who have experienced any prior psychiatric disorder before pregnancy have an increased risk of experiencing postnatal depression. Another possible limitation of this study is that the results were reliant on self-report measures. Paulhus & Vazire (2009) note that in self-report measures, even if the aim of the research is not explicit, participants will make inferences about what is being measured, and think about the possible way they would like to present themselves. This study minimised these self-presentation effects as much as possible by using anonymous data collection. Other assumptions of self-report measures (as noted by Paulhus & Vazire, 2009) are that people have a good level of self-awareness, and that there is one 'truth' to how they may feel or act in certain situations.

The findings of this research may be of benefit to health professionals and researchers in perinatal mental health. Self-compassion should be further studied to gain a deeper insight into the role it plays in postnatal depression, and the possible use of compassion-based therapies for perinatal mental health.

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Contagious conspiracy theories and potential pathways to address them

Darel Cookson

Conspiracy theories are alternative explanations of important events which attribute their cause to secret plots by powerful, malevolent forces and they are widespread in society. This discussion paper firstly outlines belief in conspiracy theories and how they can be detrimental for the smooth running of society, with a focus on Covid-19 conspiracy beliefs. Then, my PhD research is introduced which focuses on potential strategies for targeted interventions to be developed to reduce some of the potential negative consequences of conspiracy beliefs.

Belief in conspiracy theories

CONSPIRACY theories are alternative explanations, usually of important events, that attribute the cause of these events to secret plots by powerful and malevolent groups (Goertzel, 1994). Well known conspiracy theories include: the idea that the 9/11 terrorist attack was an inside job, childhood vaccinations are harmful (and this is covered up to maintain profits), or that climate change is a hoax. However, there are new conspiracy theories everyday surrounding major news stories, particularly relevant is the extent of conspiracy theories about the current coronavirus (Covid-19) pandemic. Conspiracy theories are often considered to be minority, alternative viewpoints (Imhoff & Lamberty, 2017), but this is not necessarily the case. A 2019 poll conducted by YouGov, found that 60 per cent of British people endorse at least one conspiracy theory.

Research suggests that conspiracy beliefs are widespread because they appeal to satisfy important social psychological motives (Douglas et al., 2017). Derived from system-justification theory (Jost et al., 2008), these motives can be understood as, epistemic, existential and social. Conspiracy

theories appeal to our epistemic motive for accuracy, understanding and certainty as they provide us with answers to make sense out of situations (Douglas et al., 2017). Research shows that sense-making strategies, for example, the tendency to search for patterns, even when they are not there, and apply agency to actions, even to actions of inanimate objects, is associated with heightened belief in conspiracy theories (van Prooijen et al., 2018; Douglas et al., 2016). Finding a pattern or a causal explanation helps people to find meaning in events that seem random which reduces uncertainty.

People may also endorse conspiracy theories as they appeal to existential motives; a desire for control and security (Douglas et al., 2017). It is theorised that people turn to conspiracy theories as compensation when these needs are threatened (Goertzel, 1994). For example, research shows that when people are in situations where they feel like they lack control they are more likely to believe in conspiracy theories (Whitson & Galinsky, 2008). Moreover, feelings of powerlessness and anxiousness are associated with heightened conspiracy beliefs (Abalakina-Paap et al., 1999;

Grzesiak-Feldman, 2013). Finally, people may endorse conspiracy theories for social motives; as a route to maintain a positive image of themselves and their group (Douglas et al., 2017). According to Cichocka, Marchlewska, Golec de Zavala and Olechowski (2016) conspiracy theory belief valorises the self and the in-group through blaming others for negative outcomes. Thus, conspiracy theory belief is appealing to people whose group or self-image is currently threatened. For example, Uscinski and Parent (2014) demonstrated that people on the losing side of political processes are more inclined to endorse conspiracy theories. These motives are pertinent to conspiracy beliefs about Covid-19. During these uncertain times it is to be expected that these psychological needs are threatened and thus conspiracy theories could be particularly attractive.

Consequences of conspiracy theory beliefs

Although research has explored reasons why people may endorse conspiracy theories, little attention had been paid to what the consequences of these beliefs are. Early research suggested that believing in conspiracy theories was harmless, or could have positive consequences, for example as a means to critique society (Miller, 2002). However, current research is continually highlighting the potential negative social and health consequences of conspiracy beliefs, which are becoming all the more relevant.

Belief in conspiracy theories is associated with a mistrust of science and anti-science attitudes (Lewandowsky et al., 2013). In the health domain, early research explored belief in birth control conspiracy theories and the consequences of such beliefs. Thornburn and Bogart (2005) found that stronger birth control conspiracy belief predicted more negative attitudes towards contraceptives. Similarly, consequences of anti-vaccine conspiracy beliefs have been assessed. Jolley and Douglas (2014a) found that anti-vaccine

conspiracy beliefs negatively predicted intentions to vaccinate, and that exposure to anti-vaccine conspiracy theories also reduced a parent's vaccination intentions. This is concerning given vaccination uptake in the UK is steadily decreasing (NHS, 2019), despite scientific consensus regarding the efficacy and safety of vaccines (Taylor et al., 2014). For example, MMR2 coverage in the UK is down to 86.4 per cent, far away from the target of 95 per cent required for herd vaccination (NHS, 2019).

Moreover, Jolley and Douglas (2014b) demonstrated that exposure to conspiracy theories regarding climate change can influence both political and environmental intentions. Participants who were exposed to climate change conspiracy theories reported reduced intentions to engage in both politics and environmentally friendly behaviour. Thus, conspiracy belief could potentially lead to political and climate change inaction. Moreover, Jolley, Meleady and Douglas (2019), have more recently illustrated how exposure to intergroup conspiracy theories amplifies prejudice towards the target group (i.e. immigrants, Jewish people). Research has therefore provided strong evidence that endorsing conspiracy theories can have detrimental consequences across a range of behaviours.

This knowledge has led to concerns on the potential consequences of Covid-19 conspiracy beliefs. Current pre-prints already demonstrate that belief in Covid-19 conspiracy theories (two distinct conspiracy theories were investigated) negatively predict compliance with prescribed infection-reducing containment-related behaviours (e.g. physical distancing from others) and positively predict more self-centred prepping behaviour (e.g. hoarding everyday goods) (Imhoff & Lamberty, unpublished data). Further, rejection of Covid-19 conspiracy theories has been shown to be positively associated with compliance with mandated social distancing measures (Swami & Barron, unpublished data). This early research suggests dangers of Covid-19 conspiracy beliefs. Thus, onus

is on researchers to attempt to reduce these potential negative consequences of conspiracy beliefs, but to date there has been limited success.

Premise of my current research

Interventions looking to address belief in conspiracy theories have focused on using counterarguments to debunk them, but research shows that once participants are exposed to conspiracy theories, counterarguments are unsuccessful (Jolley & Douglas, 2017). Therefore, the overall aim of my PhD research was to use social psychological theory to explain belief in conspiracy theories with a view to inspire targeted tools for future interventions. I investigated the perceived norms of conspiracy belief as a potential antecedent of personal conspiracy beliefs and thus, whether the Social Norms Approach would prove a useful means to reduce the potential harmful consequences of conspiracy beliefs.

Social norms refer to jointly negotiated rules for social behaviour (Sherif, 1936). Social norms guide one's behaviour by implicitly outlining what is acceptable and normative and what is not in particular contexts (Cialdini & Trost, 1998). Perceived social norms have been shown to be a major determinant of attitudes and behaviour across diverse domains, for example; substance use (LaBrie et al., 2008), gambling (Larimer & Neighbors, 2003), infection control (Dickie et al., 2018), and green behaviours (Anderson et al., 2017). Moreover, Social Identity Theory states that individuals look to other group members to guide their attitudes and behaviour; meaning, people's attitudes and behaviour are systematically influenced by the norms of groups to which they belong (Tajfel & Turner, 1979).

Therefore, I aimed to see if this is true for conspiracy beliefs; specifically, whether the perceived beliefs of others who we identify with in conspiracy theories influences our personal conspiracy beliefs. Drawing on social motives to conspiracy belief (Douglas et al., 2017) it was predicted

that the perceived beliefs of in-groups in conspiracy theories could go some way to explain personal belief. I also investigated whether people over-estimated how much other people endorsed conspiracy theories. Although conspiracy theories are defined as alternative beliefs, given how quickly and vastly conspiracy theories can be spread, for example via social media and the internet in general, it was predicted that individuals misperceive how normative conspiracy beliefs are. Then I experimentally investigated whether manipulating the social norms of conspiracy beliefs of the in-group could directly influence personal belief in conspiracy theories. These ideas assess the key criteria for a Social Norms Approach (SNA) intervention to be used as a new avenue to reduce the potential negative consequences of conspiracy beliefs, which concludes the final study of my PhD research.

The SNA begins with the premise that we are influenced by the beliefs and behaviours of others and we often make misperceptions about how much others engage in certain behaviours and these misperceptions influence personal engagement in that behaviour (Perkins & Berkowitz, 1986). Often used to address excessive drinking among college students, students tend to over-estimate the extent to which their peers consume alcohol, and these misperceptions can drive increased alcohol consumption (LaBrie et al., 2008). The SNA works by challenging these misperceptions of the belief and behaviours of others and thus reducing the social pressure to engage in a problem behaviour (Dempsey et al., 2018).

The main findings so far

To date, the findings from these studies suggest that perceived social norms of the in-group could be used to develop a SNA intervention to reduce the potentially harmful consequences of conspiracy beliefs. Two cross sectional studies (under review) have shown that the perceived belief of in-groups in conspiracy theories significantly, positively predict personal belief

in conspiracy theories. These studies also demonstrated that people do over-estimate the perceived belief of others in conspiracy theories. Put another way, people tend to think that conspiracy theories are more normative than they are and those of us who make this misperception are also more likely to endorse conspiracy theories.

However, in order to detect a causal link between perceived belief of others in conspiracy theories and personal belief, an experimental study was conducted which manipulated the perceived belief of different groups in anti-vaccine conspiracy theories (in-prep). Anti-vaccine conspiracy theories were the focus as the consequences of these beliefs are particularly problematic as research consistently shows that anti-vaccine conspiracy theories can reduce vaccination intentions (see Jolley & Douglas, 2014a). It was predicted that manipulating the perceived beliefs of an in-group in anti-vaccine conspiracy theories would influence participants' personal beliefs. However, this hypothesised outcome was only found in the participants who were parents – and not in participants who didn't have children.

This showed that the influence of the perceived beliefs of the in-group on conspiracy beliefs is nuanced. For example, research shows that when one feels threatened, individuals tend to focus on their social identities (Hornsey, 2008). As parents are potential victims of anti-vaccine conspiracy theories, they may have found it more threatening and thus were more susceptible to influence from an in-group. Moreover, previous research shows that different group memberships impact beliefs and behaviour at different times, often dependent on social context (Oakes, 1987). Simon, Hastedt and Aufderheide (1997) demonstrated that people are influenced by the beliefs and behaviours of the in-group, when the group basis is meaningful to the specific context. In the current study, the in-group we chose was 'British Citizens'. Therefore, a limitation is that this in-group is not particularly meaningful to the context of the conspiracy belief

topic – anti-vaccination attitudes – and thus the influence of the in-group would be minimal.

Therefore, my research is now focusing on specific in-groups, for example 'parents of young children', which are meaningful to the context of anti-vaccine conspiracy theories. This has shown that the perceived belief of 'parents' in anti-vaccine conspiracy theories is a stronger predictor of personal belief in anti-vaccine conspiracy theories than the perceived belief of 'British Citizens' (in-prep). Future studies aim to examine a causal link between perceived belief of parents in anti-vaccine conspiracy theories and personal belief. This would ultimately pave the way for a SNA intervention to be developed which corrects misperceptions of the belief of other parents in anti-vaccine conspiracy theories in order to reduce personal belief in and the potential negative outcomes of belief in anti-vaccine conspiracy theories.

Conclusion

Conspiracy beliefs are widespread in society. There are several psychological factors which have been shown to influence belief in conspiracy theories, where an accepted framework is that people endorse conspiracy theories as they appeal to social psychological motives (Douglas et al., 2017). Belief in conspiracy theories can have potentially harmful consequences and as such researchers are focusing on interventions to reduce these potential negative outcomes, which is becoming increasingly crucial. My PhD studies use social psychological theory to explain belief in conspiracy theories with a view to inspire targeted tools for future interventions. These findings so far are important as they are the first to directly link the perceived norms of in-groups to personal conspiracy belief – if people think others believe in conspiracy theories, this can drive belief. Going forward, these findings are also important as two key tenets for a SNA intervention have been met. The task now is to determine the utility of interventions which

challenge such normative misperceptions of conspiracy belief as a means of reducing the negative outcomes of conspiracy belief.

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Just how reliable is your internal reliability? An overview of Cronbach's alpha (α)

Olly Robertson & Michael Scott Evans

Cronbach's alpha (α) is the most widely used statistic denoting a scale's internal reliability. Higher internal reliability is associated with greater confidence in the scale and the associated conclusions made from the results. Cronbach's alpha is often used without consideration of the factors which may mediate coefficient statistics. The current report provides suggestions for future authors to improve their understanding of, inferences made from, and writing about Cronbach's alpha.

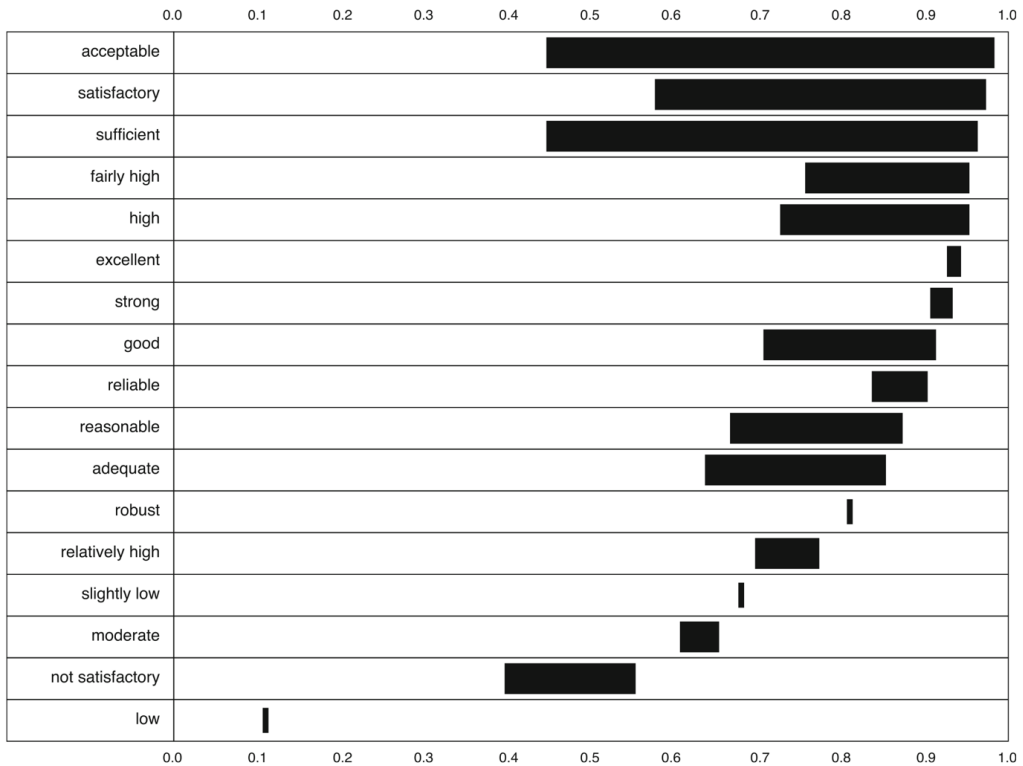
IN THE AGE of the research renaissance, robust methodological practice is a cornerstone underpinning the improvement of psychological science. Following this line of thought, there has been a growing focus on increasing statistical power, using appropriate methods, and adopting transparent research procedures to safeguard our research from adding to the extant 'bad science' proliferating the discipline. One often overlooked approach to improving scientific research is through the reporting of internal consistency statistics. Internal consistency reliability refers to the extent to which an instrument measures exactly what it claims to measure (i.e. how closely related a set of items are as a group). Cronbach's alpha (α) is the most commonly used assessment of internal consistency reliability, being described as one of the most important and pervasive statistics in instrument construction and use (Cortina, 1993). Indeed, Cronbach's α is so prevalent, it is often touted as being the undeniable proof that instruments are fit-for-purpose and trustworthy. Unsurprisingly, however, Cronbach's α is much more nuanced than appears at face-value. Alpha coefficient statistics are frequently reported arbitrarily without

discussion on the representation of instrument quality or contextual factors. Without a full discussion on the evidence for reliability, authors can undermine, or even be inappropriate in, their conclusions (Taber, 2018). While there are alternative measures of internal reliability, such as Maximized λ_4 (lambda4) or maximal reliability (Osburn, 2000), the current report will focus solely on Cronbach's α ; providing a methodological critique of current common practice within the context of the psychological literature and offering guidance for authors going forward.

Cronbach's alpha coefficient statistic

Cronbach's alpha (α) indicates the degree to which items reflect the same construct in a single administration of a psychometric. That is, Cronbach's α provides proportional evidence to suggest that a specific scale only measures one concept. Accordingly, Cronbach's α indicates the internal reliability of the scale results within the recruited sample; it cannot be generalised from one instance to the next. Alpha statistics are derived through dividing the items in an instrument into two groups and assessing the equivalence of average item covariance. Alpha scores

Figure 1: Qualitative descriptors used for values/ranges of values of Cronbach's alpha (α) reported in published papers (Taber, 2018)



range from 0 to 1, with scores providing a lower-bound estimate of reliability; an estimate which indicates the degree to which construct items covary (Cronbach, 1951). Higher item covariance yields a higher alpha statistic. A higher alpha statistic in turn yields greater confidence in the instrument constructs and subsequent conclusions. Indeed, a high alpha value provides the proportional assurance that each scale item elicits response patterns unlike that of any other scale (Cortina, 1993; see Figure 1 above for accepted reliability metrics).

The use of Cronbach's alpha in the literature

Cronbach's alpha (α) is argued to demonstrate the reliability of the internal consistency of a scale. With higher alpha scores indicating greater uni-dimensionality and confidence in a scale's results. Values

> .9 are not necessarily desirable, however, as scores > .9 may suggest item redundancies within the scale (Tavakol & Dennick, 2011). External factors can, however, indirectly influence Cronbach's α scores. It is important to note that administration of the same scale can yield different alpha statistics between groups. For example, alpha statistics have been found to vary across different age groups, and across genders. In a questionnaire-based survey distributed to 900 participants intending to assess the reliability of Cronbach's α in different populations (Ursachi et al., 2015), when asked about locus of control α scores ranged from .41 to .69 between respondents aged 18 to 25 and 41 to 65. The α scores of respondents aged 18 to 25 would suggest that the instrument is not an appropriate measure of the construct. However, when looking at the scores from the respondents aged 41 to

65 there is limited evidence to support this deduction. Similarly, when asked about locus of control, α scores ranged from .57 to .68 between females and males. It is, therefore, important to bear in mind that, even if an instrument has been validated previously, it is difficult to assess the reliability of results in any given study without α scores. Cronbach's α provides a window into the internal validity within the current study's population; a population which may not replicate the results of published work. Moreover, these results suggest that supplementary reliability checking, such as the confidence interval for the population reliability, may be necessary to provide readers with assurance in results.

Within most scientific writing that reports Cronbach's α statistics, there is an implicit qualitative interpretation of the significant of the values. At times, alpha scores are divided into acceptable, sufficient, or satisfactory levels; with scores below the threshold being described as insufficient. This threshold is usually seen as $\geq .70$, or – more vaguely – between .6 or .7 (Griethuijsen et al., 2014). This threshold is not unanimously agreed upon across the scientific community. Alpha scores are interpreted, and described, differently by different authors (represented graphically in Figure 1). Whilst there is a trend towards alpha statistics between .45 to .98 being acceptable, it may be argued, that the rule-of-thumb guidelines are somewhat arbitrary.

Suggested guidance for use of Cronbach's alpha

Within experimental studies, researchers are mindful to recruit an adequate sample size to ensure enough statistical power to detect an effect. Larger samples increase the precision of the estimation; standard deviations decrease as sample size increases, and, similarly, confidence levels also narrow. Higher Cronbach's α scores, demonstrating smaller measurement error, are indicative of greater statistical power of tests; thereby leading to a complementary enhancing of a study's *a priori* power analysis. Conversely, low Cron-

bach's α scores, demonstrating greater potential measurement errors, are indicative of low statistical power, irrespective of *a priori* projections. Thus, studies with low Cronbach's α should be treated with caution as the study may be so underpowered that the results are influenced by Type I/II errors. The current authors suggest calculating further analyses of statistical power, such as Cohen's *d* (Cohen, 1988), where there is low Cronbach's alpha statistics in order to demonstrate the actual power of the study (Heo et al., 2015).

As lower or higher alpha scores can influence the appraisal of a study's results and conclusions, it is important to understand how alpha can be over- or underestimated. Alpha tends to increase with the number of items within an instrument (Cortina, 1993). For example, it is well known that scales of less than 10 items generates low Cronbach's α values (e.g. .5; Field, 2017). In scales of less than 10 items, it may therefore be more appropriate to report the mean inter-item correlation for the items. Briggs and Cheek (1986) recommend an optimal range for the inter-item correlation of .2 to .4. Conversely, alpha values can be inflated to 'acceptable' levels ($\alpha > .7$) by adding items with similar underlying concepts to the scale. Scientists constructing and validating scales may have previously incentivised to engage in this practice due to the rule-of-thumb of acceptable alpha levels. If scales could evidence alpha coefficients of $\alpha = .70$, it was assumed that no further scale development was required (Taber, 2018); thereby leading to quicker publication and use of the measure within the scientific community. As such, high alpha scores (i.e. $\alpha > .9$) may indicate redundancy in scale items. As previously outlined, a greater number of scale items can be associated with higher alpha scores, even for small samples and under-powered studies. Thus, the present authors recommend researchers intentionally critically evaluate empirical work boasting inflated Cronbach's α (i.e. $\alpha > .9$). Where present in analysis, high alpha scores should be

accompanied by α confidence intervals and standard error scores to allow readers the opportunity to assess the reliability index (Iacobucci & Duhachek, 2003).

Whilst scales with greater items are vulnerable to alpha statistic inflation, scales containing fewer items are conversely vulnerable to the underestimation of alpha coefficients. Underestimation occurs in scales with fewer items because the proportion of true score variance that is equivalent to other item true score variance is greater when there are fewer scale items (Graham, 2006). The present authors recommend that researchers using scales with few items also calculate the Spearman-Brown coefficient in-conjunction with analysis of the standardised coefficient alpha in order to provide a meaningful reliability calculation (Eisinga et al., 2013). It should be noted, however, that there is arguably no general level where alpha becomes acceptable (Taber, 2018). Both higher and lower alpha coefficient statistics should be approached with caution, but instruments on either side of the bell-curve can prove useful if approached critically with the support of further inferential statistics (Iacobucci & Duhachek, 2003).

Conclusions

Cronbach's alpha (α) provides researchers with vital information about the uni-dimensionality of a psychometric scale. One cannot, however, critically evaluate the reliability of a study's inferences without considering further inferential statistics or the contextual population information. Due to this, the current report recommends that future authors carefully consider reporting confidence intervals, standard error scores, the Spearman-Brown coefficient, and power calculations in-conjunction with Cronbach's α to improve the evidence for the reliability of their inferences and conclusions.

IBM SPSS Cronbach's alpha (α) Tutorial

For the purpose of this Cronbach's alpha (α) tutorial, data from a study investigating students' mental health using the 21-item Beck Depression Inventory-II (BDI-II; see Beck et al., 1996, for review) was used. This tutorial will simply outline how to perform the Cronbach's α test, as well as only provide the key IBM SPSS output tables in four steps. For a full review, the authors strongly recommend Pallant (2016) and Field (2017). The IBM SPSS Cronbach's alpha Tutorial can be downloaded from the following OSF (Open Society Foundations) repository <https://osf.io/qws9b/>

Reporting Cronbach's alpha (α)

A reliability analysis was carried out on students' mental health using the 21-item Beck Depression Inventory-II (BDI-II). Cronbach's alpha (α) showed the BDI-II reached acceptable reliability, $\alpha = .936$.

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A critical analysis of the concept of transference in psychodynamic therapy

Elizabeth James

Transference is a central concept in psychodynamic theory and its role in the analytic work has provided fruitful discussion for later thinkers. In this paper, I discuss transference and holding the frame through the examination of case study material. Klein's revisions to the concept of transference is considered alongside the enactment of defence mechanisms through the transference. However, the concept of countertransference has been less well examined: explanations here are also considered. I discuss the concept of transference as a possible interpretative model for the impact of domination or of unjust power structures on the individual's subjectivity. In doing so, I critically review the development of transference in the literature and its usage in therapeutic practice.

Introduction

FREUD'S first interest in transference was provoked by the famous case study of his colleague Breuer's patient, Anna O. Anna O described powerful erotic transference to Breuer, which Breuer found highly disturbing and even led him considering termination of therapy. However, Freud found this behaviour intriguing, and he also noticed that his own patients would describe hostility or desire for him which he did not think he had actually provoked. This led Freud to speculate that a child-self of the patient was experiencing the therapist as a parental figure, and acting towards them as such (Bateman et al., 2000). This is termed transference, which can be described as the tendency for the patient to project their significant formative relationships onto the person of the therapist, such that they (unconsciously, or in disguise) become that person for the patient. Since therapists also have an unconscious, they are no less immune. In which case, countertransference refers to the same process in reverse; the therapist's projection or displacement onto the patient, and often in response to the patient's transference.

Freud proposed a praxis (psychoanalysis) as a means by which to explore the unconscious in therapy (Freud, 1900/1976). This is interpretation of transference and countertransference dynamics, with the aim of recognising the operation of defences and ultimately, to free the client from endlessly repeating destructive patterns of behaviour. A characteristic dynamic of the unconscious mind is the compulsion to repeat, which Freud (1919/2003) discusses as underpinning our sense of the uncanny: the return to the conscious mind, in an unsettling fashion, of what has been repressed. This is also the mechanism by which to understand the phenomenon known as transference/countertransference.

Transference and the frame

Freud (1912/1958) originally envisaged transference as being inimical to psychotherapy, reading it as an obstruction to the analytic work, whereby the patient protects themselves from reality-testing their relationship with their therapist. However, he later revised his largely pejorative view, rather understanding transference to be a potent tool in analysis.

The transference can be understood as trauma from the past being re-presented, and so is the means by which a patient unconsciously shows their therapist what the matter is. For example, Freud (1900/1976, pp.289–290) interprets his female patient's dream fear that Freud did not have sufficient time for her, as being transference of her withholding father-figure and reactive anxious demands for more time and attention onto him. This example also demonstrates how psychoanalytic techniques, such as dream interpretation, can work with the transference, to stimulate patient insight and to own otherwise rejected or feared parts of themselves. Milton, Polmear and Fabricius (2011) describe this as the process of containment, whereby the therapist effectively contains the client's feelings of rejection, shame or disowned aspects of personality through re-experiencing of the same in the transference. The difference being that the therapist ultimately provides a reparative relationship.

The process of containment in psychodynamic therapy is partly achieved through the therapist's use of self and how they respond to the patient, but also through the imposition of boundaries. This is known as the frame. The setting of the frame is largely within the purview of the therapist, to provide some clarity as to the scope and limitations of the therapeutic relationship, which ultimately must itself also be subject to the reality principle. Holding the frame also relates to ethical practice, since the therapist cannot *actually* become the patient's idealised father or mother, and this paradox must ultimately be recognised (and resolved) by the patient if they are to detach from the therapeutic relationship by the close of analysis. Establishing clear boundaries is one way to go about doing so, and there are some important boundaries for which the therapist must be responsible, such as contracting, session timing and pacing.

Furthermore, holding the frame is the means by which Clarkson (2003) argues the working alliance (one of five dimensions of the therapeutic relationship) is both established and maintained. The working alliance

is what actually, practically as well as ethically, enables the patient and therapist to work together and is closely associated with therapeutic outcomes (regardless of modality). This further underlines its importance in all clinical practice. For example, Bridges (1999) provides some useful case study material evidencing how boundary violations may be managed sensitively, through judicious and empathetic application of the therapist's clinical judgement. This material shows how self-reflection and also careful interpretation of the transference dynamic arising from boundary violations can, eventually, be therapeutically transformed.

Transference and defensive mechanisms

Freud's daughter, Anna Freud, listed nine different defence mechanisms, the purpose being to protect the conscious mind from overwhelming anxiety by excluding conscious recognition of unacceptable feelings. Indeed, conflict between unacceptable and competing aspects of the self can be understood as fundamental to psychodynamic theory. These defensive mechanisms are regression, repression, reaction-formation, isolation, undoing, projection, introjection, turning against the self and reversal (Bateman et al., 2000). Any of these defences can be provoked in the transference relationship, as a result of the patient projecting an identity onto the therapist.

Melanie Klein innovated on the concept of transference by considerably widening its scope, differing from the other traditions in defining transference as being *all* the patient's communication with the analyst. Consequently, in Kleinian practice any exchange between patient and therapist is imbued with transference, and can be interpreted as such, with little space left for the 'real' relationship (Clarkson, 2003). What is also distinctive about the Kleinian revision of transference is its focus on *negative* transference. That is, the inherent destruction and aggression of the baby results in an expectation of hostility (negative trans-

ference), which the patient will bring to bear in the therapeutic relationship. Thus, working through all these impulses to destroy becomes the model for Kleinian practice, as a means to reintegrate the defensive splits between good and bad in the personality (Frosch, 1987). In Kleinian theory, splitting is the strict demarcation of good and bad aspects of the self, or between good and bad aspects of the other and is also associated with the defensive processes of projective identification and introjection (Segal, 2018). For example, splitting can manifest as an extreme idealisation of the other and total denigration of the self, as a means to manage the heightened anxiety provoked by an erratic caregiver who exhibits both loving care and rejection of the child. This defence may play out in the transference where the patient idealises the therapist at their own expense. Recognising both goodness and badness in both the self and the other in therapy would be the means to integrate the split and so experience the therapeutic relationship as reparative of the inconsistent care received as a child (Bateman et al., 2000).

Countertransference and the therapist's use of the self

No less than the patient, the therapist is also subject to the power of the unconscious and has characteristic defensive patterns, which would have been examined in their training analysis through working in the transference. Nevertheless, it is perhaps unsurprising that transference has been given the greater prominence, whereas countertransference has been comparatively unremarked. Interestingly, Holmes (2005) suggests that this minimisation may be because therapists are defending against any threat to their authority, which has been built around the perception of reality without major distortion. Freud (1910) first noted his awareness of countertransference, defined as arising from the patient's influence on the therapist's unconscious and the therapist's response. As with transference, Freud initially viewed this phenomenon as an unfortunate side-effect, and encouraged therapists

to undertake analysis of their own in order to recognise the emergence of countertransference and so to mitigate it. However, Freud did not later revise this view, as he did with transference. Holmes (2005) traces the evolution of the concept of countertransference and has identified that later revisions have led to some ambivalence, since it can be viewed as either direct and undistorted evidence of a patient's unconscious affect or defences, or contrastingly, a hindrance to effective therapy as a therapeutic 'blind spot'.

Holmes (2005) cautions that therapists can be too enamoured of the first view, which could ultimately be abusive of the patient, where this is misused to persistently invalidate the patient's perceptions and to defend against the reality of any unconscious influence on the therapist. Moreover, the second view implies that there will always occur some 'stuckness' in the therapeutic relationship, or some material that cannot be effectively analysed. As part of her survey of the clinical use of the concept of countertransference, Holmes (2005, p.52ff) discusses the radical communicative approach to psychoanalytic psychotherapy, which was developed by Robert Langs (1976) in response to what he saw as a theoretical (and consequent methodological) inconsistency in classical psychoanalysis. The communicative approach recognises that the therapist and patient are fundamentally dyadic, drawing on systemic thinking in natural science. According to this, there is no 'therapist' without the patient, and no 'patient' without the therapist. It is the relationship which defines them both. Langs' (1976) original contribution was to replace what he saw as the problematic concept of transference with a recognition of the power of unconscious perception on the part of the patient, and to replace countertransference with the concept of 'therapist madness'. The outcome of this is to reposition the therapeutic relationship on a more mutual footing.

This provides the means by which to reframe countertransference as a mandate to use the self sensitively in the relation-

ship. An examination of case study material bears this out. For example, Milton, Polmear and Fabricius (2011, pp.12–13) present the case study of Katherine, a vulnerable client having experienced childhood sexual abuse and neglect, compounded by being sexually abused by a male therapist during her therapy. Katherine presented in therapy a second time (with a different therapist) conveying her extreme despair and hopelessness. The therapist noted her own reactions, such as a sense of futility and powerlessness in being unable to help, or even seemingly make any kind of connection with her. When Katherine did speak, she recounted how her mother would often use food as a way to silence her when she was in distress. The therapist drew on her own reaction to Katherine, to speculate that the abusive therapist had also felt overwhelming despair in reaction to Katherine and had perhaps also wanted to find some immediate, even magical way, to ‘shut up’ Katherine, as had her mother. The therapist discussed this with Katherine and was able to bear her powerful feelings of rage and guilt (that she had provoked her abuse) as well as her disappointment and sadness that the therapist could not magically alleviate her distress. The therapist was able to stay in contact with Katherine, which she ultimately experienced as containing. This finally proved therapeutic and it shows how attention to countertransference can be utilised alongside careful interpretation.

Later revisions of Freudian theory and practice

Freudianism has had a profound cultural impact and has been widely debated. Some important critique of psychoanalysis is discussed by Frosch (1987, p.311ff). For example, that it has not been sufficiently concerned with the social context as explanatory of psychopathology and is insufficiently uncritical of society as a result. More specifically, it is misogynist in its analysis of the psychology of women and finally homophobic because it can only account for male homosexuality by pathologising it.

These are all serious concerns. Feminists have critiqued Freud’s eventual rejection of women’s testimony of childhood sexual abuse as misogynist, where he favoured an interpretation of the abuse memories as emanating from phantasy, and therefore being Oedipal in nature. Freudian theory even posits the ontological inferiority of women due to the differing developmental trajectories of boys and girls, where the latter are defined by their realisation of a lack when they compare themselves to boys or men. However, Frosch (1987) counters this critique by acknowledging these flaws and discussing the reinterpretation of classical Freudianism by feminist psychoanalysts. They give an alternative account of how unjust power structures and the psychology of domination give rise to women’s awareness of their socially constructed inferiority in society, rather than this being rooted in biology. Frosch also clarifies the purpose of psychoanalysis as being a tool to interpret subjectivity, rather than having a revolutionary agenda. This could be understood as political, in so far as the personal is political, but it is limited as it does not propose how to overthrow structural injustice or how to reorganise for equality on a societal level.

Conclusion

Transference is a central, though contested, concept in psychodynamic psychotherapy, and for this reason has proved fruitful for later psychoanalytic thinkers who have reinterpreted Freud’s thinking. However, the concept of countertransference has been less well outlined or examined. Psychoanalysis can be used to understand the impact of domination on the individual’s subjectivity, though this is also its limitation. It is not sufficient as a radical programme for revolution. Therefore, the usefulness of transference as a concept remains rooted in the therapeutic encounter.

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Towards a comprehensive framework of assessing bystander intervention behaviour among adolescents in the context of gender based violence

Stefania Pagani

Gender based violence is one of the most common types of violence. It is key to examine this type of violence in young people to understand how it forms, and how it can be prevented. Most violence among adolescents takes place in front of others, rendering the role of bystanders one of utmost importance. Examining bystander behaviour provides an insight into factors which may impact on intervening in violent situations. However, studies tend to examine a limited number of factors which can involve overlooking other important influences. This article argues the need for a more comprehensive framework in order to effectively examine bystander intervention behaviour.

Gender based violence

GENDER based violence is a form of violence that is aimed towards someone because of the gender with which they identify. Statistics have provided evidence that the majority of gender based violence is aimed at women and girls. Among adults in Scotland in 2017–2018, over 82 per cent of domestic violence victims were women or girls (Scottish Government, 2018). The highest percentage (79 per cent) of recorded domestic violence aimed at women and girls occurred between the ages of 22 to 50. Additionally, in England and Wales, women between the ages of 20 to 24 were nearly four times as likely to be victims of domestic violence than men of the same age. Furthermore, women and girls were over twice as likely than boys and men to have experienced domestic violence between the ages of 16 to 74 in the year ending March 2019 (ONS, 2019).

The causes of gender based violence are deeply rooted within culture where norma-

tive beliefs and stereotypical attitudes about this type of violence perpetuate it. Research has shown that male perpetrators tend to overestimate peers' support for violence against women which, in turn, helps them to normalise their behaviour (Neighbours et al., 2010). Research has also illustrated that male peer groups are more likely to normalise gender based violence when they comprise one member who has engaged in it (Tharp et al., 2013). Furthermore, research has shown that stereotypical negative attitudes held towards women and girls were related to acceptance of myths about more serious forms of sexual violence (Suarez & Gadalla, 2010). The statistics and research on gender based violence highlight the importance of early intervention during which these attitudes and beliefs can be challenged. Pre-adulthood seems to be the ideal time in which to do this as the statistics show a notable increase in gender based violence in women from the age of 20.

Schools are a dominant social setting for most adolescents. Consequentially, the majority of research on gender based violence among adolescents is carried out in school contexts. These settings provide an appropriate context in which to examine relationships between boys and girls. Research has shown that the majority of school violence occurs in the presence of other people (Polanin et al., 2012; Salmivalli, 2014). This may be because young people use the perpetration of violence in order to improve their social standing among peers. In fact, bullying has been shown to increase the popularity of the perpetrator over time (Salmivalli, 2014). This vindicates that the role of those young people who are present to witness these situations of violence is one of utmost importance. Importantly, bystanders are not regarded as the perpetrators or victims of the violent situations. They, therefore, have the power to facilitate (encourage the perpetrator), or inhibit (intervene to stop) the violence.

The complexity of bystander intervention

Literature has acknowledged the importance of the role of the bystander in the context of school violence (Palmer & Abbott, 2018; Polanin et al., 2012; Salmivalli, 2014). Bystander intervention behaviour is a complex process in which a multitude of factors come into play when it comes to deciding whether to intervene. Despite the growing number of studies examining bystander intervention behaviour, there are still aspects of the decision-making process that are not fully understood.

The role of attitudes and their predictive ability on behaviour (see Ajzen, 1988, 1991) has been examined extensively in the context of intervention behaviour. However, research has found mixed findings on the predictive ability of attitudes towards intervening, where, people hold negative attitudes about the violence itself yet still do not intervene (Rosval, 2013; Salmivalli, 2014). This could be due to convergent validity implications,

where studies have misaligned attitude and behaviour measures. In order to accurately measure the attitude-behaviour relationship, attitude scales should be targeting bystander intervention rather than the violence itself (Ajzen, 1991). Alternatively, this could be because measures are not accounting for the complexity of the nature of attitudes. Research has argued that attitudes can be instrumental and affective (Ajzen, 1991), as well as, concurrently positive and negative (see research from Elliott et al., 2015, and McCartan et al., 2018 on bidimensional attitudes). Failing to capture these conceptual differences underlining attitudes, could result in a failure to fully account for the complexity of attitudes in the context of bystander intervention.

It is also important to consider the role of social influences that underpin intervention behaviour. Social influences have taken many forms in the intervention literature. For example, research into group processes has highlighted intervention differences between ingroups and outgroups (Oldenburg et al., 2018; Palmer & Abbott, 2018). Bystanders are more likely to intervene in a violent situation if they self-categorise as ingroup members with other bystanders, and/or with the victim. In addition, social influences are also evident in the form of normative beliefs (e.g. Ajzen, 1991) where intervention behaviour is influenced by a bystander's belief over whether or not their friends would intervene in the same violent situation. Research has shown that bystanders who believe their peers would intervene in given situations are more likely to intervene themselves, further illustrating the impact of social influences in this context (Rosval, 2013).

Intervention behaviour is further complicated by the nature of the violence itself. That is, less aggressive forms such as verbal and emotional violence are more likely to be normalised as they occur regularly within school contexts (Cappadocia et al., 2012; Katz et al., 2011). Therefore, young people may be less likely to inter-

vene in less aggressive violence because they are accustomed to it. Consequentially, because less aggressive violence is seen more often it is more likely to be acceptable to young people. Not intervening in these less aggressive forms of violence may lead to negative consequences, not only in the normalisation of violence, but also, in the escalation from less aggressive to more aggressive forms of violence (Katz et al., 2011). The decision-making process is likely to be different for less aggressive compared to more aggressive violence. Understanding the key differences that underpin intervention behaviour between these different types of violence is an important step in understanding the escalation from less aggressive to more aggressive forms of violence.

Research has also implicated the importance of examining control over intervening (Thornberg et al., 2018). Specifically, studies looking at self-efficacy have found that bystanders who feel that they have less of an ability to intervene results in them being less likely to intervene. The literature on bystander intervention behaviour has failed to take into account the conceptual differentiation between external and internal control (Ajzen, 2002; Armitage & Conner, 1999). External control considers external influences, such as, other people, the situation itself, and the status of the bystander in comparison to the bully/victim. Whereas, internal influences refer to a bystander's confidence, and expressed ability to intervene based on their knowledge and skills (Ajzen, 2002). In the bystander intervention literature, research tends to focus on those internal influences rather than the external ones, namely, in the form of self-efficacy. This is arguably not accounting for factors that are outside of one's volitional control. Given the evidence surrounding the impact of external social influences on intervention behaviour (e.g. Palmer & Abbott, 2018), it is important to examine both internal and external control concurrently in this context.

A comprehensive framework of bystander intervention?

At the moment, there is no one comprehensive approach to examining bystander intervention behaviour. Research in the literature tends to measure some of the factors described above at the cost of the potential impact of others. This results in the omitting of key information that may additionally help to explain the decision-making process. One theory that allows for the combination of many of the factors described above is the theory of planned behaviour (TPB; Ajzen, 1988, 1991). This theory postulates that intentions are directly antecedent to behaviour, and that these intentions are predicted by attitudes, social influences, and perceived behavioural control. Studies have implicated the importance of this theory in the context of bystander intervention through partially examining it. However, there is a need for more studies to comprehensively test the TPB in the context of bystander intervention (see Rosval, 2013 for the only comprehensive examination). The TPB is also flexible to extension (Ajzen, 2002). For example, given the support for the importance of self-efficacy in the context of bystander intervention, this can be added into the theory, and examined alongside other factors that make up the TPB.

One critique of the TPB is that it does not fully capture the impact of social influences on the decision-making process (Gerrard et al., 2008). In fact, in the context of bystander intervention, the TPB does not consider intergroup processes. For example, young people may be more or less willing to intervene depending on the group situation in which they find themselves when they witness violence. A theory that allows for the incorporation of different group situations in the examination of intervention behaviour is the prototype willingness model (PWM; Gibbons & Gerrard, 1995, 1997). This theory postulates that, as well as behavioural intentions (as in the TPB), behavioural willingness is antecedent to behaviour. Willingness is defined in the PWM by how motivated

an individual is to carry out the behaviour in question given the specific situation in which they find themselves. For example, if a bystander finds themselves in a situation where no one else is intervening, then they may be less willing to intervene themselves (in line with work on the bystander effect e.g. Latané & Darley, 1968) The flexibility in the conceptual nature of behavioural willingness would allow researchers to present bystanders with different group situations, and to measure their corresponding willingness to intervene.

Research on dual process models of decision-making argues that, in addition to the thoughtful process that underpins decision-making, there is also a more reactive process at play (Chaiken & Thorpe, 1999; Gibbons & Gerrard, 1995). For example, in the context of intervention behaviour, bystanders may react to their situation without much thought or consideration. The PWM is a dual process theory that encapsulates both the thoughtful and reactive pathways of the bystander decision-making process. This theory introduces the concept of prototype perceptions, which are mental representations people retain of the typical person who would perform that behaviour. The PWM argues that, in addition to attitudes and social influences, these prototype perceptions are predictive of behavioural willingness. Prototype perceptions are accessed automatically using associations through memory schema when people find themselves in certain situations. In the context of bystander intervention, the PWM would assume that, when young people witness violence, they will use their schematic representations of the typical person that would intervene. Subsequently, whether bystanders view themselves as more similar or

less similar to the type of person that would intervene and subsequently, depending on the situation in which they find themselves, will have an impact on their willingness to intervene.

Conclusion

Examining gender based violence among young people in the context of bystander intervention is key to understanding how this type of violence can be prevented. The literature on bystander intervention in school contexts is vast, and researchers have examined a multitude of factors that seem to have an impact on the decision-making process. There is a need for a more comprehensive approach when it comes to examining bystander intervention because partial approaches lead to failure in accounting for potentially important factors. Two theories which could allow for a more comprehensive examination of bystander intervention behaviour are the TPB and the PWM. The TPB convenes key factors that have been shown to have an impact on intervention behaviour. The PWM overcomes issues associated with the TPB in the forms of failing to fully capture social influences, as well as, failing to account for reactive decision making. Examining both of these theoretical frameworks simultaneously would allow for a fuller understanding of bystander decision making.

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Conference review

The Association for the Treatment of Sexual Abusers (ATSA) 38th annual research & treatment conference, Wednesday 6–Saturday 9 November 2019

Samuel T. Hales & Victoria Lister

For over thirty years, ATSA's Annual Conference has brought together experts from across the globe to discuss best practices in sexual abuse prevention. The landmark four-day event offers various symposia, roundtables, clinics, and workshops relating to the treatment of individuals who have engaged in sexually offending behaviours, and is considered one of the most prolific regular mass-gatherings of sexual violence prevention advocates internationally. In this article, we review our experiences of ATSA's 2019 Conference in Atlanta, Georgia and reflect on the key take-home lessons we learned from our first international conference.

THIS year's ATSA Conference saw over 1200 individuals from more than ten countries coming together in the United States to share their ideas of 'what works' in sexual abuse prevention and treatment. Delegates included researchers, treatment providers, policymakers, and law enforcement agencies, as well as human rights advocates, survivors of abuse, and individuals who have committed sexual offences.

Under the theme of 'Shaping the Future', the Conference hosted a broad range of training opportunities for attendees – from general crime prevention seminars to more specialist sexual abuse clinics – led by expert panels. As ever, this year's conference was underpinned by ATSA's strategic goals: to encourage sound research, promote effective practice, and develop informed policy relating to sexual abuse prevention.

Plenary sessions

This year's conference included four plenary ('keynote') talks given by leading experts in sexual abuse research, prevention, and treatment. The first plenary was given by

Professor Theresa A. Gannon (our supervisor) and outlined the findings of her and her colleague's recent meta-analysis on the effectiveness of treatment programmes for individuals who have committed sexual harm (see Gannon et al., 2019). Contrary to recent evaluations of the UK's *Core Sex Offenders' Treatment Programme* (SOTP; see Mews et al., 2017), Theresa et al.'s results discovered a positive treatment effect and highlighted some indicators which may increase the effectiveness of offending behaviour programmes for individuals who have engaged in sexually offending behaviours (e.g. facilitation by a trained psychologist).

On day two, the conference was opened by an insightful talk by Professor Paul Bloom on empathy and why it should not be used in forensic practice. Paul argued that empathy can negatively impact moral decision-making, and suggested that compassion and pro-social motivation should be adopted when working with individuals who have sexually harmed. Another plenary was given by Dr Linda Dahlberg on the primary prevention of violence in the community.

This talk focused on why the sector should work towards the adoption of a 'public health approach' when dealing with sexual violence and Linda explained each of the stages to go about doing this.

On the final day, Dr Kurt Bumby and Kristen Houser spoke about how to navigate the challenging dynamics of discussing working with individuals who have sexually abused to those outside of research and practice. Both speakers provided practical strategies for effective messaging and language-use which can be used when discussing the topic, based on their own experiences of working in the field. This talk provided a relaxed, yet insightful, way of closing the conference and was well-received by the audience.

Concurrent sessions

One hundred hour-and-a-half concurrent sessions were offered by ATSA to attendees, which were led by leading names in the field of sexual abuse prevention and treatment. These included hands-on training in the most modern risk assessment instruments, roundtables on implementing evidence-based practice and evaluating programme outcomes, and specialist clinics in paraphilias, online offending, and harmful sexual behaviours.

For Vicky, a session of particular interest was led by Seth Wescott, Kim Kosmala, and David Prescott, and focused on pornography and its role in precipitating sexually harmful behaviours. The speakers presented a number of different papers on the topic, from case studies to meta-analyses, which initiated insightful whole-group discussions. These discussions brought together individuals from a variety of prevention-centred occupations, including probation officers, psychologists, and academic researchers, and emphasised the importance of collaborative work in our field.

For Sam, the most thought-provoking session was delivered by David Lee, Joan Tabachnick, and Jannine Hébert on advancing institutional commitments to preventing sexual abuse. In this clinic, the

three speakers described common issues faced by organisations, charities, and – most notably – universities in tackling rising sexual assault and harassment complaints. By harnessing their collective experiences and cutting-edge research in the field, David, Joan, and Jannine engaged participants in a stimulating conversation about what they can do to support colleagues in reducing sexual victimisation across their sector. The key take-home message: institutional prevention policies and interventions should be evidence-based, empirically informed, and founded on our understanding of sexual abuse perpetrators and their victims.

Another noteworthy contender was the 'Clinical & Data Blitz', which saw 11 (mostly psychology) students present their recent academic or clinical work in five-minute timeslots. Similar to the UK's 3MT® competition, this session offered graduate students the opportunity to communicate their research – most of which was conducted at undergraduate or Master's level – to experienced academics and treatment providers, and develop their general presentation skills. It also provided the audience with an opportunity to hear about some of the most innovative and contemporary work being conducted by the next generation of academics and professionals. This year's session saw students giving talks on adverse childhood experiences and aggression, rape myth acceptance, and registry reform for those who have sexually offended. Again, this session was very well received.

Summary

For students like us who were used only to relatively small UK conferences, a large-scale international event like ATSA's Annual Conference was daunting. The huge volume of people seemed overwhelming at first and we found it easy to lose ourselves in the conference hotel. However, the kindness and genuine willingness of other attendees to talk with us about our work, as well as the foresight of ATSA's General and Student Committees (for example, to lay on welcome

drinks and set up networking events), soon allayed our worries and helped us to settle in. Before we knew it, we had crammed our journals with notes, filled our phones with photos, and we were packing our bags to return home.

Having now attended an international conference, we would definitely return to another. The learning experiences and the networking opportunities that the event affords you are well worth the travel, the expense (ATSA registration costs upwards of \$125 for students), and the initial trepidation. If you meet up with other students beforehand or during, you guarantee yourself an excellent time and have a companion throughout the conference. We would thor-

oughly recommend attending a large-scale event like ATSA's Annual Conference if one is available in your field.

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Conference review

The 5th International Conference on Youth Mental Health 2019, Brisbane, Australia

Farah Elahi

In this article I provide an overview of the 5th International Conference on Youth Mental Health, which takes place once every two years. This three day conference is organised by the International Association for Youth Mental Health (IAYMH), a membership-based organisation for professionals, researchers, policymakers, young people, parents and organisations. The conference is hosted in a different global city and is delivered in partnership with young people.

ON SATURDAY 26 October–Monday 28 October, the 5th International Conference on Youth Mental Health took place at the Brisbane Convention & Exhibition Centre in Brisbane, Australia. I was fortunate enough to have a lightning and table top oral presentation accepted for this conference. The IAYMH was established in 2012 to advocate for awareness and support for mental health issues affecting young people (12 to 25 years) internationally. My PhD involves providing virtual reality treatments to improve social cognition training in young people with first episode psychosis. Therefore I thought that this conference would be suitable for me to present at.

There were four types of presentations at this conference: oral, poster, table top and lightning. Oral presentations took place in sessions with 4 to 6 other presenters and lasted 15 minutes, with 5-minutes for questions. Lightning presentations were short and informative presentations, which lasted for 5 minutes and were presented alongside 15 other presentations. Table top presentations involved multiple presenters presenting at a round table to other delegates. Each presenter had 10 minutes. Once all the presenters on a table had finished, the delegates then move to another table.

Day 1 was a pre-conference day where delegates got the opportunity to attend workshops throughout the day. Delegates could sign up to these workshops in advance. The types of workshops delivered included, ‘advocacy in youth mental health’ and ‘education settings: what role do they have in supporting young people’s mental health and wellbeing?’ These workshops were a great way to meet other delegates and increase one’s knowledge of particular topics.

On Sunday 27 October, the conference officially started with an opening from Prof. Pat McGorry (IAYMH President) and Minnie Vo (IAYMH Youth Co-Convenor). This was followed by a welcome dance from the Indigenous Jagera people, who are native to South East Queensland. The dance was full of joy, enthusiasm and love for the country. It was a fantastic way to begin the conference and be welcomed to Australia. After this, the first plenary took place, which was entitled ‘inclusion and empowerment: same destinations different paths.’ Here the panel members spoke about the stigma in mental health and the challenges in engaging with individuals. My favourite part of this plenary was the presentation by Australian farmer and mental health activist Ben Brooksby aka ‘the naked farmer.’ Ben spoke openly about

his mental health battles that began when he was a child. His experiences with mental health issues was very important to hear.

After this plenary, the concurrent oral, lightning and table top presentations began. There were many sessions on various topics including; global perspectives, youth voice/peer, suicide and digital. I decided to attend the lightning presentation session called 'peer work and youth engagement'. In this session there were 16 presentations in one and a half hours! I really enjoyed listening to all of the presentations and was really impressed with how much information could be condensed into five minutes. If we wanted to find out more information about a presentation, we had the opportunity to use the networking slots to do so.

Poster presentations occurred throughout the day and were aligned with tea and lunch breaks. This is a great opportunity to find out about all of the research taking place on an international scale. Poster presentations allow you to have informal discussions with the presenters. I was quite impressed by some of the research being undertaken by young people with lived experiences.

Day 2 ended with a session called 'in conversation – social and emotional well-being of young people in Indigenous communities.' This was my favourite session of the whole conference. Attending a conference in Australia gave delegates a chance to find out what issues the Indigenous communities/First Nation people face when accessing mental health support and what appropriate care should look like. The discussion was such a success, it ended with a standing ovation.

On Day 3, I presented my qualitative PhD research on the final day of the confer-

ence. The first presentation was the table top presentation. I shared the table with two other presenters. Presenters could deliver their presentation in whichever format they wanted; PowerPoint presentation (using your own laptop) or using printed slides. The aim was to allocate five minutes to the presentation so there were five minutes for discussions. There were four to five other individuals sitting around the table. I really enjoyed the table top presentation experience. Presenting to a small group made the experience quite informal and relaxing. The discussions after each presentation were really useful and it was helpful to get feedback. After this, I then delivered a lightning presentation in the afternoon session. This was an opportunity to deliver a five minute presentation, which was much more challenging than it sounds. I do believe that I went over the time limit by two minutes!

The IAYMH committee concluded the day by announcing that the next conference would be in Copenhagen, Denmark in 2021. Overall, I really enjoyed the opportunity to attend and present at this conference. I felt inspired and learned so much within a short space of time. Hopefully I will attend again in 2021 and recommend that others do so too.

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Book review

The Psychology of Effective Studying: How to Succeed in Your Degree, by Paul Penn

Reviewed by Megan Whitehorn

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Length 244 pages.

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AS Dr Penn points out, learning how to study should take precedence over the acquisition of subject specific knowledge. The development of study skills is a prerequisite for learning a new subject but is often a difficult thing for authors to provide instruction on in an engaging manner. Cleverly, this book teaches students how to study by engaging their personal interest via relating each of the issues raised to a different facet of human cognition. Each chapter outlines common issues that impact undergraduate students when studying. For example, the author addresses the misplaced confidence often attached to the usefulness of highlighter pens and summarises current psychological research on their use. This is a compelling way to ensure that an audience with an interest in human psychology will remain hooked.

Each chapter examines the metacognitive errors that undergraduate students typically make when studying, for example underestimating the time needed to complete a task, or the overconfidence in the retention of course materials that can arise from a reliance on repeatedly passively re-reading content. Evidence-based solutions to such issues are then clearly provided. The chapter on procrastination is especially helpful for undergraduate students. The author identifies the four most relevant factors that generate procrastinating behaviours and explains how these factors interact before

providing multiple ways of addressing them.

This book is notable for its ability to highlight the connections between the different bad-study habits. For example, the linking of procrastination to higher levels of plagiarism. Rather than promoting the idea that there is one single 'correct' way to study, the book identifies the important factors in effective studying thus allowing the reader to build their own best-practise model from an array of evidence based useful tips and strategies. This is exemplified in chapter three, which concerns effective reading and note-taking practices. The author makes a compelling argument that merely reading notes or transcribing lecture or course materials verbatim is not as effective as self-testing, or attempting to 'teach' the subject. The author then happily takes their own advice by making the book's contents interactive; summaries (including exercises) are provided at the end of each chapter.

As well as covering the most effective way of retaining and integrating knowledge, the author also offers advice on more general academic topics instrumental to success at degree level. For example, the chapter on academic integrity smoothly introduces undergraduates to the concepts of citation, quotation and referencing and provides advice on best practice when paraphrasing. Notably, the author illustrates the tricky issue of defining and recognising plagiarism by providing several examples and asking the reader to determine which one represents

sound practice and why. This is a further example of the book providing opportunities for the 'active' learning style that the author champions.

Written by a lecturer in psychology, this book is suited to anyone with an interest in the discipline and its application to studying. Moreover, the content and tone mean that it would prove useful to students from any degree disciplines. The book's light, irreverent tone and relaxed writing style is ideal for any student who wants to optimise their

approach to studying and discover the fascinating world of psychology.

Correspondence

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Reference

Penn, P. (2019). *The psychology of effective studying: How to succeed in your degree*. London: Routledge.



June 2020 call for applications to the PsyPAG Workshop Fund

The **Psychology Postgraduate Affairs Group (PsyPAG)** are now accepting applications to host workshops for postgraduates.

Previous workshops include: *'Building Effective Dissemination Processes'*, *'Exploring Culture and Experience: Choosing Methodologies in Qualitative Research'*, and *'Books, Burnout and Balance'*.

Applying for workshop funding is **valuable experience**:

- It shows employers that you are able to use your initiative, budget, negotiate and plan
- It fills a gap in your own training needs and benefits others at the same time
- It builds your confidence in organising and chairing events
- It gives you the opportunity to network and meet people you may be able to work with in the future

We encourage applicants to ask for joint funding from another source (e.g. your university, a division/section of the BPS or an employer). This is because we want our budget to support as many events as possible.

If interested, or would like more information, please contact the Vice Chair at vicechair@psypag.co.uk

Guidance notes and application forms are downloadable at: <http://www.psypag.co.uk/workshops>

Deadline for applications is on **30th June 2020**, at 5pm.
Workshops should be run after 1st October 2020

PSYPAG

Psychology Postgraduate Affairs Group

Postgraduate Bursaries

Need help with the cost of attending a conference, workshop or other event related to your research? PsyPAG might be able to help!

All psychology postgraduates registered at a UK institution are eligible to apply for our bursary funds. We have 3 rounds of bursaries each year. The deadlines for each round are: 10th February, 10th June and 10th October.

We offer the following:

International Conference Bursaries* up to £300

Domestic Conference Bursaries up to £100

Study Visit Bursaries* up to £200

Workshop/Training Bursaries up to £100

Research Grant Bursaries* up to £300

Travel Bursaries up to £50

*Successful applicants are required to write an article for the PsyPAG Quarterly.

To apply and for further information, please visit www.psypag.co.uk or contact the Information Officer at info@psypag.co.uk.

PsyPAG Committee 2019/2020

Position	Currently held by	Due for re-election
Core Committee Members: corecommittee@psypag.co.uk		
Chair	Maddi Pownall chair@psypag.co.uk	2021
Treasurer	Benjamin Butterworth treasurer@psypag.co.uk (For claim forms: payments@psypag.co.uk)	2021
Vice Chair	Catherine Talbot vicechair@psypag.co.uk	2020
Communications Officer	Olly Robertson commsofficer@psypag.co.uk	2020
Information Officer	Oliver Clark info@psypag.co.uk	2021
Quarterly Editors: quarterly@psypag.co.uk		
Bradley Kennedy b.kennedy@chester.ac.uk		2021
Hannah Slack Hannah.Slack@nottingham.ac.uk		2021
Josephine Urquhart jau2@st-andrews.ac.uk		2020
Alex Lloyd Alex.lloyd120@gmail.com		2020
Division Representatives		
Division of Clinical Psychology	Siu Chung Tang ST1314@live.mdx.ac.uk	2021
Division of Counselling Psychology	VACANT	-
Division of Educational and Child Psychology	VACANT	-
Division for Academics, Researchers and Teachers in Psychology	Veronica Diveica psuda2@bangor.ac.uk	2019
Division of Forensic Psychology	Ana DaSilva anadasilva203@gmail.com	2021
Division of Health Psychology	Lauren Rockliffe lauren.rockliffe@manchester.ac.uk	2021
Division of Neuropsychology	Michelle Newman Michelle.Newman.2@city.ac.uk	2020

Position	Currently held by	Due for re-election
Division Representatives (contd.)		
Division of Occupational Psychology	Louise Bowen BowenL7@cardiff.ac.uk	2020
Division of Sport and Exercise Psychology	Dawn-Marie Armstrong dawnmarie.r.armstrong@gmail.com	2020
Section Representatives		
Cognitive Psychology Section	VACANT	–
Consciousness and Experiential Psychology Section	Alex Wilson Alex.Wilson@northampton.ac.uk	2020
Cyberpsychology Section	Danielle Paddock d.paddock@yorks.ac.uk	2021
Defence and Security Psychology Section	Ben Morrison ben.morrison@northumbria.ac.uk	2021
Developmental Psychology Section	Ellen Ridley ellen.ridley@durham.ac.uk	2021
History and Philosophy of Psychology Section	VACANT	–
Psychology of Sexualities Section	VACANT	–
Male Psychology Section	Marek Nikolic marek.nikolic.2019@uni.strath.ac.uk	2021
Mathematical, Statistical and Computing Section	Oliver Clarke oliver.clark3@stu.mmu.ac.uk	2020
Political Psychology Section	Prince Kouassi Prince.Kouassi@city.ac.uk	2021
Psychobiology Section	Sarah Docherty s.docherty@northumbria.ac.uk	2021
Psychology of Education Section	Elaine Coxon E.M.Coxon@2017.ljmu.ac.uk	2021
Psychology of Women and Equalities Section	Farah Elahi F.Elahi@warwick.ac.uk	2021
Psychotherapy Section	Nicola McGuire n.mcguire.1@research.gla.ac.uk	2020
Qualitative Methods Section	Candice Whitaker C.M.Whitaker@Leedsbeckett.ac.uk	2020

Position	Currently held by	Due for re-election
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Transpersonal Psychology Section	Alex Wilson Alex.Wilson@northampton.ac.uk	2020
Special Group in Coaching Psychology	Tia Moin u1637352@uel.ac.uk	2021
Community Psychology Section	Michelle Jamieson m.jamieson.2@research.gla.ac.uk	2020
Crisis, Disaster and Trauma Section	Sara Gardener sgardn07@mail.bbk.ac.uk	2021
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East Midlands Branch	Kalli Ashton Shreves K.A.Shreves@lboro.ac.uk	2021
North West of England Branch	Charlotte Maxwell charlotteamymaxwell@outlook.com	2021
Northern Ireland Branch	Clare Howie chowie02@qub.ac.uk	2020
Scottish Branch	Benjamin Butterworth benjamin.butterworth@gcu.ac.uk	2020
South West of England Branch	Anastasiia Kovalenko A.G.Kovalenko@exeter.ac.uk	2021
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Wessex Branch	Brandon May brandon.may@port.ac.uk	2020
West Midlands Branch	Kristina Newman newmankl@aston.ac.uk	2020
London and Home Counties Branch	Christopher Robus Christopher.Robus@study.beds.ac.uk	2021

Board Representatives		
Ethics	Catrin Jones CatrinPedder.Jones@beds.ac.uk	2021
Research Board (Chair)	Maddi Pownall chair@psypag.co.uk	2021
Other Committees		
Standing Conference Committee	Anna Widemann anna.wiedemann@hotmail.com	2021
Undergraduate Liaison Officer	Tanya Schrader tanya.schrader@research.staffs.ac.uk	2021



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PSYPAG

About PsyPAG

PsyPAG is a national organisation for all psychology postgraduates based at UK institutions. Funded by the Research Board of the British Psychological Society, PsyPAG is run on a voluntary basis by postgraduates for postgraduates.

PsyPAG's aims are to provide support for postgraduate students in the UK, to act as a vehicle for communication between postgraduates, and represent postgraduates within the British Psychological Society. It also fulfills the vital role of bringing together postgraduates from around the country.

- PsyPAG has no official membership scheme; anyone involved in postgraduate study in psychology at a UK institution is automatically a member.
- PsyPAG runs an annual workshop and conference and also produces a quarterly publication, which is delivered free of charge to all postgraduate psychology departments in the UK.
- PsyPAG is run by an elected committee, which any postgraduate student can be voted on to. Elections are held at the PsyPAG Annual Conference each year.
- The committee includes representatives for each Division within the British Psychological Society, with their role being to represent postgraduate interests and problems within that Division or the British Psychological Society generally.
We also liaise with the Student Group of the British Psychological Society to raise awareness of postgraduate issues in the undergraduate community.
- Committee members also include Practitioners-in-Training who are represented by PsyPAG.

Mailing list

PsyPAG maintains a JISCmail list open to *all* psychology postgraduate students.

To join, visit www.psypag.co.uk and scroll down on the main page to find the link, or go to tinyurl.com/PsyPAGjiscmail.

This list is a fantastic resource for support and advice regarding your research, statistical advice or postgraduate issues.

Social networking

You can also follow PsyPAG on Twitter (twitter.com/PsyPAG) and add us on Facebook (tinyurl.com/PsyPAGfacebook).

This information is also provided at www.psypag.co.uk.

www.psypag.co.uk



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