

# PSYPAG

Psychology Postgraduate Affairs Group

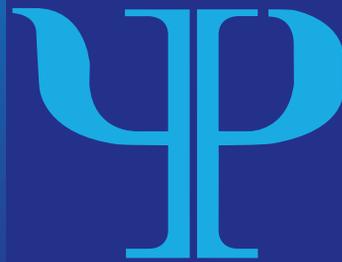
# Quarterly

Issue 116 September 2020

**Highlighting the racial inequality present within academia:  
PsyPAG's response to the Black Lives Matter movement**

**Rising to the challenge: Being an assistant psychologist  
during the Covid-19 global pandemic**

**The role for psychology in the public health approach to  
youth violence**



## **Also in this issue:**

**Green nudges: Applying behavioural economics to fight  
against climate change**

**Introducing the Male Psychology Section, the 'Glasgow  
Effect' and the Male Psychology event**



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# PSYPAG

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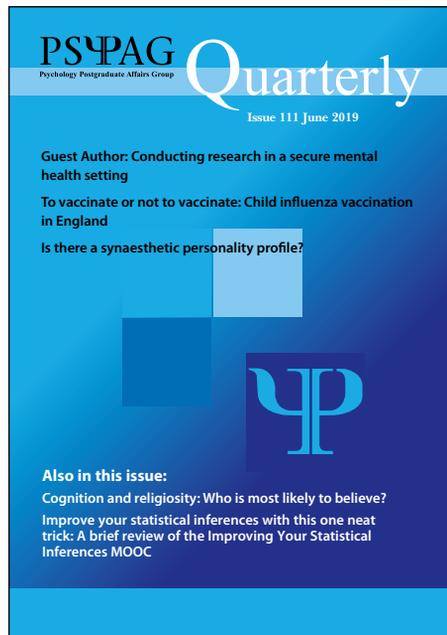
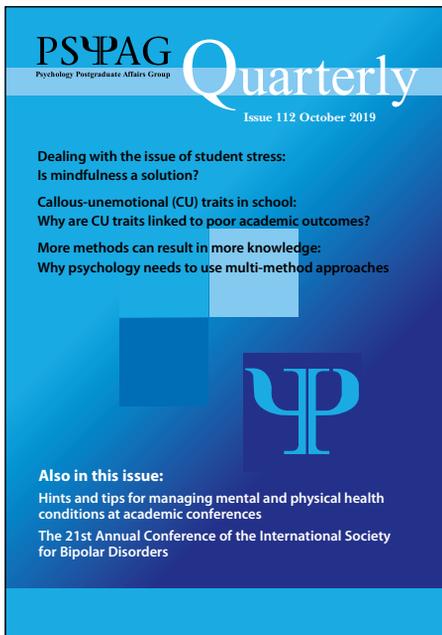
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To keep up to date with PsyPAG news and information about the *Quarterly* join the JISCmail list open to *all* psychology postgraduate students.

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

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



[www.psypag.co.uk](http://www.psypag.co.uk)

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# Editorial

## Hannah Slack

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**I** AM THRILLED to introduce the September 2020 issue of the *PsyPAG Quarterly*. Traditionally, September marks the shift from summer to autumn. As the seasons change, it is important that we take a moment to reflect on just how far we have come in the past few months. Back in March, new lockdown measures had thrown most of our plans into disarray and the anxiety brought on by the constant uncertainty felt almost impossible to overcome. But despite our fears, we found a way to move forward. From the sheer number and range of submissions that we have received over the past few months, it is clearly evident that our postgraduate community is incredibly resourceful, determined and strong-willed. I commend every one of you that has battled with some form of adversity during the pandemic and have chosen not to yield, but to adapt and move onward. Even if that progress is smaller than you had originally hoped, every step forward counts – no matter how small. We here at PsyPAG have also had to adapt our plans in response to the pandemic. The PsyPAG Annual Conference moved completely online this year for the first time ever. We greatly enjoyed seeing so many of you engaging with the conference presentations on Twitter. You can find out more about the conference in the Chair's column overleaf. I hope you enjoy reading the articles in this issue just as much as we have!

Sadly, we say goodbye to two of our editors this issue, Alex Lloyd and Josie Urquhart. Alex and Josie have been a crucial members of the *Quarterly* editorial team. Huge thank you to Alex and Josie for all the hard work and dedication you have both given to the *Quarterly*.

Our first article was written by the *PsyPAG Quarterly* Editorial Team. Here, we outline our response to the Black

Lives Matter movement. We begin by reaffirming PsyPAG's message of inclusivity. We then highlight the ways in which racial inequality exists within both the education and research facets of academia. Finally, we discuss ways in which you can help to support students from Black Minority Ethnic (BME) backgrounds. In particular, we detail ways in which we can support BME students by educating ourselves about their unique struggles, reflecting on the impact of race in our own research, speaking up about racial inequality, and donating to anti-racism charities. As an editorial team, we have always worked to ensure that work published in the *Quarterly* is inclusive. However, in this article, we announce an update to our operating manual that will ensure that we challenge work that perpetuates racist narratives and always check references to ensure they do not endorse or support journals associated with groups that promote racist agendas.

Our first submission comes from Ada Dys, Holly Burton and Katie Emmison. The authors reflect on their personal experiences of working as assistant psychologists during the Covid-19 pandemic. In particular, this article focuses on the challenges that can come with delivering therapy from home, the impact of lockdown restrictions on career progression and their own mental wellbeing. The authors conclude that this experience has given them greater confidence in their ability to adapt to challenging situations and has emphasised the importance of self-care at this difficult time. Next, we have a reflective piece written by Chloe Chessell. Chloe provides an insightful reflection on the challenges that she has faced navigating the boundaries between her role as a researcher and her previous experience as a clinician. To achieve this, Chloe employs a six-stage reflective cycle to explore issues

related to the management of sensitive information when conducting qualitative interviews. Chloe ends her article by presenting an action plan to help other researchers with managing this kind of sensitive information.

Moving on, we have a discussion piece written by our very own *Quarterly* editor, Alex Lloyd, who provides an insightful discussion into the role that psychology can play in informing the public health approach to youth violence. Alex highlights an approach to tackling youth violence that begins with identifying the scope of the behaviour, determining protective and risk factors for the behaviour, implementing interventions to mitigate risk factors and finally, upscaling interventions identified to be effective. Following this is a discussion piece from Sarah Potts who provides an overview of the current research into Pathological Demand Avoidance. Sarah highlights a prevalent debate on whether Pathological Demand Avoidance is actually a subset of autism or a separate condition in its own right. Sarah concludes her article by discussing avenues for future research.

Our next discussion article is by Mirela Zaneva & Tsvetomira Dumbalska. The authors discuss how behavioural interventions can be used in the fight against climate change by prompting individuals to make more environmentally friendly choices. The authors highlight the how the positive impact of these interventions can be maximised and outline avenues for future research. The final discussion piece in this issue is written by Anastasia Vikhanova and offers an insight into the impact of discrimination on student migrants' mental health. Anastasia discusses the influence of Brexit and Covid-19 in increasing the reported discrimination against this population. The article concludes by outlining how Anastasia intends to explore this topic in greater detail through her research. We look forward to seeing the results!

As we near the end of the issue, we have a series of reviews. Filip Nuyens describes his experience at the 6th International Conference on Behavioural Addiction in Yokohama, Japan. Every year, the conference provides researchers within the field of behavioural addictions with the opportunity to discuss their research with like-minded peers from around the world and learn about the latest, cutting-edge discoveries within the field. Marek Nikolic discusses his experience at the Male Psychology event in Glasgow. The event featured thought-provoking discussions into gender bias and toxic masculinity. Finally, we have a book review by Anna Henschel on the literary classic, *Flowers for Algernon* by Daniel Keyes. Anna explores the ways in which the novel's themes of empathy, research ethics and the blind pursuit for scientific progress are particularly relevant to psychologists.

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.

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# Chair's Column

## Maddi Pownall

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Welcome!

**H**OPE EVERYONE is keeping as well as can be. A lot has happened since my last Chair's Column: We launched our Covid-19 micro-grant scheme, celebrated the winners of our annual PsyPAG awards (including our brand-new Practitioner Psychologist Trainee Award) and had our first ever Virtual Annual Conference!

The conference welcomed over 500 online delegates, showcasing over 55 posters and virtual papers, and five excellent interactive workshops. It was a great success and a wonderful example of what can happen when you combine teamwork, innovation, and resilience. I'm so proud of how everything turned out and would like to thank the University of Leeds Conference Committee for helping to make the conference happen. All of the conference content was hosted on @PsyPAG2020 and will remain on the Twitter page until next year's conference, so there's still time to check out the papers.

The recent excitement doesn't end there. I'm really pleased to share that PsyPAG has recently been officially shortlisted for the Best Postgraduate Experience Initiative in the FindAUniversity National Annual

Awards! The winners will be announced mid-August and we'll share the results on our Twitter page and JISC mailing list.

I'd like to extend a warm welcome to all the new PsyPAG representatives joining us. We have over 25 vacancies in our last election and were blown away with the number of applicants. Welcome to the PsyPAG Team and please get in touch with any ideas, comments, suggestions, or just to have a chat!

Finally, a huge thank you to our outgoing reps. You have made my first year as Chair so rewarding and fun, it has been a pleasure to work with you. A special thank-you to my right hand (wo)man, Cat Talbot, who is leaving PsyPAG after four years of various rep and Core Committee positions. Thank you for everything.

Keep well,

**Maddi Pownall**

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# Highlighting the racial inequality present within academia: PsyPAG's response to the Black Lives Matter movement

Hannah Slack, Alex Lloyd, Brad Kennedy & Josie Urquhart

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**I**N RESPONSE to the Black Lives Matter movement, we would like to take this opportunity to reaffirm PsyPAG's message of inclusivity. Regardless of race, gender, sexuality or background, every student registered on a UK postgraduate psychology course is automatically a member of the PsyPAG community. As a national organisation, PsyPAG represents the needs and opinions of all postgraduate psychologists within the British Psychological Society and the wider academic sphere. This message of inclusivity is echoed by the *PsyPAG Quarterly* Editorial Team. Through our use of a double-blinded review process, we aim to ensure that every article that we receive is evaluated purely on the basis of its merit, irrespective of the individual characteristics of the author. In addition to reiterating our message of inclusivity, we also want to use our platform to bring awareness to the unique challenges faced by students from Black and Minority Ethnic (BME) backgrounds within academia and the ways in which you can help to support BME students.

## **Education**

Higher education equips students with the skills necessary to discover their talents, improve their job prospects, and obtain a higher social status (Chan, 2016). However, previous literature suggests that access to higher education is often restricted for individuals from BME backgrounds. For instance,

Noden et al. (2014) examined UCAS admissions data for 2008. After controlling for degree subject, gender and social class, it was found that BME applicants to Russell Group universities were less likely to receive an offer than white applicants with equivalent A-level qualifications. This suggests that individuals from BME backgrounds face greater difficulties in accessing higher education in comparison to their white peers. This racial inequality is not only evident at the admissions stage but also appears to play a role in predicting students' final degree classification. For example, at one UK university, 64 per cent of white students were awarded a First or 2:1 degree classification in 2014 to 2015 in comparison to 49 per cent of BME students (Smith, 2017). This is despite BME students only accounting for 16 per cent of the total student population at the university, compared to white students who formed 84 per cent of the student population. The disparity in degree classifications was found to exist across all the degree subjects and persisted even after controlling for students' prior qualifications. This suggests that BME students are disadvantaged in terms of educational attainment. As a result, it has been found that BME students are 5 to 15 per cent less likely to be employed compared to white students six months after graduation (Zwysen & Longhi, 2016).

## Research

Academic institutions are designed to provide a shared space where individuals with different theoretical perspectives and experiences can work collaboratively in the pursuit of further knowledge. However, this goal is ultimately undermined when the perspectives of people of colour (POC) are absent from the discussion. Roberts et al. (2020) examined 26,380 articles published in the journals, *Cognition*, *Cognitive Psychology*, *Child Development*, *Developmental Psychology*, the *Journal of Personality and Social Psychology*, and the *Personality and Social Psychological Bulletin* between the years of 1974 and 2018. It was found that only five per cent of publications reported the impact of race on their experimental results. This means that these publications ignore the unique experiences of POC. Additionally, it was found that, out of 1745 editorial board members, 76 per cent were white, 10 per cent were POC, and 14 per cent did not disclose their race. Journal editors hold a powerful role within research as they decide which articles are published (Young et al., 2008). Roberts et al. (2020) reported that possessing a higher number of white editorial board members predicted a lower number of publications that discussed the impact of participants' race on the experimental results. In addition, out of all 1093 first authors of publications that reported the impact of participants' race on the experimental results, 63 per cent were white, 23 per cent were POCs, and 14 per cent did not disclose their race. These findings suggest that the white perspective on the impact of race in psychology is overrepresented within the literature. Furthermore, Roberts et al. (2020) found that the race of the author predicted the proportion of POC amongst the participants. This suggests that the results of the published articles will disproportionately reflect the experiences of white individuals as opposed to the experiences of POC. Overall, this suggests that the racial identities of those involved in the creation of psychological research influences the extent to which the impact of race on psychology is investigated within academic research.

Unfortunately, the racial disparity in the journal system has led to a number of high-profile cases where poor quality science promoting racial stereotypes have passed the peer review system. Retraction Watch, a website that monitors published papers that are subsequently removed from journals due to spurious findings, has [tracked the retraction of a paper previously published in \*Psychological Science\*](#). The paper made a number of claims based on a flawed measure of IQ that fed into racist narratives, which, once raised to the authors, lead them to request their paper be retracted. The Editor-in-Chief has subsequently made a statement apologising for the publication of the article and highlighting that researchers at all steps of the publication process – whether authors, reviewers or editors – should consider the political implications of research. This provides one way that members of the postgraduate community can support anti-racism in their work, and we encourage our readers to consider how their research might impact POC.

More insidiously, there are some groups that actively seek to promote racist narratives. Journals that are funded by individuals with links to white nationalist groups routinely publish research that promotes unscientific links between race and IQ (Saini, 2018). Authors that regularly publish in these journals, and occasionally more mainstream journals (e.g. [see here](#)), often reference this small circle of research and subsequently inflate metrics associated with citation score (Saini, 2019). Recognising that these outlets exist is important to combat the spread of unscientific work used to spread damaging ideologies.

## Ways to help

### 1. Learn

The first step towards offering appropriate support to individuals from BME backgrounds is to educate yourself about their unique history, culture, and experiences. Below are some free online courses and other resources that you can use to learn more.

- [Yale University Course on African American History](#)
- [University of Exeter Course on British Imperialism](#)
- [Anti-Racism Online Resources](#) (articles/books/podcasts/films)
- [More Anti-Racism Online Resources](#)

## **2. Reflect**

Once you have learned about the experiences of individuals from BME backgrounds, it is important to reflect on that knowledge and consider the impact of race on your own research. Quantitative psychologists tend to adopt a positivist epistemology (Michell, 2003). A positivist epistemology claims that there is only one objective truth about the nature of the world. Hence, it is believed that quantitative psychologists study universal constructs that are experienced in exactly the same way by all individuals, regardless of the unique characteristics and experiences of the individual (Burman, 1997). However, previous literature has shown that cognitive processes, such as face processing, voice perception, and the organisation of autobiographical memories can differ according to an individual's race and culture (Perrachione et al., 2010; Quinn et al., 2019; Wang, 2019). Therefore, this reinforces the need to acknowledge the way in which the race of participants may impact the results of our own research.

## **3. Speak up**

Another key way that you can help support individuals from BME backgrounds is to use your voice and speak up against racial inequality. Here are four petitions directly related to eradicating racial inequality in education:

- [Require universities to educate staff and students on unconscious bias.](#)
- [Make white privilege and systemic racism a compulsory part of the British education course.](#)
- [Include Black British History in the national education curriculum](#)
- [Battle racism by updating GCSE reading lists](#)

The petitions listed above are merely a starting point. Here, you can find a list of a [further 301 anti-racism petitions](#). In addition to signing petitions, you can also contact your local MP. [This resource](#) contains template letters that you can send to MPs to demand change. To find out who your local MP is and how to contact them, [use this resource](#).

## **4. Donate**

If you are able to do so, a great way to help support individuals from BME backgrounds is to donate to anti-racism charities. Some UK anti-racism charities include:

- [100 Black Men of London](#) – London-based charity that aims to support young black people through education and mentoring.
- [Access UK](#) – National charity providing career services for BME youth.
- [BTEG](#) – National charity aiming to end racial inequality through education and employment. Their [Routes2Success campaign](#) aims to raise the educational attainment of 10 to 25-year-olds from BME backgrounds by linking young people with role model mentors.
- [Generating Genius](#) – London-based charity which aims to support BME students in gaining places to study STEM subjects at top universities and develop careers in STEM.
- [Show Racism the Red Card](#) – The UK's leading anti-racism educational charity. They use educational workshops, training sessions, multimedia packages, and other resources to tackle racism in society.
- [Stephen Lawrence Trust](#) – National charity which aims support BME youth in overcoming barriers to educational and employment success.
- [The Amos Bursary](#) – National charity that aims to support young males from BME backgrounds to achieve their academic and career goals through a mentorship programme.

- **The Runnymede Trust** – The Runnymede Trust is the UK’s leading independent race equality think tank. They generate intelligence to challenge race inequality in Britain through research, network building, leading debate, and policy engagement.

### **Our Action**

As an editorial team, we are committed to taking active steps to enact our anti-racism stance. Our editors have always worked to ensure that work published in the *Quarterly* is inclusive and we will now be embedding this within our operating manual. As such, the *PsyPAG Quarterly* Editorial Manual (used by editors during their term on the *PsyPAG Quarterly*) will be updated to include guidance on challenging work that perpetuates racist narratives. We will also be including a requirement for Editors to check references to ensure they do not endorse, or support journals associated with groups that promote racist agendas.

### **Conclusion**

Compared to white students, students from BME backgrounds are disadvantaged in both their access to higher education and their academic attainment once at university. Additionally, the overrepresentation of white individuals on journal editorial boards, as first authors and as participants has been argued to minimise the influence of POC’s experiences in informing the development of psychological research. We can support BME students by further educating ourselves about their struggles, reflecting on the impact of race in our own research, speaking up about racial inequality, and donating to anti-racism charities. Moving forward, PsyPAG will continue to use our platform to amplify the voices of BME postgraduate psychologists and bring awareness to the specific challenges that they face.

### **Authors**

**Hannah Slack, Alex Lloyd,  
Brad Kennedy & Josie Urquhart**

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# Rising to the challenge: Being an assistant psychologist during the Covid-19 global pandemic

Ada Dys, Holly Burton & Katie Emmison

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*Coronavirus disease 2019 (Covid-19) has impacted the role of many assistant psychologists (APs) in the UK. Whilst some have adapted service delivery, others have been faced with deployment or re-deployment. Many APs have faced unique and unprecedented challenges, experiences, and stressors which have not yet been captured. It has been highlighted that exploring such experiences are key to informing future preventative strategies and practice. Reflection is an integral part of practicing psychology and enables a practitioner to develop a better understanding of their experiences and consider what they could do differently in the future. This article presents reflective accounts from three APs working during the Covid-19 pandemic, focusing on areas pertinent to clinical psychology.*

**T**HE CORONAVIRUS disease 2019 (Covid-19) pandemic has had a profound impact on the roles of many assistant psychologists (APs). For some, imposed restrictions have meant adapting service delivery, whilst others have faced deployment or re-deployment beyond the scope of their current job specification (BPS, 2020). As a result, many APs have been faced with unique and unprecedented stressors and challenges, which has opened a valuable opportunity for reflection and the reevaluation of the effectiveness of current practices and strategies.

In line with this, front-line staff have been identified as a specific group of interest for post Covid-19 research priorities (Holmes et al., 2020). Holmes et al. (2020) highlight that identifying and understanding the mechanisms utilised by this group to mitigate stress induced by the pandemic will be key in informing and facilitating the implementation of preventative strategies and practice. Such information can be obtained through reflective accounts, reflective practice is a process that enables a practitioner to develop a better understanding of their

past experiences, thus giving them the opportunity to consider what they might do differently in the future (Thompson & Pascal, 2012). The following reflections aim to capture the experiences of three APs working during the Covid-19 pandemic, focusing specifically on areas pertinent to the profession of clinical psychology (CP).

## **How has your role and service been impacted?**

**KE** – Covid-19 has completely transformed my role in the Memory Assessment Service (MAS) and resulted in re-deployment. As we were unable to offer face-to-face appointments, and with many of our clients requiring cognitive assessments and experiencing difficulties accessing technology, remote appointments were not a suitable substitute. With a large proportion of our client group shielding until they feel safe, it is uncertain when the service will resume and continues to run currently with skeleton staff. My re-deployment resulted in joining the Integrated Mental Health Response Hub which is a new phone-based support service for individuals in crisis.

**AD** – For our community-based service supporting adults with mild-moderate mental health difficulties, Covid-19 has resulted in the suspension of face-to-face support and a shift to homeworking. The first few weeks were chaotic; many of our clients opted out of therapy due to childcare commitments and our referrals were suspended as we couldn't safely process enrolment paperwork. We spent a large portion of time navigating the administrative side of our service and considering what adaptations were needed for safe and competent delivery of therapy from our homes. Due to this service exclusively supporting individuals who are unemployed, I have found that many are experiencing digital poverty and are unable to engage in video therapy, therefore telephone therapy has been our only option posing its own unique challenges.

### **How has your therapeutic practice been impacted?**

**HB** – I have found delivering therapy from home difficult as I feel my personal and professional boundaries have been challenged at times. Although I wear headphones when delivering therapy, I have found this isn't always enough to muffle the noises of my partner walking up the stairs or children playing outside our house. I've found that these noises during therapy have provided opportunities for my clients to ask personal questions regarding my family and living situation. Although these were asked with good intentions, I feel this has challenged my boundaries and at times made me feel uncomfortable as I typically refrain from sharing my personal life with clients unless giving relevant examples to normalise their experiences. This aspect has provoked me to reflect on my own boundaries and why these are so important to me, and I have grown in confidence and now feel more comfortable in redirecting conversation and reinforcing comfortable boundaries.

**KE** – I was given limited information and training in my role. At times staff have

lacked awareness for each other's roles and responsibilities, which has meant APs being mistakenly thought of as qualified staff on a number of occasions. I have found it frustrating when others have not understood the restrictions in place which ensure APs work within their competence. Over time I have become increasingly more confident in declining calls that are not appropriate for me to take, explaining why this was, and providing a brief summary of calls that I am able to take to colleagues.

**AD** – For the first few weeks of homeworking I experienced anxiety and frustration; I had only been in my first AP role for three months and had begun finding my feet, only for Covid-19 to add an extra layer of worry and invite my imposter syndrome to resurface. I did not feel that I had the adequate skills to deliver therapy remotely and needed a new skillset. Positively, I quickly discovered that my anxieties were unfounded: I have found the transition relatively painless and have managed to adapt to this mode of delivery relatively quickly. Upon reflection, I feel that this would not have been possible without being proactive in researching different techniques and delivery modes. I feel that researching and sharing learning with peers has enabled me to find effective solutions to aid understanding of psychological concepts, such as the use of metaphor and videos to supplement understanding. Being transparent with clients about having no prior experience of delivering remote therapy and reviewing the process regularly has helped me mitigate the impact of imposter syndrome and grow in confidence.

### **How has your personal and professional development and career progression been impacted?**

**AD** – I initially thought that working from home would entail the loss of valuable opportunities to learn and develop professionally. Nonetheless, reduced client contact meant that I had more time to engage in regular continuous professional develop-

ment (CPD) beyond my allocated two hours a week. I have engaged in weekly reflective CPD sessions with peers which has consisted of identifying a research article exploring an area of common interest and reflecting on the learning. This has proved invaluable in updating my knowledge of evidence-based approaches. I have also found there to be an increase in free online learning opportunities due to Covid-19, such as webinars, which otherwise would not have been available. Switching to remote delivery has also furthered my learning; as the client and I were not in the same room, I have felt more comfortable following scripts in manuals whilst explaining new concepts or techniques for the first time without impacting the therapeutic relationship.

**HB** – As interviews for the Doctorate of Clinical Psychology (DClinPsy) switched to online videocalls, I grew anxious and frustrated as I felt this was an additional challenge to overcome. I questioned how I could prepare with CPD events cancelled and began roping in my peers and supervisor to complete mock video interviews with me. Although I initially found this uncomfortable and struggled to take it seriously due to knowing them, I did find that my confidence, eye contact, and knowledge of the platform increased. My experience of interviewing was overall positive, and I found panel members were accommodating and understanding of circumstances, which was reassuring. I was grateful to receive an offer to study and I am over the moon to have this opportunity, however telling my family over Facetime was not what I had planned! I'm still unsure how the pandemic will impact placements beginning in September, but I am grateful to have progressed in my career during Covid-19.

**How has supervision been impacted, and what impact has supervision had on you?**

**KE** – Clinical and peer supervision have been invaluable and have provided me with some normality in the working day and helped me realise that my own wellbeing is impor-

tant. I found it challenging working alongside a team as a temporary member of staff as I found this made the job more isolating, however supervision has allowed me to feel that I am still part of a team and maintain social relationships. Prior to Covid-19 I rarely met with fellow APs, but we are now a more cohesive group meeting weekly online due to the removal of logistical and practical barriers and increased use of online platforms. I have used supervision to explore my emotions, and whilst there has not always been a practical solution, being able to share this with somebody has felt beneficial in itself.

**HB** – Supporting clients throughout a pandemic has been an emotive experience, whilst I typically haven't experienced what my clients are sharing with me, in this instance, we are all experiencing Covid-19 and navigating a 'new normal' together. Clinical and peer supervision have been useful outlets to discuss and share my experiences, and it has been comforting to know that my colleagues have experienced similar struggles and how these have been overcome. The change from sharing an office with my supervisor to receiving telephone supervision was initially challenging because I felt pressured to make the most of my one-hour. I felt as though I needed to keep a list of questions to ask over the phone to ensure that I didn't miss anything that I would have previously asked face-to-face as they occurred. My supervisor has been extremely empathetic and supportive throughout and has given me a safe environment to reflect on my experiences and overcome barriers to delivering therapy.

**How have you managed your own wellbeing?**

**AD** – My wellbeing suffered initially because I struggled with fluctuating motivation, sleep and feeling entrapped. Routine, socialisation and regular yoga classes are important to my self-care and it was important to maintain these as much as possible. Regular video calls with family and friends, and practicing

self-compassion, gratitude and patience have helped me mitigate these challenges. I have also dedicated the increased time at home to commit more time to indoor gardening, reading, and yoga which have not only maintained by wellbeing during lockdown, but have built resilience.

**HB** – As a community-based AP pre-Covid-19, I found that my drive home became my protected time to process and reflect on the day, so that when I arrived home, I could leave work stresses at the door. In the absence of this, I have struggled to adapt and differentiate between work and home-life whilst working from home and feeling as though boundaries have been challenged. More recently, I have begun taking a walk and reflecting after my last client of the day and have found this helpful.

### **What will you take from this experience?**

**HB** – I previously relied on worksheets to aid understanding of psychological concepts, however I have now expanded my collection and use of metaphor, which I will continue to use in practice. Although I have found the absence of non-verbal communication (e.g. body language) challenging when delivering remote therapy, I am much more confident and comfortable now in relying on auditory cues (e.g. changes in tone) and word choice to indicate true emotions. I've recognised that I am capable of adapting my therapeutic approach and I'm grateful that my clients have demonstrated flexibility and resilience.

**KE** – I have learnt that I am incredibly adaptable. Whilst new styles of working have

sometimes felt intimidating, these have gone better than expected in many cases and using a little creativity can reduce many barriers. Also, compassion to yourself and others can go a long way during difficult times, and it is okay to let others know that you are struggling or feeling out of your depth.

**AD** – My understanding of 'self-care' prior to Covid-19 was superficial, and more of a buzz term that I believed I had to mention to be successful in the CP profession. In reality, however, I frequently took my wellbeing for granted and from what I have come to learn, engaged in experiential avoidance. Being faced with this experience, however, has provided me with the opportunity to reflect on my practices and reevaluate the significance of self-care to me, both personally and professionally. I have now developed practices that have proved to be a key buffer against the many stressors posed by Covid-19 whilst fostering my resilience.

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# Managing risk in qualitative interviews

Chloe Chessell

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### Content Acknowledgement

This article includes discussions of sensitive topics such as suicide and self-harm.

*During my PhD, I have faced challenges navigating the boundaries between my role as a researcher and my previous experience as a clinician. In this article, I have applied Gibb's (1988) six-stage reflective cycle to explore issues related to the management of risk information (i.e. suicidal ideation, self-harm) which I encountered during my PhD research (specifically when conducting qualitative interviews with parents of children with Obsessive Compulsive Disorder). On the basis of this reflection, I present an action plan to assist researchers in managing risks that become apparent within research contexts.*

### Introduction

#### *My Clinical Background*

TRAINED AS a Psychological Wellbeing Practitioner (PWP) in 2016 to 2017. The role of a PWP involves conducting low-intensity, Cognitive Behavioural Therapy (CBT) informed assessment and treatment of individuals with common mental health problems (e.g. anxiety and depression, Richards & Whyte, 2011). A core responsibility involves assessing and managing risk information, including risk to self (e.g. suicidal ideation, self-harm); risk to/from others (e.g. violence to/from others); and safeguarding concerns (e.g. neglect of dependents) at each appointment (Richards & Whyte, 2011). PWP's follow clear guidance on what information to elicit, dependent on the risk an individual presents with (Richards & Whyte, 2011). For example, if suicidal ideation is present, a PWP would be expected to gather information on the individuals' intent to act on their thoughts, any plans or actions towards ending their life, and any protective factors which stop the individual from ending their life (Richards & Whyte, 2011).

#### *My PhD research*

I am now conducting a PhD to establish how to support parents of children with Obsessive Compulsive Disorder (OCD) to help their children overcome their difficulties. OCD is a mental health disorder characterised by obsessions (intrusive, unwanted thoughts, images or urges which cause distress/anxiety) and/or compulsions (repetitive behaviours/mental acts performed to alleviate distress/anxiety caused by the obsession, or to prevent a feared outcome; American Psychological Association – APA, 2013) and typically onsets between the ages of 7.5 and 12.5 years old (Geller et al., 1998). CBT is an effective psychological treatment for children with OCD, and often involves children being exposed to their obsessions whilst refraining from engaging in compulsions, however access to CBT for children with OCD is limited (Waite & Williams, 2009). A form of CBT which can be delivered via parents may be a cost-effective alternative to traditional CBT, and may help to increase access to psychological support for families (Creswell et al., 2017). Minimal research has examined parents' experiences of parenting a pre-adolescent child with OCD, or parents'

views towards parent involvement in CBT for children with OCD. To address this, I conducted qualitative interviews with 22 parents of 16 children (aged 7 to 14 years old) who have experienced OCD, to explore parents' experiences of parenting their child, and their views towards parent involvement in CBT.

### **Aims**

This article will reflect on my experience of managing risk information which I encountered during these interviews, in light of my experience as a PWP. I have used Gibbs' (1988) six-stage reflective cycle to facilitate this process. Ethical approval was obtained from the University of Reading and NHS Research Ethics Committees to conduct this research, and participants provided informed consent for anonymised quotes to be used in research outputs.

### **1. Description**

I conducted qualitative interviews with parents of children with OCD either face-to-face at the University of Reading or via telephone. A risk management protocol was developed prior to commencing the study, detailing the actions to be taken if risk information was identified. This included seeking support from the study supervisors (who are experienced Clinical Psychologists), and if necessary, sharing this information with relevant professionals (e.g. GP). Parents were reminded of the limits to confidentiality before starting the interview. During the interviews, many parents discussed scenarios where the parent and/or child had potential to cause harm to themselves and/or others. This commonly included parents' sharing information about their child's suicidal ideation or self-harming behaviour, or parents' disclosing the use of physical restraint with their child.

### **2. Feelings**

Each time a parent discussed a situation where there was a potential threat to an individual's safety, I felt an instant discrepancy

between my role as a researcher and my safeguarding role as a PWP. As a researcher, I was aware I had a responsibility to protect individuals from harm, however my primary role was to obtain information relevant to the research questions. This differs from my role as a PWP, where an in-depth risk assessment and management plan would be the priority of an appointment if a parent raised such risk concerns. The discrepancy between these roles resulted in me feeling uncertain about how much information to gather regarding the individuals' safety, and when would be an appropriate time to elicit this, whilst still meeting the study's research aims. This often resulted in me feeling I was being pulled in two different directions, as if I were in the centre of a game of tug-of-war.

### **3. Evaluation**

Resulting from this discrepancy, I found it hard to navigate the remainder of the interview. Specifically, I was uncertain whether to prioritise the research questions or to conduct a full risk assessment to ensure the individuals' safety. I often found myself switching between these competing demands and in some cases, this led to conducting risk assessments midway through interviews. This disrupted the flow of the interview for me and the participant, and made it harder to focus on the research questions. However, conducting a risk assessment felt vital and meant I was able to ensure individuals' safety. Below is an example of how I found myself switching between these competing demands.

I: mm, mhm, okay, so it sounds like then in terms of her personal safety she has been cutting herself in the past, but the last time was three weeks ago, [P: yeah] and she has recently written a letter about ways to kill herself but you don't feel she is currently acting on any plans or taking any actions to ending her life [P: no, no] okay, so you have not got any immediate concerns about her safety? [P: no] Okay. Okay and I guess, what would you say are the main challenges of parenting a child with OCD?

#### 4. Analysis

There are similarities between the skills required for qualitative interviewing and clinical work, including empathy and active listening (Corey et al., 2003). These similarities can result in challenges managing the boundaries between research and clinical work, especially when researching sensitive topics (e.g. mental health, Corey et al., 2003). This concept of 'blurred boundaries' fits with my personal experience of conducting this research (Dickson-Swift et al., 2006, p.835). As a PWP, there are clear expectations of my role to assess and manage risk information (Richards & Whyte, 2011). However, the role of a researcher is less well defined in this situation. Although researchers have a responsibility to protect participants from harm (British Psychological Society, 2014), there are no standardised guidelines on how researchers should manage individuals' safety, and this often relies on researcher's judgement. This lack of definition resulted in me being pulled towards my PWP instinct to ensure safeguarding needs were met, as I was aware of the potential adverse effects of failing to adequately assess an individuals' safety. Perhaps if I were not a PWP, I would have felt less personal responsibility to conduct a thorough risk assessment.

Informed consent is also important to consider. For this research, parents consented to discuss their experiences of parenting their child and their views towards parent involvement in CBT. Although as a researcher I have a responsibility to share information about risk of harm, and parents were informed such information may be passed onto a healthcare professional, participants may not be looking for an intervention and thorough risk assessment/management by the researcher goes beyond what the participant has consented to. Thus, it is crucial to balance protecting individuals from harm and ensuring this does not exceed the boundaries of informed consent. To understand my experiences further, I consulted with other mental health researchers. It was clear other researchers have also experi-

enced challenges knowing the boundaries of a researcher's role when risk information is disclosed. However, these challenges were eased by researchers reminding themselves of their role 'as a researcher' and passing any risk information onto another professional (e.g. safeguarding lead) as specified in their risk management protocol. These discussions helped to normalise my experiences of conducting this research and, highlighted the importance of perceiving my role 'as a researcher' to help reduce personal responsibility for managing risk information.

#### 5. Conclusions

Reflecting on my experience of managing risk information whilst interviewing parents highlighted the importance of using research meetings to discuss the level of information to elicit if risk information was disclosed, and when to explore this during the interview, with my supervisors. It was suggested I keep a record of any risk which I encounter during the interviews and explore this in detail at the end of the interview. This could then be discussed with my supervisors to decide whether a healthcare professional should be informed. This approach enabled me to protect individuals from harm, whilst adhering to my role as a researcher. To reduce my uncertainty surrounding the detail of information to elicit further, it would have been useful to create a table outlining the specific types of risk which could arise (e.g. suicidal ideation) and the level of information I should gather in each of these situations. Below is an example of how I applied the suggestions from my supervisors to adhere to my role as a researcher.

I: Okay, thank you so much for sharing your experiences and your views. Just before we finish I just wanted to check in on some of the stuff that you said about [child's name] kind of rage, I know you mentioned he can be quite explosive and there was an incident where he threatened one of his siblings, has that kind of been managed or?

## 6. Action Plan

On the basis of my reflections, I have formulated an action plan which I will follow, and which can be adapted for use by other researchers in situations where risk information could arise.

### *Step 1: Prior to commencing the research*

- The BPS (2014) advocate the importance of researchers identifying and mitigating possible risks of harm to participants. Thus, identify the potential risk information (e.g. risk to self, risk to/from others) which could be disclosed. If your research team does not involve individuals with clinical qualifications (e.g. Clinical Psychologists), liaise with such individuals to obtain their views/guidance.
- Develop a risk management protocol outlining the actions you will take (i.e. contacting a local safeguarding lead, and ensure you have the necessary contact details) if particular circumstances arise (e.g. concerns about abusive behaviour).
- Consider the experience of the researcher(s) conducting the research (i.e. have they managed risk information before? do they have any concerns about how to manage risk information which may arise?) and develop additional resources as required. For example, develop a table outlining the specific risks which could arise (e.g. self-harm) and document the level of information that should be elicited for each of these risks.

### *Step 2: During the interviews*

- Remind the participant of the limits of confidentiality and procedures for managing information that requires confidentiality to be broken prior to starting to interview.
- Record any risk information which arises during the interview.
- Acknowledge with the participant that you will discuss this information in more detail at the end of the interview (if appropriate), ensuring they have time at the end of the interview to do this.

- Gather information to enable the research team to decide whether a relevant professional needs to be informed about the risk information obtained.
- Ensure participants are made aware if their information is to be passed on to another professional, outline the rationale for doing this and discuss any concerns the participant may have. (Note. in some cases, even if the participant refuses for their information to be shared with another professional, the researcher may have a duty of care to do so).

### *Step 3: After the interviews*

- Monitor your risk management protocol to ensure it is fit for purpose. Discuss any challenges you have faced with your research team and consider how to overcome these.

## Overall Conclusions

Utilising Gibb's (1988) six-stage reflective cycle, I have reflected on my experience of the challenges of managing risk information within my PhD research. I used these reflections to inform an action plan that enables me to both ensure research participants (and their families) are safe while maintaining an appropriate role as a researcher.

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# The role for psychology in the public health approach to youth violence

Alex Lloyd

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*The public health approach to youth violence is an approach to violent offending that addresses the antecedents of criminal behaviour. In contrast to criminal justice approaches that apply punitive measures to reduce violent offending, the public health approach highlights the role of intervention and rehabilitation. The stages through which the public health approach is applied to juvenile crime share many features with the development of treatments for psychological disorders. This article will highlight the role psychology can play in informing the public health approach to youth violence and ensuring the efficacy of interventions to reduce violent criminal behaviour.*

THE PUBLIC health approach to youth violence is an approach to criminal behaviour that aims to address the issue as a health concern. Similar to many health behaviours, youth violence is often evaluated in metrics such as prevalence, mortality rates and economic costs (Youth Violence Commission, 2018). Public health approaches aim to reduce these harms to the individual and society through employing strategies often used to reduce the spread of pathogens. To achieve this, there are four key steps, which include: Identification of the scope of the behaviour, determining protective and risk factors for the behaviour, implementing interventions to mitigate risk factors and finally, upscaling interventions identified to be effective (Dahlberg & Krug, 2002). In this regard, public health approaches to crime mirror the development of psychological interventions that have been used to treat clinical disorders. Psychological research therefore has the potential to contribute to the public health approach to crime and ensure the efficacy of this approach in reducing rates of youth violence.

The public health approach to crime represents a shift in the treatment of violent behaviour from criminal justice to the health

sector. Traditional approaches to crime rely on the concept of punishment, which is proportioned by the criminal justice system. In deciding how to allocate punishment, two key approaches have been used as the theoretical basis. The first, consequentialism, argues that the primary aim of criminal justice should be to instate measures that reduce the likelihood that individuals will offend (Dolinko, 1976). For example, longer prison sentences increase the risks that are involved in conducting illegal activity, which are argued to reduce the likelihood an individual would be willing to engage in this behaviour outcome (though the empirical evidence for this is limited; see Durlauf & Nagin, 2011). Secondly, retributivism proposes that the role of the criminal justice system is to enforce punishment that is proportional to the legal infraction; more serious crimes receive more severe punishments whereas relatively minor infractions do not incur such harsh penalties (Dolinko, 1976). Each of these approaches places focus on the criminal activity itself in approaching offending behaviour.

In contrast, the public health approach emphasises the individual and the social networks around them that influence the

likelihood of offending behaviour. As such, less emphasis is given to the behaviour itself and instead the psychological, social and structural antecedents are identified as key to the reduction of criminal activity. Public health approaches have been effectively employed to address a number of health-related behaviours (e.g. Kolodny et al., 2015). As such, the public health model provides a framework for addressing harmful behaviours and improving outcomes for diverse groups.

In order to implement interventions, there must first be a scope of the prevalence of that behaviour. Commonly, statistics about violent offending are drawn from official ministry of justice records. However, these can often be obscured by confounding variables such as reporting rates, with many crimes being underreported due to social factors (Dinizulu et al., 2014). For example, negative social perception by peers and fear of retaliation have been identified as barriers to engaging with the criminal justice system and disclosing the violent perpetration or victimisation (Clayman & Skinns, 2012). Statistical analyses of large-scale longitudinal databases (e.g. Longitudinal Study of Adolescent Health; Matjasko et al., 2010) can mitigate some of the issues associated with official reporting statistics, as these are typically collected anonymously. This can provide a more accurate figure of the prevalence of these behaviours. Importantly, these databases can also be used to identify populations at higher risk of perpetration and victimisation, which can inform subsequent stages of the public health approach.

The second stage in the public health approach is to identify risk and protective factors that influence the likelihood an individual will engage in the target behaviour. A body of research has highlighted risk factors that increase the risk of violent behaviour in adolescence. One robust factor that is associated with violent offending is adverse childhood experiences, which are chronic stressors experienced during early years of the life (Teicher et al., 2016). Research has

consistently demonstrated that incarcerated adolescents report higher rates of adverse childhood experiences (ACEs) compared to the general population and these individuals report more severe offences (Fox et al., 2015). In order to explain the mechanisms underlying this pattern, researchers have examined structural patterns in the brain, comparing those who have experienced more ACEs to those who have experienced fewer. Findings suggest that those with higher rates of ACEs have differences in the structural connectivity of their brain. Specifically, there is a relationship between regions responsible for emotion regulation and ACEs, such that emotion regulation is poorer in individuals with higher rates of ACEs (Teicher et al., 2016). This has been demonstrated behaviourally, with positive associations found between ACEs and aggression (Shackman & Pollack, 2014). There are many other examples of research that provide insight about factors that can increase risk or protection for violent behaviour, however studies examining ACEs are a clear demonstration of the utility of psychology and neuroscience in identifying factors that are linked with violent behaviour.

The third step in the public health approach is to identify interventions that can mitigate specific risk factors for violent behaviour. In order for these interventions to effectively address violence, it is crucial that these are informed from a robust body of research. Currently one of the main interventions utilised in the UK with young people at risk of violent offending is youth inclusion and support panels. However, in a report commissioned by the Department for Children, Schools and Families, the authors conclude that the results of their quantitative analyses were compromised due to the poor quality of the data (Walker et al., 2007). As one of the primary interventions utilised for young people at risk of violent behaviour, the limited empirical support for this intervention should be a concern. In contrast, there have been a number of RCT studies examining the efficacy of early intervention to reduce violence, with a number demon-

strating a significant decrease in violent behaviour. The Early Intervention Foundation has recently published a guidebook that details a number of these interventions, as well as the strength of evidence associated with each approach (Early Intervention Foundation, 2020). As such, it is not the case that interventions to reduce violence do not exist or have a poor empirical basis. Rather, it is the lack of integration of evidence into policy that can lead to suboptimal interventions being utilised for at-risk groups. The use of rigorous evaluation, drawing on best practice from psychology and other disciplines, can support the identification of effective interventions to be utilised in the public health approach to youth violence.

The final stage in the public health approach is the upscaling of interventions that are evidenced to be effective at minimising the harmful behaviour. In the case of youth violence, this would be the implementation of interventions that aim to minimise the risk that young people engage in violent behaviour. In order for this to be upscaled effectively, a public health approach must be adopted into policy to ensure the appropriate public services are involved. This has been achieved in countries such as Scotland, where Violence Reduction Unit has been responsible for reducing rates of criminal offenses over a 20-year period (WHO, 2020). Notably, the public health approach can also address both consequentialist and retributivist approaches to crime. Through addressing the factors that increase the likelihood of recidivism, the consequentialist aim of reducing offending is met (Dolinko, 1976). Further, through addressing factors that contribute towards the individual's offending behaviour, interventions are proportional to that individuals' behaviour. This, therefore, satisfies the retributivist approach by allocating responses that are proportional to the individual (Dolinko, 1976). Adopting psychological research into the public health approach demonstrates not only how this approach can be implemented effectively, but the suitability of the

approach for dealing with violent behaviour.

One example of a successful public health approach to violence is the work of an NGO named Cure Violence, which has adopted this strategy to address gun violence in urban centres of the USA. The organisation utilises research drawn from psychology and related disciplines to inform interventions aimed at reducing interpersonal violence. For example, using social network analysis, the organisation was able to identify influential members of the community and gather a scope of the prevalence of violence in the population. Subsequently, research was conducted within the community to identify risk factors for interpersonal violence. Findings demonstrated that higher rates of violence were associated with this being considered a legitimate means for conflict resolution. As such, interventions were utilised targeting high status members of the community, communicating messages that delegitimised violence as a strategy for conflict resolution. The programme was evaluated through comparison with control neighbourhoods that did not receive no intervention, which demonstrated that neighbourhoods exposed to the Cure Violence programme had a significant reduction in attitudes legitimising violence as a means of conflict resolution. This extended to related behaviours, as rates of gun violence dropped by as much as 50 per cent in some neighbourhoods (Delago et al., 2017). Therefore, the use of an empirically driven, public health approach to violence reduction can produce significantly better outcomes for communities compared to traditional punitive approaches.

In summary, psychological science can contribute a great deal towards the public health approach to youth violence. From identifying specific risk factors to robust evaluation of evidence, psychological research can complement the process whereby violent behaviour is treated as a public health issue. Integrating psychological research into the public health approach can also strengthen the theoretical justification for the use of this method as an approach to youth violence. However, for this to be realised, policymakers

and researchers must work collaboratively to ensure that best-practice is implemented. Should the evidence be followed, there can be significant positive outcomes for both individuals at risk of violent offending and the wider society that is negatively impacted by this behaviour.

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# Personality and pathological demand avoidance – identifying areas for future research

Sarah Potts

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*Pathological demand avoidance is a term first used by Elizabeth Newson in 1983, describing a pattern of behavioural traits found to be common amongst individuals with Autism Spectrum Disorders. Research has drawn comparisons between pathological demand avoidance and personality disorders, suggesting co-morbidity. This literature review identifies gaps in current research and highlights the debate about pathological demand avoidance as a subset of autism, or as a separate condition. More research is needed in this field to avoid misdiagnosis of this condition with personality disorders and to improve the educational provision for children with pathological demand avoidance in our schools.*

## What is Pathological Demand Avoidance?

**P**ATHOLOGICAL Demand Avoidance (PDA) is a term first suggested by Elizabeth Newson in 1983, to describe a profile of human behaviours thought to be socially manipulative and obsessively resistant to everyday demands and requests. The profile also included: A lack of social identity (pride or shame), lability of mood, preferred interaction through role play, language delay, obsessive behaviour and neurological weaknesses (O’Nions et al., 2014a). The term pathological, also referred to as ‘extreme’ (O’Nions et al., 2014a), refers to the persistent display of these behaviours.

## Pathological demand avoidance and autism

During her continued research, Newson (1990) found that although many of the children with autism spectrum disorders (ASD) shared similar characteristics, some were not responding to typical rule-based behavioural approaches such as verbal instructions with specified consequences if they chose not to follow. Functions analysis (Newson et al., 2003) confirmed this group of children to be ‘significantly different on many counts’

from autism spectrum disorders (ASD) and Asperger’s syndrome (AS), suggesting PDA as a separate entity.

Christie in 2007 (over 20 years after Newson’s original research into PDA), further explored whether PDA is a separate condition, or if it could be a subset of ASD – with ASD an umbrella term for multiple subgroups and consists of a ‘group of disorders, rather than a single disorder’ (Amaral, 2006). Christie acknowledged that diagnosis of PDA would be ‘extremely complex and variable’ and must remain as an ‘evolving concept’ as our understanding of the condition improves. Christie concluded that PDA research should be less concerned with the separate condition/ASD debate and more focused on the ‘true purpose’ of diagnosis: Helping us to better understand PDA individuals and provide effective intervention. The research culminated in *Guidelines for Good Practice*, published by the Autism Education Trust (Christie, 2007).

## Personality disorders and autism

Alongside research (mostly led by Newson) into PDA, a body of research focused on the personality traits of ASD. Separate research conducted by Austin (2005) and Waka-

Wakabayashi et al. (2006) attempted to identify personality traits of individuals with ASD. The studies found ASD to be correlated with high neuroticism, low extraversion and low agreeableness with individuals having poor attention switching, poor communication, poor social skills and poor imagination. In their research, Wakabayashi et al. (2006) suggested ASD traits as independent of the big five personality dimensions (openness to experience, conscientiousness, extraversion, agreeableness and neuroticism) and instead, argued that ASD traits comprised of their own sixth domain. By using the Autism Quotient questionnaire (AQ), they captured individual variance that was not fully accounted for in previous research, suggesting the need for a more effective psychometric tool to measure the personality traits associated with ASD.

In 2012, the personality traits of 54 young adults with AS were analysed for similarities to personality disorders (PD; Lugnegard et al., 2012). It was found that half of the participants shared common traits with Cluster A and Cluster C PD (with males meeting criteria much more than females). The study found a 'considerable overlap' in symptoms between people with AS and people with PD, such as schizoid, schizotypal, (Cluster A) and avoidant, and obsessive-compulsive (Cluster C). Interestingly, none of the participants researched met criteria for Cluster B PD (borderline, anti-social, narcissistic and histrionic), which are characterised by traits such as impulsivity, instability and social manipulation. These results would suggest that AS is comprised of a distinct set of traits, supporting the argument of AS and PDA as separate entities, both within the umbrella of ASD. As AS, with its own set of characteristics, could not be linked to cluster B PDs, it could be suggested by this research that PDA, with a differing set of characteristics, could be linked to cluster B PDs. This further suggests that subsets of ASD can be related to a PD, suggesting co-morbidity. Research is needed to focus on the overlaps between PD and subsets of ASD in order to clearly define traits as either belonging to ASD or PD.

Further research in this area has shown anti-social personality disorder (ASPD) and PDA to share 'considerable similarities' such as mood lability, impulsivity, aggression, hostile and disruptive behaviour and incapacity to experience guilt (Trundle et al., 2017). This study, 'making the two conditions difficult to separate,' highlights the potential for misdiagnosis, suggesting a state of confusion between the existence of PDA traits and ASPD traits.

### **Pathological demand avoidance and behavioural disorders**

PDA research began to analyse the behavioural traits associated with the condition. In 2014, O'Nions et al. (2014(b)) aimed to define and compare behavioural characteristics of PDA with other developmental disorders. Using parent-report techniques, they compared children with PDA traits to children with ASD; children with conduct problems (CP); children with callous-unemotional (CU) traits. Children with these disorders were shown to exhibit anti-social behaviour and remorselessness, as well as the disruptive, aggressive and manipulative behaviour, which is characteristic of PDA. The study gave clear evidence that children fitting PDA criteria displayed impairments across multiple domains. The report also stated that PDA consisted of an 'additional facet,' of seeking to control, which differentiated it from all other groups within the study. This additional facet was thought to be a direct result of excessively high anxiety. Although an exact correlation was not made between either PDA and CP/CU or PDA and ASD, results were consistent with the body of work supporting PDA as separate from general ASD. Whilst the study by O'Nions et al. (2014a) suggested that PDA matched characteristics of ASD, CP and CU traits, it stressed that PDA was not to be used as merely an explanation for ASD and CP or ASD and CU. Limitations of this study were that neither of the psychometric questionnaires used were developed from a PDA perspective and children used in the

research were ‘clinically identified’ as having PDA. It was not made clear how those clinical diagnoses were obtained. To this date, PDA is not in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) or the *International Classification of Diseases* (ICD-10) and therefore has no formal diagnostic criteria. Inconsistencies would exist amongst professionals as to how PDA was being measured. Likewise, in the group of children with suspected PDA, inconsistencies would exist amongst parent’s opinion.

### **The EDA-Q – measuring Pathological Demand Avoidance**

Subsequent research by O’Nions culminated in the first psychometric questionnaire which was designed to measure PDA traits, the Extreme Demand Avoidance Questionnaire (EDA-Q; O’Nions et al., 2014b). The study divided data from 326 participants into groups: neurotypical children, ASD without disruptive behaviour, ASD with disruptive behaviour, PDA suspected, and PDA diagnosed. The aim was to determine whether PDA behavioural patterns could be distinguished from behavioural patterns of ASD with disruptive behaviour. This research was viewed as a positive move towards defining a diagnostic tool for PDA, of which the authors described as a ‘pressing need.’ The research validated the EDA-Q for use as a quantifying tool for PDA traits and purported to distinguish PDA from its next closest comparison group of ASD with disruptive behaviour. This would then seem to support PDA as a separate condition, worthy of its own diagnostic criteria.

### **Diagnosing pathological demand avoidance**

Whilst extensive research has concentrated on identifying the behaviours and management of PDA, particularly within children (O’Nions et al, 2014a; O’Nions et al, 2014b), again, it is worthwhile to note that PDA is not listed in the DSM-V or the ICD-10. With only a limited amount of private educational psychologists in the UK willing to acknowledge this condition, the process of obtaining

a diagnosis for PDA remains time-consuming and costly for families. As a result, there remains a lack of knowledge surrounding PDA within the teaching profession, with schools unwilling to provide interventions for children suspected (or diagnosed) to have PDA. This lack of PDA awareness amongst those in the educational provision remains unaddressed. A clear diagnostic route for PDA is needed to avoid children with PDA suffering academically if managed according to autistic guidelines. For example, ASD children prefer routine and consistency with teachers, whereas children with PDA thrive on novelty and variety and feel overwhelmed by rules and authority, in many cases causing them to become highly anxious and aggressive (Gore-Langton & Frederickson, 2016). There is a real need to reduce this disparity to protect the mental health of children with PDA in our schools.

To put this need for diagnosis into context, during the academic year of 2016/2017, the number of fixed and permanent exclusions in UK schools was 390,000 and a rise of 5 per cent from the previous year. Persistent disruptive behaviour was the single most common reason given, accounting for 30 per cent of those exclusions (Department for Education, 2018). These statistics highlight the urgency for intervention in schools for children with persistent disruptive behaviour, in order to avoid exclusion. By effectively targeting support towards children with (suspected) PDA, the number of exclusions could be reduced considerably.

### **Conclusion**

Thirty-seven years ago, Elizabeth Newson named the condition we know today as pathological demand avoidance, yet it is still not able to be clinically diagnosed. It is therefore imperative that research into PDA continues and at good pace. Increased knowledge about PDA will improve our understanding of the condition, resulting in better management of children with PDA in our schools and provide more support for their families.

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# Green nudges: Applying behavioural economics to the fight against climate change

Mirela Zaneva & Tsvetomira Dumbalska

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*The climate emergency requires prompt, wide-scale, all-encompassing action. Here, we discuss how insights from behavioural economics and decision-making have been applied to the fight against climate change in the form of 'green nudges', or behavioural interventions prompting individuals to make more environmentally friendly choices. We further consider how the potential positive impact of green nudges can be maximised and sketch out future steps in the field of green nudging based on a framework which considers the characteristics of targeted behaviours, such as scale of impact, susceptibility to intervention, and heterogeneity across the population.*

2019 was a year of staggering climate change disasters: with Typhoon Hagibis striking Japan and becoming the costliest Pacific windstorm with an estimate of over \$15 billion in damages<sup>1</sup>, with France recording a boiling 45.9°C temperature<sup>2</sup>, its highest to date and Australia's wildfires wrecking a havoc of more than \$100 billion in economic destruction<sup>3</sup>. Beyond the financial measures, the WHO estimates that air pollution already kills around seven million people annually across the globe and some scientists predict that, with continued growth of emissions, by 2100 about 74 per cent of people around the world could be exposed to heatwaves extreme enough to kill (Mora et al., 2017). Scientific consensus has widely indicated that human activities have led to noticeable climate warming trends (Cook et al., 2016). The effects of climate change are now notable across the globe as drought, deforestation, increasingly acidic oceans, melting ice, climate-caused animal and human migration, and extreme weather

events, like hurricanes and megafires, increase in both frequency and severity<sup>4</sup>. The reality that climate change and its effects are now an ubiquitous fact of modern life is no longer surprising. What remains startling is the disbelief of many people in the existence of climate change and, crucially, the lack of action to address a true planetary emergency (Gifford, 2011). To address these issues wide scale, all-encompassing action should be taken on national and international levels, involving significant cultural, governmental, and economic changes. Here, we outline a framework to promote positive action on the smallest level: the single person.

## Driving behavioural change

To address the modern climate crisis, there is a need for radical behavioural change across many levels and domains of human life. Ideally, in the long-term this change will be largely carried out as a bottom-up process driven by citizens who vote for policies that support ecological preservation. However,

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<sup>1</sup> Centre for Research on the Epidemiology of Disasters (2020). EM-DAT The international disaster database. Retrieved from [www.emdat.be/database](http://www.emdat.be/database)

<sup>2</sup> MétéoGroup (2020). Météo-France. Retrieved from <http://meteofrance.com/actualite>

<sup>3</sup> CNN (2020). Tens of thousands protest Australian PM's climate policies amid bushfire crisis. Retrieved from <https://edition.cnn.com/2020/01/10/australia/australia-fires-climate-protest-morrison-intl-hnk/index.html>.

<sup>4</sup> The U.S. Global Change Research Program (2018). *Fourth national climate assessment, vol.II: Impacts, risks and adaptation in the United States*. Retrieved from <https://nca2018.globalchange.gov/>.

in the short-term positive change can be achieved in a top-down manner, such that policies are implemented to prompt individuals to take actions and choices which are better for the environment (Wagner & Zeckhauser, 2012). Here we focus on one such top-down regulatory strategy which has risen in popularity over recent years – nudging. While conventional policies targeting behavioural change focus on information – and incentive-based interventions (e.g. providing information or employing taxes), nudging drives behavioural change through changes in the choice environment (Schubert, 2017).

Humans are often biased by the context in which they make their decisions, falling into predictable suboptimal patterns of context-dependent behaviour (Thaler & Sunstein, 2009). These patterns have been chartered by psychologists and economists and serve as a helpful road map to the characteristics of context which would nudge people towards better decisions. Designing a more appropriate context, or tweaking the choice architecture, works by leveraging the shortcuts most humans typically take when making decisions. Following the rational course of action is expensive, both in terms of computational resources and time necessary to find and process all of the information relevant to a given problem. Instead, humans tend to use satisficing heuristics which simplify the decision-making problem, but sometimes, in particular contexts, lead them off the course of optimal choice. Thus, human rationality is bounded by external (e.g. information available, time constraints) and internal (e.g. cognitive factors) limits. Changes in the choice architecture can counteract the consequences of bounded rationality. In fact, this strategy has been established as more impactful in terms of optimising human behaviour relative to traditional public policy approaches across multiple domains where individuals systematically fail to act in line with their interests or declared preferences, such as increasing retirement savings, college enrolment,

influenza vaccinations and energy conservation (Benartzi et al., 2017).

In the domain of ecological action, human rationality is particularly disadvantaged. As a phenomenon, climate change is veiled in complexity and uncertainty: it is global but has distinct and varied local expressions. Its effects have already been immediate and significantly pronounced for some populations, yet for others those effects are temporally and geographically distant. These signature characteristics make climate change a particularly difficult domain for human decision-making. In fact, the literature has mapped various psychological mechanisms and biases which thwart cognition on climate change and prevent humans from taking effective ecological actions (Shu & Bazerman, 2010; Gifford, 2011). Optimising the choice architecture constitutes a promising way to overcome some of these obstacles on the path to ecological action by nudging people towards greener choices.

### **Green nudges**

Most interventions in the field of green nudging aim to encourage ecological behaviour by making green actions more salient, appealing and/or easy. While various different approaches have been devised to accomplish this, these may be roughly categorised in four streams: Green defaults, green social incentives, green feedback and removing barriers to green action.

A significant body of work has focused on harnessing the power of green defaults, leveraging the finding that choice is systematically swayed towards the status-quo option. Successful illustrations of this principle can be found across different domains, such as a university printing system which sets the default printing option as double-sided, or energy providers automatically enrolling clients to green energy sources (Schubert, 2017). Setting a target option as a default has proven a very effective tool to attract choice towards it and green defaults rank among the top suggested nudge interventions across the literature (Shu & Bazerman, 2010).

A parallel stream of work in green nudging has been devoted to social incentives for green actions. This approach relies on the assumption that people are influenced by social norms and comparisons. To illustrate, sending consumers leaflets promising public recognition (via publication on their city website) for reductions in water use (Brick et al., 2018) or monthly reports comparing their energy use to their neighbors' average use (Allcott & Rogers, 2014), both proved as highly effective in reducing water and energy use respectively. Social incentives may be invoked in a variety of different ways, such as descriptions of others' behaviour or normative attitudes, recognition (or social status), to name a few.

The third stream of green nudges homes in on making the environmental costs more salient to the consumers. Saliency can be optimised, for instance, by vivid eco-labeling (e.g. carbon footprint prominently displayed on packaging of goods), by smart technologies (e.g. smart electricity meters), or by creative feedback solutions (e.g. a picture of green continent on a paper towel dispenser, dimming with each towel used, Sörqvist & Langeborg, 2019). Some researchers have warned, however, that stricter regulation is necessary for eco-labeling by businesses (Sörqvist & Langeborg, 2019), to prevent misleading consumers into believing that a certain product is more environmentally friendly than it is in reality. Ultimately, green nudge design should aim to minimise actions which are harmful for the environment (e.g. purchases of consumer goods), which is perhaps incompatible with businesses' profit-maximisation incentives.

The final cluster of green nudges pertains to removing the barriers to green action. These nudges constitute making an action easier or more straight-forward, such as providing bigger recycling bins to induce an increase in recycling (Cosic et al., 2018) or mailing people compostable bags to prompt food composting (Linder et al., 2018). While this approach has proven effective, it has received relatively less attention from the

literature, perhaps due to the higher costs associated with some interventions (e.g. purchasing recycling bins).

### **Framework for the future of green nudging**

We propose a framework of green nudging that considers (1) which human behaviours carry the most significant impact on climate change, (2) which behaviours are the easiest or most susceptible to change, and (3) how individual-level characteristics can influence outcomes.

Firstly, prioritising impactful behaviours will allow us to produce the highest possible effect in the shortest amount of time. While changing one's light bulbs to a more energy efficient choice would certainly conserve energy, moving to a more plant-based diet or limiting the number of flights that the same person takes would be a much more significant behavioural change in terms of improving energy efficiency and reducing CO<sup>2</sup> emissions (Wynes & Nicholas, 2017). Further, when highly impactful behaviours are scaled up over greater population numbers, the effect compounds significantly.

Secondly, targeting the behaviours that are most susceptible to modification will help to ensure that intended outcomes are achieved and goals are met. The science of habit formation has demonstrated that while some behaviours might prove more challenging to change via interventions, others may be more susceptible to change, and a relatively cheap and easy-to-implement solution would suffice for doing so. Thus, the feasibility of the targeted behavioural change should be taken into consideration to weigh in the costs and benefits of intervening. To maximise impact, resources should be allocated to nudges which would be effective for changing behaviour. Thus, interventions in the choice architecture should be continuously interlinked with and improved by research evaluating their effectiveness.

Thirdly, the success of a given nudge may be influenced by individual-level characteristics, including culture, person-

ality traits, moral beliefs, attitudes, strong group membership such as religious affiliation (Gifford, 2011). When designing and implementing a nudge, careful consideration should be placed on individual variables as the intervention may backfire. Research has demonstrated that political beliefs and socioeconomic status mediate the effect of some green nudges. In the case of eco-labeling, conservatives were deterred from purchasing costlier energy conserving light bulbs when those were accompanied by an environmental message compared to when they were not (Gromet et al., 2013). In the case of social incentives, wealthier households in South Africa altered their water use more in order to obtain public recognition compared to poorer households (Brick et al., 2018). Democrat-voting households in the US decreased their energy use more in order to align with their neighbours compared to Republicans (Costa & Kahn, 2013). Thus, a personalised nudging approach, leveraging the most appropriate characteristics of the choice architecture for each individual, may be a promising avenue for increasing impact.

While the field of green nudging is still emerging, research has already demonstrated that it can provide effective methods for fostering greener behaviour. As a regulatory tool, green nudges are particularly flexible and easy to implement across various levels of governance, such as at the state-, city council- or neighbourhood-level, as well as at the level of private businesses and organisations. Further, changing the choice architecture is an inherently creative process, allowing more room for inventive-

ness compared to more traditional regulatory approaches. Finding new and better ways to implement the general nudging methods outlined above and combining them with the technological advances at our disposal opens an exciting realm of possibilities for better outcomes. To maximise impact, continuous research is necessary on the cost-effectiveness of nudging interventions (especially in terms of costlier but promising interventions, e.g. as outlined above regarding removing barriers) as well as on the heterogeneity of the impact of interventions across the population. Here too do technological developments prove useful – with advances in data science and increased availability of big data, future nudging can be tailored to an individual's preferences, attitudes and other traits.

In total, green nudging constitutes a promising path to move forward in addressing the significant challenges of climate change. By utilising the best of what humanity can offer – our shared intellect, knowledge, and creativity – we can design and create a future where our behaviours are no longer damaging to the environment, but instead preserve and nurture it.

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# Mind the Brexit – addressing the discrimination literature gap in UK students

Anastasia Vikhanova

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*There is a lack of the up-to-date literature on discrimination in the UK in general, but student groups seem particularly excluded within this research topic. Following the reported increases in discrimination in light of Brexit and Covid-19, this article discusses the implications of this issue on student mental health in the UK, and how my own PhD project is addressing this literature gap.*

**A**T THE time when my PhD project on discrimination and mental health in student migrant populations was being shaped, the environment in the UK would have already become more hostile than usual, but more recently the world is ‘facilitating’ my research even more. Following Brexit, more and more people report feelings of discrimination and racism in the UK (Virdee & McGeever, 2018). These feelings happen not only for ethnic minorities, but are similarly reported by white European migrants, who often get harassed because of their ‘foreign accents’ (Tapia, 2018). Following the outbreak of Coronavirus (Covid-19), Chinese immigrants and tourists in the UK, as well as all over the world, are facing verbal and physical abuse as feared carriers of the disease (Murphy, 2020). It is rather difficult to find a group of individuals in the UK that does not perceive some form of discrimination. In this article, I will discuss what consequences the issue of discrimination has on mental health, why student populations need particular protection, and how I am aiming to bridge this literature gap in my PhD project.

## **What is known about discrimination so far?**

Generally, there is plenty of research on this topic, and it has been widely shown

that discrimination has a significant negative impact on mental health (Giuliani et al., 2018). These effects can be particularly pronounced for migrants (Jurado et al., 2017). What I personally find more interesting, is that for second-generation migrants, or those people whose parents migrated into the country and they would have already been born here, these associations can be even more distinct (Giuliani et al., 2018). The focus of the literature so far has rather been on what economic and social consequences this has for European countries, than looking into the reasons why second-generation migrants feel this way. From a lay perspective it might be self-explanatory: When a person migrates from a different country, especially from a country where a particular minority is not considered a minority, they might have a certain expectation or preparedness, in a way, of being discriminated in a new predominantly white country (over 80 per cent of the UK population identifies as white British). This, however, might not always be the case, for example, for Chinese migrants from China. From conversations with some of my colleagues and participants, they often report not considering themselves a minority, ‘as there are over one billion of us in the world’. This might reflect why it is particularly agonising for them to experience so much racism in the current Coronavirus environment.

On the other hand, for second-generation migrants, discrimination can hit harder as they are the individuals who are born in a country, speak the language of a country, share cultural values of a country – they simply do not understand why they are being discriminated against. Researchers over the past decade have called for a more in-depth exploration of the relationship between post-migration living difficulties, such as discrimination, and mental health (Lindert et al., 2009). However, studies to date remain largely correlational and focus on one particular migrant group. Researchers tend to not investigate how and why discrimination has such a profound impact on individual's wellbeing across multiple ethnic and generational groups. Through learning about mechanisms at which discrimination affects mental health, universities, workplaces and governmental structures might be able to make true changes in their attitudes and policies to take better care of ethnic minority and migrant communities.

### **Why students might be a special migrant group to consider**

When talking about migration, it is impossible to ignore one of the largest group of migrants to the UK – students. UK Council for International Student Affairs estimates the number of non-UK domicile students to be at around half a million, with three times more international than EU students. The student populations are essentially most vulnerable to mental health issues, since the onset of most common mental health disorders coincides with the age of entrance to university. For the past few years there has been an even more significant increase in mental health disorders in students (Thorley, 2017), where a variety of different factors are being considered: Increased competition, lack of social support, rise of social media and other modern-day features that affect students of the 21st century.

Student mental health research highlights that international students are more vulnerable than home students (Mori,

2000; Thorley, 2017). For example, they are less likely to report their condition to services, which can be linked to stigma that surrounds mental health in their home countries (Thorley, 2017). This can be particularly challenging for students coming from Muslim countries (Ciftci et al., 2013), as well as East Asia where mental health issues are highly stigmatised. Other evidence suggests an increased risk for mental health disorders for minority students attending predominantly white universities (Neville et al., 2004).

It has been found that it takes up to 20 years for a migrant to adjust their life satisfaction to the same level as of country natives (Safi, 2010). Clearly, many of the international students in the UK will come and go, but during their stay we need to ensure their wellbeing remains as steady as possible. Discrimination, which very clearly has a significant impact on student mental health and wellbeing, might be one of the issues to tackle. However, there are no recent UK-based studies assessing this subject. The majority of literature discussing mental health and discrimination in students comes from the US and has been published decades ago. The world is changing, London, which is where my research is based, can be a much more multicultural place than many of the American cities, where the research has been conducted before. The complexity of the issue in this country can be very different and there are potential different explanations of how discrimination interacts with mental health for international students who choose to come to the UK. My PhD project is focused on these issues.

### **Addressing the literature gap**

In my PhD project, I am not just aiming to investigate the relationship between discrimination and mental health in student migrant populations, although in itself it is already a valuable contribution to the gap in the literature. My main objective is to investigate whether cognitive factors might influence this relationship. Namely, I am interested in cognitive biases – systematic patterns of

deviation from rationality in judgment, or in more basic terms, misperceiving neutral pieces of information as positive or negative. Enhanced perception, memory, and attention to particularly negative or threatening material has often been linked to mental health disorders such as depression (Gotlib et al., 2004), anxiety (Mogg et al., 1992) and PTSD (Fani et al., 2012). Therefore, it was interesting for me to investigate whether the presence of real threat in the environment (in the form of discrimination) leads to (or at least is connected to) a more salient cognitive representation of threat in the form of cognitive biases. In turn, larger cognitive biases could be associated with mental health symptoms. A little disappointing spoiler – we still do not know what role cognitive biases are playing in this interaction, as it is the ongoing work with no preliminary findings yet.

So far, the more basic results of my study are quite promising for Queen Mary University of London (QMUL) – students do not report high levels of discrimination. The largest discrimination score can be seen in black students, but they are also the smallest participant group (as compared to South Asian students). Nevertheless, even with a small range of discrimination scores, I am finding large positive associations – indeed, those who are perceiving more discrimination are twice as likely to report mental health difficulties.

Looking at the diversity university rankings, QMUL is the 22nd among the most diverse universities in the world (it is also worth noting that all the top-20 universities are based in the UK and not the US)

(Duncan, 2018). It is important to consider the diversity factor, while keeping in mind rather positive preliminary results of my research. As highlighted in previous studies, those students attending predominantly white universities are the ones reporting the highest levels of racism and subsequent distress. It might be worthwhile for similar research to be conducted in other universities across the UK, especially further away from ethnically diverse London.

## **Conclusion**

In summary, psychological research in the UK appears to be slightly behind on the matters of migration and discrimination impacts on mental health. We want to believe that multiculturalism of London makes us immune to these issues, however, both research and real-life events suggest otherwise. With this article, I want to call yet again for more detailed research investigating the complexity of the relationship between discrimination and mental health. Although I am not able to present my findings regarding cognitive biases' role in this relationship, I hope that in the near future my research will help shed light on the cognitive impact of discrimination. Stay tuned!

## **Correspondence**

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## Conference review

# 6th International Conference on Behavioural Addiction, Yokohama, Japan, Monday 17 June 2019 to Wednesday 19 June 2019

Filip Nuyens

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*The International Conference on Behavioural Addiction is organised by the International Society for the Study of Behavioural Addictions (ISSBA) every year. The conference is a great opportunity to meet other researchers within the field of behavioural addictions, discuss your research, and learn about discoveries within the field. This year, it was organised by Professor Susumu Higuchi and Professor Zsolt Demetrovics in Yokohama, Japan, and held between the 17 and 19 of June. This conference was a great opportunity to explore new areas of behavioural addiction and get up-to-date within areas I already knew of. Furthermore, attending this conference allowed me to meet researchers from all over the world and build some very interesting connections.*

**I** COULD NOT wait to attend the 6th edition of the International Conference on Behavioural Addiction, which was held in June 2019 in the Pacifico, Yokohama, Japan. The theme of this year's conference was 'Behavioural addiction: Globally growing issues – need for innovation in prevention and research'. Since my two talks explored the theoretical and experimental study of time perception within gaming disorder, a barely explored topic within behavioural addiction, my research fitted the scope of the conference perfectly. The conference theme was popular amongst many researchers within the field of behavioural addiction, as the conference included six plenary lectures, 40 symposia and 150 oral and poster presentations. Interestingly, although all the talks converged around the same central topic (i.e. behavioural addiction), a diversity of psychological fields were represented (e.g. neuropsychology, behavioural psychology, social psychology). It also attracted approximately 300 participants coming from 35 different countries!

### Day one – 17 June 2019

The first day started with an opening ceremony given by Dr Vladimir Poznyak. He gave an insightful talk on the inclusion of gambling and gaming disorder in the 11th version of the International Classification of Diseases (ICD-11). This talk focused on the importance of a screening tool, based on the ICD-11, they were developing which could lead to a consensus within the currently scattered field of gaming disorder. The opening ceremony was followed by a second plenary presented by Dr Chih Hung Ko. This talk also explored the diagnosis of gaming disorder through the ICD-11 criteria as well as the 5th version of the Diagnostic and Statistical Manual of Mental Disorders. Critically, both of these talks highlighted the need for the present researchers to work together towards a better cohesion, unity, within the field of gaming disorders.

Following the first two plenaries, a well-deserved lunch was taken. For the rest of the day, we were able to attend different

symposia and independent oral presentations. Sadly, due to the high number of concurrent symposia and independent presentations (between seven and eight at each session), tough choices had to be made! During the first slot, I decided to go to a symposium on the biopsychological mechanisms underlying problematic pornography use. This session included four absorbing talks, exploring several aspects of this problematic use (i.e. its neural and psychological aspects). This symposium also focused on the potential predisposing factors of problematic pornography use, highlighting that, for example, diverse motivations to use pornographic material predicted significantly the level of problematic pornographic use (e.g. to relieve stress, to fight boredom).

During the next slot, I joined the beginning of a symposium on the inclusion of new disorders under the 'other specified disorders due to addictive behaviour' in the ICD-11. This symposium discussed the recent inclusion of gaming and gambling disorders (whether online or offline) within this classification. It gave an important insight into the positive aspects (e.g. an international acknowledgement on the existence of such disorders) and the negative aspects (e.g. the overpathologisation of these disorders). I also attended a fascinating talk by Aurélien Cornil in an independent oral presentation session about craving, a variable which is often ignored within the field of behavioural addiction. Finally, during the last session of the day, I went to a symposium specifically to attend the talk given by Dr Daniel King which had a very intriguing title 'Screening tools for gaming disorder: What, how, why?'. This talk focused on an impressive meta-analysis assessing different existing tools used to evaluate gaming disorder and classifying them in terms of strength. The talk provided powerful insight for academics researching gaming disorder, giving them a comprehensive overview of existing screening tools.

## Day 2 – 18 June 2019

As on day one, the second day started with two plenaries. The first, presented by Dr Blaszczynski, explained the progression of the behavioural addiction concept (i.e. from the early 1990's concepts such as technology addiction to the most recent nomenclatures such as gambling disorder). Again, this talk highlighted the need for strong universal guidelines to explore these disorders, warning the audience of the risk of overpathologising if a multi-disciplinary framework is not set out. Professor Hae Kook led the second plenary, discussing Internet Use Disorder. He explained that the intervention and prevention system in place should not only focus on patient vulnerabilities but should also target the environmental and the activity-related (i.e. preferred activities done online) factors. Following these two plenaries, we attended symposia and independent oral presentations for the rest of the day. Although every single talk was engaging, I cannot possibly talk about each one. Instead, I will focus on two talks which affected me personally. First, Dr Jory Deleuze explained an exciting study on the implicit preferences gamers have for virtual stimuli. In this study, the participants were primed with either a real-life or a gaming scenery then had to evaluate the pleasantness of a Chinese ideogram (i.e. neutral stimulus). The author showed that when the participants were primed with gaming sceneries, they evaluated the ideogram as more pleasant, indicating a preference for gaming sceneries over real-life ones. The second talk, which I found to be particularly thought-provoking, explored how autism relates to gaming disorder. Basing his research on previous studies linking gaming to other clinical disorders, Dr Seung-Yup Lee found that participants presenting a higher number of autistic traits were more likely to develop a gaming disorder during a six months study period.

During the second day, I also had the chance to present two talks. As they were interrelated, the chair of my independent

oral session allowed me to merge them into a single longer talk. During the 25 minutes allocated to my talk (instead of two times 12!), I explored the potential links between time perception and gaming, detailing my experiments investigating this connection. My talk led to an interesting conversation with the audience whose questions encouraged me to consider novel conclusions, exploring my results further. This was an eye-opening experience which changed the way I saw both the data I had collected and the time perception-gaming field of study.

Finally, at the end of the second day, we attended an enjoyable gala dinner at the Hotel New Grand, Yokohama. This event was an excellent opportunity to relax after a stressful day! On top of a gourmet dinner, we saw a cultural Japanese performance. The act included a musical show involving taiko (i.e. Japanese giant drums) and shamisen (i.e. Japanese traditional string instrument). This gala constituted a perfect balance between great cuisine and traditional representation!

### **Day 3 – 19 June 2019**

On the last day of the conference, two final plenaries were given. The first one, by Professor David Hodgins, described how the increased frequency of gambling, or increasing the amount of money spent on gambling-related activities, relates to the development of gambling disorder. Professor Hidehiko Takahashi led the second plenary, discussing neuroimaging research within the gambling disorder field of study. Takahashi showed that the neural structures associated with gambling disorder overlap with the structures typically associated with substance abuse. During the following independent presentations, an additional talk caught my attention. Francesca Ryding presented a review on the links between body image dissatisfaction and body dysmorphic

disorder. This was a standout topic. Only two talks explored the effect of body dysmorphic disorder, and only Ryding explored how it influences social media usage. Critically, Ryding found that across cultures body dissatisfaction level increased with time spent on social media. Similarly, dissatisfaction was linked to the excessive use of social media.

It is also worth mentioning that this year's conference also offered a training seminar on behavioural addictions. This seminar offered insights on the diagnosis of behavioural addiction, the neural consequences of such addictions, and how therapy can help to overcome these. However, this was organised at the same time as very interesting independent oral presentations which I chose to attend over the seminar.

Finally, during the last day, we attended a conference closing ceremony. The organisers thanked the audience for attending. They also took the opportunity to reveal the location of the next ICBA which will be held in Nottingham Trent University in 2020 for the 7th annual conference! Overall, I felt like the conference was an excellent experience. The event allowed me to extend and develop knowledge and understanding within my own area of research, as well as providing insight into distinct areas of study. Of course, I would like to thank PsyPAG for granting me an international travel bursary without which I could not have attended this conference in Japan!

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# Introducing the Male Psychology Section, the 'Glasgow Effect' and the Male Psychology event

Marek Nikolic

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*The Male Psychology Section was established in 2018. The section highlights the need to approach some issues in psychology from the gender perspective, promoting unity in diversity and respect for differences, and supports efforts to create gender-friendly mental health services. The chair of Male Psychology, Dr John Barry was invited to Glasgow to give a talk about gender bias and 'toxic masculinity' in relation to what is generally addressed as the 'Glasgow Effect'. The Male Psychology is a fresh section of the BPS and welcomes questions and interest from students at all levels.*

**I**N AUGUST 2018, members of the BPS voted to create the Male Psychology Section. The momentum to create the section came from eight years of campaigning of its founding members, Dr John Barry and Dr Martin Seager. Since 2011, Dr John and Dr Martin have run the Men's Mental Health Research Team, and later the Male Psychology Research Team, to look at topics such as poverty, addiction and suicide from a gender perspective. They emphasise that men and boys face certain issues that cannot be addressed generally but need to be addressed gender specifically.

Male Psychology is the psychology of men and boys. However, the section emphasises that this is not a push towards one sided point of view, a misogynistic scientist's dream. Under closer look at the section's values and efforts, the opposite becomes clear. The main values of the section are the recognition of common humanity of men and women and promoting equality and fairness for all. At the same time, the section also aims to understand unity in diversity and respect for differences as part of the human condition. Understanding and addressing that genders are equal, but not the same, is a great step towards providing effective help for both genders. The section emphasises gender inclusivity and complementarity and

welcomes both men and women regardless of their orientation to join.

One of the main goals of the section is improving understanding of and changing attitudes to men and boys through science and research. Another is developing, providing, and promoting better and more male-friendly services and responses. Seeing psychology, historically, as a male dominant subject we must also acknowledge that today most psychology students are females. Making an effort to understand therapy as a process of evolution for our understanding of the human mind, and being aware of political tendencies towards equality, it is high time to acknowledge our gender differences. In this light, the scientific exploration, promotion, and providing of gender-friendly services seems like the natural way forward. Among the values of the section is that, in making the world a better place for men, the section is unavoidably making the world a better place for women too. As that is the same world, we all share.

Another one of the section's goals is to take a positive approach to masculinity as a natural part of a human spectrum and using science to challenge judgmental or shame-biased approaches as 'toxic masculinity'. The term 'toxic masculinity' became especially popular last year. It refers to

a number of attitudes such as being violent, unemotional and sexually aggressive, and that those traits are specifically male. The Male Psychology Section stands against what the term suggests that it is intrinsically wrong to be a man. The positive approach to masculinity refers to celebrating the traits that could also be seen as inherently male, such as being courageous. An example of this would be that most paramedics are men (Health Care Professions Council, 2017). This is not to say that men must be tough all the time and are not allowed to show emotion, but to consider that there might be gender differences in the perception of danger, willingness to take risks, and coping strategies to deal with emotions.

The section wants to use science to challenge a 'gamma bias' and other toxic attitudes to the male gender. Gamma bias is the gender empathy gap, illustrated by the example that, if a woman has positive achievement, it is celebrated as a 'gender issue', meaning that she is celebrated as a woman. However, when a group of boys were rescued from dangerous underwater caves in Thailand by a group of men, it was not seen as an example of positive masculinity (not to say that it was not seen as a heroic feat). In the words of Dr Barry: 'Gamma bias occurs when one gender is minimised while simultaneously another is magnified.' To share the cutting-edge theory and practical strategies in this growing field, the 7th annual conference was planned to take place this summer. Due to the recent developments in the Covid-19 crisis, the plans for the next conference have been postponed indefinitely.

In March, the Postgraduate Psychology Society at the University of Strathclyde organised an event the 'Glasgow Effect' and Male Psychology. Glasgow is an ideal platform to open a discussion about male-friendly

therapy. For example, the rates of premature deaths for the years 2007 to 2009 nearly doubled the UK average (Office for National Statistics, 2009), with Glaswegian men being afflicted by alcohol, drug and suicide, as cause of death more than the rest of the Scotland together (Martin & Whyte, 2017). The event took place in reduced numbers due to the Covid-19 pandemic, but we were enthusiastic about hosting Dr John Barry none the less. At the event, Dr Barry introduced some of the research in the Male Psychology field. The male-friendly alternatives to therapy were discussed at length. Dr Barry discussed some of the evidence that males do not respond as well to talking therapies. Very interesting were the proposals of activities, such as going to a barber and organising a garden tool shed groups (Wilkins, 2010) as means to improve male mental health. The application of behavioural activation (Richards et al., 2016), engaging in and enjoying everyday activities is proving helpful for people who may be reluctant to engage in overtly therapeutic activities. Furthermore, Dr Barry introduced novel tools to measure the effectiveness of this type of therapy (Barry & Roper, 2016). The event provided an opportunity for professionals and students in Glasgow to learn about the Male Psychology Section, and to connect with its members to plan further research. The Male Psychology Section can help students to connect with external supervisors to further the advancements in the field. The event flowed in a relaxed and friendly atmosphere.

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## Book review

# A futuristic exploration of our pursuit for happiness

Reviewed by Anna Henschel

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*Flowers for Algernon*

Daniel Keyes

Length: 224 pages

ISBN-13 : 978-1857989380

Gateway; New Ed Edition

**F**LOWERS FOR ALGERNON, a literary classic, tells the story of one man's participation in a risky, neurosurgical procedure that leads to his IQ surging to unparalleled heights. With his fate closely tied to that of the lab mouse Algernon, the book explores many topics relevant to psychologists: Empathy, research ethics, the blind pursuit for scientific progress and the limitations of our own capabilities. This book review recapitulates the context of how *Flowers for Algernon* came to be, and its continued relevance today.

In the spring of 1952, Daniel Keyes had a once in a lifetime idea – think: J.K. Rowling on a train from Manchester to King's Cross. Keyes, fresh out of College with an undergraduate degree in psychology, was a staff writer for *Marvel Science Stories* and *Atlas Comics*, where he worked for the creative director and editor-in-chief Stan Lee. Keyes regularly pitched ideas to Lee, but one of them, his most precious one, he held back.

In his memoir, Keyes writes: 'I didn't submit it to Stan Lee because something told me it should be more than a comic book strip. I knew I would do it someday after I learned how to write.' (p.80) This is how the story behind the novel *Flowers for Algernon* begins. Several prestigious science fiction awards and an Oscar-winning Hollywood movie later, it turns out, Keyes not only learned

how to write, but also how to tell a story that will stay with you and move you to the core.

More than half a decade after it was first published, I came across *Flowers for Algernon* not knowing much about it. After it had made its mark in the late 60s and early 70s, it had fallen into obscurity, and despite its status as a classic in speculative fiction, nowadays it is largely forgotten.

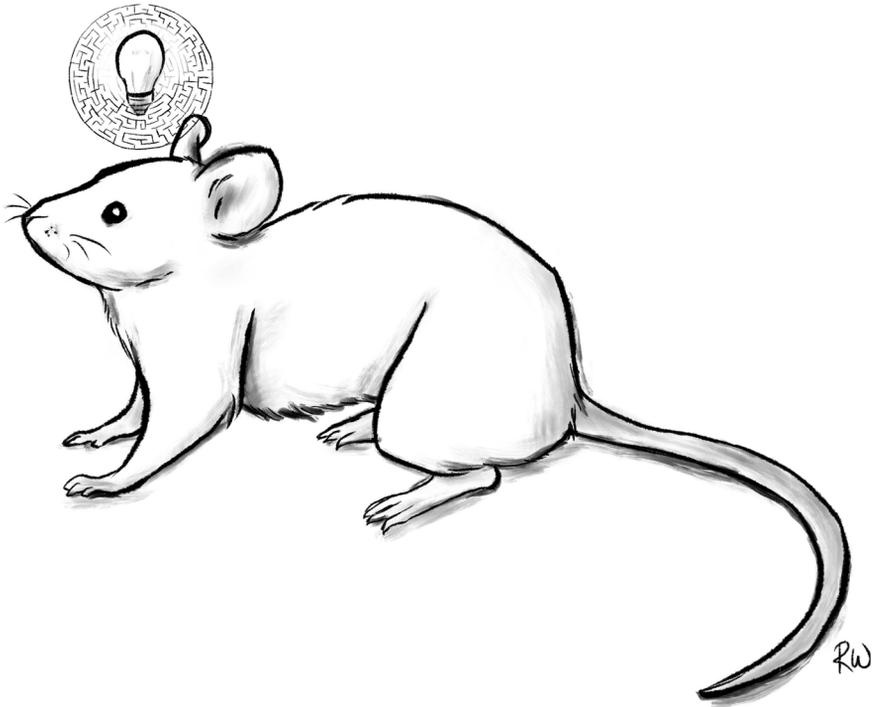
I want to remind you of this story, because regardless of the worn and unassuming look of my second-hand paperback edition, it carries important messages on kindness, the blind pursuit of scientific progress and a futuristic vision of what might be possible, maybe, one day. Reading *Flowers for Algernon* for the very first time is one thing – reading the book as a scientist, especially as one who has conducted experiments in psychology and neuroscience, is a special experience.

It all starts with a mouse. Algernon has a dire fate ahead of him – until one day he undergoes a novel, neurosurgical procedure that elevates his IQ to approximately three times that of a comparable lab mouse.

He races through labyrinths in record time and performs well on all the tests the professors, Nemur and Strauss, subject him to. Instantly, Algernon, named after the infamous English poet Algernon Charles Swinburne, becomes their most valuable possession. They can almost feel the Nobel prize in their hands – Academic fame awaits!

The story is written in epistolary form and contains short progress reports told from the perspective of our protagonist Charlie. We can hardly decipher his writing at first, when he is recruited by Nemur and Strauss to

Figure 1: 'Algernon' by Dr. Robyn Womack (<https://robynwomackart.com/>)



follow the same risky procedure as Algernon.

Charlie has an IQ of approximately 90, and barely manages to move through life unharmed. He attends a special-needs class for adults, conducts menial tasks in a bakery and feels lonely, unable to connect with others.

Since his childhood, his family instilled a wish in him to be smart and 'normal', traits he associates with happiness and success. In one of his first encounters with the psychology department, a research assistant conducts the now contested Rorschach test with Charlie (Searls, 2015). At a time in which the most popular psychological theory was Freud's psychoanalysis, the test was thought to reveal unconscious aspects of a person's personality and disorders of the mind. Charlie, however, is confused. He can only see black and red inkblots on paper.

After his sister gives consent in his name, the procedure is performed. Charlie awakens, and we learn, through improve-

ments in grammar, spelling and punctuation in his progress reports that it worked. He is not only more intelligent than before, but also developing at lightning speed. Charlie leaves the special needs class, attends college, and starts to surpass Algernon, the mouse, on the cognitive tests.

While Charlie's intellect develops rapidly, the disconnect from his emotional maturity becomes apparent. Every attempt at finding romance fails, which is likened to his childhood trauma, the maltreatment through his mother and his eventual placement in an institution.

Finally, at the height of obtaining a level of genius that is unparalleled, Charlie realizes that he has surpassed the scientists who conducted the procedure on him. Not only this, but on the way to his first scientific conference, where he and Algernon are to be presented alongside each other as successful case studies, he discovers that they made a fatal mistake.

With Algernon behaving more and more erratically, he deduces that these rapid improvements in intelligence ultimately must be followed by decline. The threat of ignorance is imminent.

His deduction is reminiscent of the 'homeostasis hypothesis' in brain stimulation research (Karabanov et al., 2015). While we can enhance one brain area's activity temporarily, the interference might take away from another part of the brain as a result. Brain regions do not operate in isolation, but exist in an interconnected network with a tendency to return to a state of equilibrium.

Should we read *Flowers for Algernon* as a cautionary tale about research ethics and artificial intelligence? Charlie's clairvoyant insights on the scientific method will sound familiar to many researchers: 'No one really starts anything new [...]. Everyone builds on other men's failures. There is nothing really original in science. What each man contributes to the sum of knowledge is what counts.'

Of course, the novel is a child of its time, and while some of the references to psychological theory and testing may be outdated today, many questions the story raises remain current.

Fast forward to the year 1999: Daniel Keyes is 72, and has just completed his memoir *Algernon, Charlie, and I: A Writer's Journey*. He sits at a restaurant and

picks up the New York Times. The headline reads: Smarter Mouse Is Created In Hope of Helping People (Wade, 1999).

The article describes the successful experiments by Joe Z. Tsien and his group on transgenic mice, published in the journal, *Nature*. The scientists demonstrated that these genetically modified mice, which were bred to exhibit an overexpression of a specific brain receptor, show superior learning and memory abilities on behavioural tasks (Tang et al., 1999).

Keyes immediately got in touch to ask Tsien how likely he thought it was that these findings will be applicable to humans (Slotnik. 2014). In the afterword of his memoir, Keyes writes that Tsien expected the procedure to be available within 'the next 30 years'.

*Flowers for Algernon* is a unique book – with references to literary classics, poetry, philosophy and psychology. Recommended reading, especially if you have an interest in Psychology and Neuroscience!

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## September 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'*.

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- 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](mailto:vicechair@psypag.co.uk)

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

Deadline for applications is on **30<sup>th</sup> October 2020**, at 5pm.

# 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 three rounds of bursaries each year. The deadlines for each round are: 10 February, 10 June and 10 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](http://www.psypag.co.uk) or contact the Information Officer at [info@psypag.co.uk](mailto:info@psypag.co.uk).

# Free Workshop!



## Negotiating the PhD Journey

The BPS Psychology of Education Section and PsyPAG are delighted to invite you to attend a free online workshop in November 2020.

The workshop will centre on the following themes

- Collecting and analyzing data
- Writing the PhD thesis
- Surviving the PhD viva
- Dealing with surprises during your PhD

A chance to interact with other PhD students, advice on how to deal with disruptions such as COVID-19, and how to survive the VIVA (on and offline)

\*Open to all postgraduates studying psychology related PhDs!

For further details, please follow PsyPAG on twitter @PsyPAG or register to join the BPS Psychology of Education Section <https://www.bps.org.uk/member-microsites/psychology-education-section/join>

# PsyPAG Committee 2019/2020

Position	Currently held by	Due for re-election
<b>Core Committee Members: corecommittee@psypag.co.uk</b>		
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
<b>Quarterly Editors: quarterly@psypag.co.uk</b>		
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
<b>Division Representatives</b>		
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
<b>Division Representatives (contd.)</b>		
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
<b>Section Representatives</b>		
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
<b>Section Representatives (contd.)</b>		
Social Psychology Section	Darel Cookson darel.cookson@research.staffs.ac.uk	2020
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
<b>Branch Representatives</b>		
North East of England Branch	Jake Pywell jake.pywell@northumbria.ac.uk	2021
East of England Branch	Siu Chung Tang ST1314@live.mdx.ac.uk	2021
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
Welsh Branch	Veronica Diveica psuda2@bangor.ac.uk	2021
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

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



the british  
psychological society  
promoting excellence in psychology

# PSYPAG

## About PsyPAG

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**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](http://www.psypag.co.uk) and scroll down on the main page to find the link, or go to [tinyurl.com/PsyPAGjiscmail](http://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](https://twitter.com/PsyPAG)) and add us on Facebook ([tinyurl.com/PsyPAGfacebook](http://tinyurl.com/PsyPAGfacebook)).

This information is also provided at [www.psypag.co.uk](http://www.psypag.co.uk).

[www.psypag.co.uk](http://www.psypag.co.uk)



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