

SCHOOL OF PSYCHOLOGY NEWSLETTER: CONVERSATIONS IN PSYCHOLOGY

Comments from the Editor

Welcome to the first edition of the School of Psychology newsletter: Conversations in Psychology, a source of both information and opportunity for Arden's Psychology students and staff. This is an exciting time to be part of the Psychology school at Arden and one of my hopes for this newsletter is to create a greater sense of community within our school as we continue to grow.

This first edition offers interesting and diverse articles from both students and staff and I was extremely pleased with the initial interest. The first contribution from Susan Witte, an MSc Psychology student, explores the misuse of rewards in behaviour management. This is followed by an article by Sharmistha Chaudhuri, one of our Psychology lecturers, discussing the debate surrounding the burkini ban in France. A BSc Psychology student, Carley Michelle Ryan, follows this with a contribution exploring the link between pre-operative distress and surgery success. The diversity of these articles directly reflects the diversity in psychology-based careers; the final contribution, written by myself, is a piece which highlights the various career paths which can be pursued following a Psychology degree, discussing ways to build employability.



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I hope this first newsletter will encourage you to consider contributing to future editions. It's a great opportunity for students to develop their writing skills and to experience the process of publishing an article (not to mention it's something great to add to the CV!), or for staff to share their research, areas of interest and academic experiences with others in the school. If you would like to contribute to the next edition of the newsletter, please contact myself at hstokes@arden.ac.uk for more information. I welcome any feedback and content suggestions also.

Holly Stokes, Editor.

REWARDS IN BEHAVIOUR MANAGEMENT: ARE WE DOING IT WRONG?

Susan Witte, MSc Psychology Student



Behaviour management is still highly misunderstood in modern society. From classrooms to criminal justice, simplistic methods are relied upon which are coined on assumptions that may have made sense in theory, but won't always work in practice. This article explores how common misconceptions about the use of rewards hinder behaviour management, considers why people misbehave in the first place, and offers more effective solutions for behaviour management.

Humans have rewarded good behaviour since unmemorable times – we have knighted our heroes; awarded trophies and medals to our champions; offered golden stars to our brightest children; reduced the penalties of well-behaved prisoners; and paid performance-based bonuses to our top employees. Across cultures, from politics to education to business, rewards are everywhere. The idea behind rewards is rather instinctive: reward those who behave the desired way and others will follow. A simple, logical idea.

This is probably why psychologist B. F. Skinner's operant conditioning theory was widely accepted, as it offered the scientific basis for a piece of common knowledge. Skinner believed that people learned behaviours from their environment, based on a simple mechanism: if behaving in a certain way led to reward, then this behaviour is reinforced and the individual is more likely to repeat it (Holt, 2015).

The misuse of rewards

However, our brains are more complicated than that, and simplifying things will often backfire. Stuart Sutherland, author of *Irrationality* (2013), gathered a comprehensive list of studies showing how rewards are often misused. Here are a few lessons we can learn from these studies:

Offering a reward for a pleasant task decreases interest.

In a study conducted with two groups of pre-school children, one group was offered glossy certificates for good drawings

whilst the other received no reward whatsoever for their drawings. Two weeks later, the activity was repeated with no reward for either group and the children were given the option to participate or not. The group that received the certificate showed a significant decrease in interest, while the other group drew just as much as they had before. This study has been replicated in multiple ways, yet similar results can be consistently seen: offering rewards for a pleasant activity tends to make it less pleasant, therefore dissuading people from doing it again.

Offering a larger reward for an unpleasant or dull task makes it more unpleasant.

Several studies reached the conclusion above by giving unpleasant or dull tasks to participants and offering them increasingly larger rewards. After the participants complete the task, they are asked how unpleasant they thought the task was. The larger the reward, the more unpleasant their impression of the task. This is because, when there is no reward for doing something, we try to justify doing it. When we have our eyes on the cash, however, the reward is already a good reason to do the task, there is no need to find pleasure in it. Therefore, offering significant rewards for doing something boring makes the task seem even more boring.

When rewards are removed, people are less likely to behave the same way.

One assumption made by behaviourists is that if positive reinforcement happens for long enough, then once the rewards are removed, subjects will continue to behave that way. However, several studies demonstrate that subjects stop behaving the intended way once rewards are removed, which is consistent with the results explained previously on how rewards tend to devalue activities, making them less interesting.

Understanding behaviour

Behaviour management requires an understanding of why people behave negatively in the first place, typically influenced by things that may have occurred recently or may even have started from birth (Sapolsky, 2017). There are six important hormonal forces in the lower brain, three pro-social systems which are CARE, SEEKING and PLAY and three alarm systems which are RAGE, FEAR and PANIC/GRIEF (Cozolino, 2013).

Frequent activation of the alarm systems during childhood may result in difficulties regulating one's behaviour. This is because the alarm systems are connected to the release of cortisol and adrenaline into the bloodstream. When excessive amounts of these biochemicals remain in the system too often, they can damage brain cells, including the ones in the pre-frontal cortex – the part of the brain responsible for regulating behaviour and emotions. In contrast, when the pro-social systems – CARE, SEEKING and PLAY – are activated by consistent, loving behaviour, feel-good chemicals such as oxytocin, dopamine and endorphin are released in the brain, promoting neuroplasticity - the ability of brain cells to create new connections – encouraging learning and self-restrain (Cozolino, 2013).

Rewards that work

Offering prizes for good behaviour, a common practice in British schools, not only teaches children who would have behaved as expected anyway to only behave properly when offered a prize, but also shames those who are unlikely to be rewarded: the ones who have experienced adversity. When this continues to be reinforced, the consequences carry on into adulthood: it backfires. For behaviour management to be effective, the pro-social systems need to be activated instead of the alarm ones. This way, people will be more motivated and better able to behave in the desired way.

Belonging

Despite the cliché of the importance of team-building, it is in fact effective to have employees and/or students getting along. People don't cooperate with those they do not like, and if you allow for groups to get to know each other, find things they have in common and, finally, bond, they will most likely behave pro-socially. The feeling of belonging activates the CARE system and helps individuals regulate their emotions and consequently their behaviour.

Autonomy

Whether you are managing a sales team or university undergraduates, giving clear instructions and then getting out of their way is a great way to improve behaviour and performance. Showing that you trust them to do their job their own way and at their own pace activates the CARE system and motivates people. It is also motivating to do things out of our own volition, so offer choices and allow people to try new things, participate in decision-making and present their own ideas and suggestions.

Novelty and Fun

Allow for people to work in a different environment, organise social events, offer new challenges – anything new and engaging that arouses people's curiosity is likely to activate the SEEKING system. Children and adolescents in particular tend to misbehave more when they are bored. Therefore, activating the PLAY system can also help motivate them – and that is applicable to adults, too.

Praise

Finally, certain rewards will never be removed and can therefore be used effectively.

One of such rewards is praise, as it can be internalised – one can praise oneself for good behaviour – and this activates the CARE system.

For too long, humans were believed to be motivated by self-interest. We thought that it was all about being rewarded when, in fact, our motivations and our ability to behave pro-socially depend greatly on our need to connect with the environment. Feeling like we belong to a group is much more effective in making people cooperate than generic rewards. After all, we cooperate with people who cooperate with us, understand our needs and allow us to thrive. There is no such thing as a formula for managing behaviour, but if you get to know your team, trust them to play their role, praise them for doing a good job and create a fun and engaging environment, the odds are you will have fewer conflicts and more positive results.

References:

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THE FRENCH BURKINI DEBATE: CAN THE CHOICE OF CLOTHES DEFINE SOCIAL IDENTITY?

Sharmistha Chaudhuri, Lecturer in Psychology

On one of the hottest day in June 2019, when Western Europe was hit by a sweltering and unprecedented heat wave, lifeguards in Grenoble, France, forced shut two public swimming pools after a group of Muslim women went swimming in burkinis. These women were a part of 'Operation Burkini' campaign at the initiative of Alliance Citoyenne rights group, challenging the burkini ban imposed in about 30 French cities, resorts and communes.

The burkini ban had been at the centre of controversy in France in the last few years. Burkini, a hybrid between 'burka' and 'bikini', is a kind of modesty swimsuit for women, which covers all part of the body except the face, feet and hands. Though this swimsuit is seen to be associated to cater the Muslim women, for them to swim in public adhering to modesty edicts, not all women who wear them are Muslims and chose to wear them for various reasons, e.g. as a protection from sun. Since the announcement of the ordinance banning the wearing of burkinis on the French beaches, France has been swept up in a new wave of Islamophobia- and the burkini is seen to become a symbol of Islamic extremism and clothing apartheid.



The question this article would like to reflect is, how are our identities shaped, expressed and represented by the clothing we wear; and whether this process of identity construction is the same or different depending on the culture and location? If wearing a 'burkini' is seen only as an item of clothing, or an expression of fashion, there should not be any controversy of identity politics surrounding it. When this piece of clothing becomes a 'symbol' of an identity of any particular community, contesting and defending the identities emanate. The choice of clothing then no more remains a pure choice, but has to be negotiated with the expression of freedom, culture and gender equality.

Much of the argumentation for the ban was in accordance with the discourse on the war on terror, which has been prominent in France since the series of co-ordinated terrorist attacks in November 2015 in Paris and the city's northern suburb Saint-Denis. The controversy heightened when, in 2016, at least 20 towns along the French coast banned the use of the burkini as beachwear as a response to the Nice attack where a truck drove into the public who were celebrating the Bastille Day- the 14th of July - killing 86 people. Nice city authority argued that burkinis are an expression of extreme terrorism and are upsetting to the public. In a similar line, the mayor of Cannes banned these swimsuits, citing a possible link between wearing of burkini and Islamic extremism.

Linda and Lundahl (2016) sees this ban as the latest stage in French political history, where the French depreciation or fear of the veil, and of Islam, has come to play a significant role. They comment that the unveiling of female bodies at the beach in Nice exposes the conditioned values of the French republic and directs us to think how a secular state addresses the pain of people who are obliged to give up part of their religious identity to become acceptable. In a similar line, Almeida (2018) argues that the burkini ban has contributed to weakening expressions of religiosity that seek to resolve tensions between religious belief and a secular understanding of leisure and sociability.

After the Human Rights groups challenged the ban, a court in Nice ruled the Cannes decree violates basic freedoms and is illegal as there were no proven risks of disruption to public order, or reasons of hygiene or decency for the ban. There are long histories of women's bodies being used as the ideological battlefield between cultures and expression and contestation of feminism. The ban of burkini in France is not an isolated event, but can be seen as an extension of the French ban on wearing face-covering Islamic veils in public introduced in 2010.



However, it should be noted that, while the discussion about this recent headscarf and burkini ban in France is making news, the media overlooks the fact that headscarves or burkas were also banned in Turkey, which has a majority Muslim population, as long back as 1980 and was only recently lifted.

Contesting what to wear (or what not to wear!) had long been a part of expression of freedom and identity - with particular reference to promoting feminism. During the 1960s, the USA saw a feminist protest, referred to as the 'bra-burning' movement, when women burned their bras because they felt that it proved a statement or made a stand for women's Rights. The idea was to symbolically throw away things that oppressed women. How this notion of feminism has now seen a U-turn, inspiring social psychologists to reflect on the meandering sense of women identity. Both the feminist bra-burning movement- or freeing up the body- on one side, and wearing burkinis - or covering up the body - on the other side, highlights the role of choice of clothing by females.

This article would like to pose two questions: First, to what extent is the choice of what to wear and what not to wear treated symbolically and dictated by identity politics? Second, how does the media represent the choice of clothing and expression of fashion change depending on the time and place of events- Is the burka ban seen through the same lenses whether it is banned France or Turkey?

Also if the media labels the protests against the burkini ban as a feminist movement, it is already endorsing Muslim-Feminist identity integration as a possible concept and allowing more a dynamic role of identity beyond just identity politics. These are questions for social psychologists to reflect and ponder over and watch out for in media constructions surrounding identities.



References:

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Linda, B. & Lundahl, M. (2016). Un/veiling the West: Burkini-gate, Princess Hijab and Dressing as Struggle for Postsecular Integration. *Culture Unbound*, 8(3), 263-283.

DOES PRE-OPERATIVE PSYCHOLOGICAL DISTRESS HAVE A NEGATIVE EFFECT ON SURGERY SUCCESS?

Carley Michelle Ryan, BSc Psychology student

The NHS has reported that over 10 million operations are performed in England each year and for every theatre in the country, the average amount of patients having surgical procedures is approximately 1,200, with numbers continually increasing. In 2014, the September issue of BMC Surgery reported that, while assessing the anxiety levels of 239 preoperational patients, 168 of them showed strong signs of anxiety (Nigussie, Belachew & Wolancho, 2014).

Recent studies have shown that when patients have surgical procedures, psychological stress and anxiety plays a statistically significant role in the healing process (Gouin & Kiecolt-Glaser, 2011). It has been shown that stress, anxiety, distress, catastrophizing behaviour and depression are associated with poorer results post-op (Darnall, 2016), which in turn leads to longer stays in hospital, increased risk for wound healing complications and a slower return to their daily activities. Adults experiencing high anxiety preoperatively has increased over the years, despite the advancement in medicine over the last few decades.

Who is more prone to Pre-Operative Distress?

Whilst it is accepted that most people will experience anxiety before undergoing surgery due to fears of being in pain, possible complications and the unfamiliar environment, high anxiety levels could be associated with certain psychological characteristics which make individuals already predisposed to such behaviour, such as a lack of coping strategies. Some individuals have personal situations which bring a constant amount of stress and worry; a study on those that are caregivers to loved ones suffering from Dementia were found to take 24 percent longer for their wounds to heal, compared to the non-care givers that were tested (Gouin & Kiecolt-Glaser, 2011). Other factors associated with preoperative stress include a lack of preoperative information, fear of complications and gender, with females being more likely to report having these anxious feelings (Ayana, Dessie, Mulugeta, Sintayehu & Zewdu, 2018).

The World Health Organisation report that those suffering from an anxiety disorder have reached nearly 300 million, so why are these numbers increasing? In the Western world, it's not a priority to simply survive, compared to those living in the third world. It's a given for most that food and water are readily available, so for those essential survival tools to be taken for granted, have we shifted our gaze and worries to obtain money, status, power and looks instead? With the belief that having such materialism will in turn make for a happier stress and anxiety free existence.



The Effect of Distress on Surgery Success

According to the American Psychological Association (2016), everyday life stressors can cause anxiety to rise, which in turn weakens the immune system. Aside from this, insomnia, which can be experienced by those with high anxiety levels, again weakens the immune system, which makes patients more prone to having wound infection as the body struggles to fight off the harmful bacteria. It's also been reported that, when suffering from stress and anxiety, people try and overcome these feelings with the aid of 'comforts' such as alcohol, drugs and food, which again, are not beneficial factors in aiding the post-op recovery process (Guo & Dipietro, 2010).

Whilst it's true, not all of the post-op wound healing problems are down to stress and anxiety, factors associated with someone that has these conditions could go some way to explaining the high numbers. For example, if a patient is highly depressed, stressed and anxious they are less likely to be able to take in information and instruction they are being given on what to expect postoperatively and how best to manage their own recovery. A stressed person may also rely heavily on their own choice of stress-relief, such as alcohol or smoking, which can have adverse effects on wound healing. A delayed post-op recovery means a longer stay in hospital, which puts more pressure on a service such as the NHS financially, as well as impacting the management of NHS staff and bed shortages.

How can these statistics be improved?

Pre-Operative: Some intervention studies have shown that managing stress before surgical procedures decreases length of hospital stay and number of complications. Physical exercise of 30 minutes per day for 8 days pre-operatively not only aided combating distress, but it also helped improve heart function and sped up the healing of wounds. The use of pharmacological aids such as Fluoxetine, that are used to help treat anxiety and mood disorders, may also help improve wound healing via stress reduction (Gouin & Kiecolt-Glaser, 2011).



Post-Operative: Coping strategies for stress comes in many forms. In fact, a study showed that even having a 'room with a view' post-surgery to recover in, provided a distraction technique from experiencing pain (Ulrich, 1984). Well-matched patients sharing rooms also took fewer pain medications and had shorter lengths of stay in hospitals (Gil, 1984) – both examples of distraction of the brain from distress.

Moving forward, could it be that the key to a more successful outcome is the management of psychological issues, such as stress and anxiety, due to their adverse effects on surgery success? The root cause of stress is different for every patient. For some it may be an on-going issue and for others it could simply be down to the surgery itself. Regardless of its origin, research shows that it can be a factor in negative surgery outcomes. If this was managed more productively, by having a service of psychology support as standard, could it mean that the end result for the patient is more successful?

Perhaps also, should it be the case that the mind and body are seen as one? As the saying goes 'what affects one, affects the other'. The brain is capable of tricking the body into believing its healing, as documented in the many studies on the placebo effect. So-called 'sham surgery' is a fake surgical intervention, whereby those taking part in trials, are not given actual surgery, but are anaesthetised and wake up believing that surgery has been performed. Although critics have called it highly unethical, it has shown to be effective in some cases (Moseley et al., 2002). Could it be that at some point in the future that more research is carried out on the way that thoughts, feelings and expectations are managed pre-surgery? Does the patient's head really control how the body heals?

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BUILDING YOUR EMPLOYABILITY Holly Stokes, Psychology Experimental Officer

A psychology degree at Arden University is an excellent starting point for a career in psychology or related employments. However, you will need to develop a range of subject-specific and generic skills in order to strengthen your employability. The UK Quality Assurance Agency for Higher Education (QAA, 2007, pp.9-10) list both psychology-specific skills and generic skills that graduates should develop in their Subject Benchmark Statement for Psychology.

"Subject-Specific Skills"

These are skills directly related to the area of Psychology including the application and integration of psychological knowledge and perspectives, the application of evidence-based reasoning, the ability to use psychological tools, the ability to carry out empirical research which employs ethical considerations and the ability to critically evaluate psychological research and theory.

"Generic Skills"

Psychology students also need to develop more generic, transferrable skills. This includes effective communication, numerical reasoning, computer literacy, the effective retrieval and organisation of information, awareness of factors contributing to effective teamwork, identification and articulation of one's own strengths and weaknesses and taking responsibility for one's own learning and development through self-reflection, self-management and personal-planning.

You will of course develop many of these skills at Arden University during your studies and we aim to provide you with as many opportunities as possible such as presenting, publishing, and seminars. However, you can also develop your key skills by building up your work experience. This should be done as soon as you can. This may include paid or voluntary work as an assistant, mentor, or community support. It could also include shadowing, placements and internships. But, remember to gain experience in the area of psychology you would like to work in.



Volunteering

Volunteering does not only equip you with many transferrable skills, but also allows you to explore different areas of work which you may be interested in pursuing following your degree.

Volunteering in the UK

Do-it: Allows you to find opportunities near your postcode, with the advanced search options of selecting your availability, the type of activities you would be interested in, the skills you already have and would like to gain, and whether you would like to work in the community or from home.

Time Bank: Recruits and trains volunteers in delivering mentoring projects which tackle complex social difficulties.

Volunteering Internationally

SLV.Global: Provides placements in Sri Lanka, Bali and India which focus on global mental-health in various communities requiring extra support.

Projects Abroad: Provides a range of volunteering opportunities in many destinations. Projects include child care, teaching, coaching, conservation and social work, to name a few.

The psychological organisations in your country should also provide you with some useful tips on identifying current opportunities. You can find a list of these organisations [on the American Psychological Association's website](#).

Useful Resources and References:

BPS (2019). *Your Journey into Psychology*. Retrieved from: <https://careers.bps.org.uk>

Prospects. (2019). *Case Studies*. Retrieved from: <https://www.prospects.ac.uk/case-studies>

Prospects. (2019). *What Can I Do with my Degree?* Retrieved from: <https://www.prospects.ac.uk/careers-advice/what-can-i-do-with-my-degree/psychology>

Being aware of Potential Career Paths

Apart from the obvious career paths available to Psychology graduates (i.e. psychologist roles), the skills you will develop during your degree also allow you to access other potential career paths which you may not have yet considered. Below are some examples:

- [Careers adviser](#) – Providing information, guidance and realistic advice to aid service users in making decisions about their education and careers, enabling them to meet their goals.
- [Education consultant](#) – Aid in the development of the curriculum and work with schools and students to identify and provide support for specialist needs.
- [Detective](#) – Manage a range of investigations in specialist departments; the criminal investigations department, fraud squad, drugs squad, fire arms squad, child protection department and the special branch (national security and international terrorism).

More examples of psychology-specific and wider career paths are available [on the Prospects website](#).

Counselling

What is the role of a counsellor?

Counsellors build a trusting relationship with clients to encourage and facilitate discussion about their feelings, with the aim of making a positive difference to their lives.

Counsellors tend to employ a particular approach to counselling and can work either in specialised areas or with wide-ranging issues.



How do I become a counsellor?

The British Association for Counselling and Psychotherapy (BACP) recommends completing the following stages of training in order to become a fully qualified counsellor:

1. Completing an introductory course on the basic ideas and skills of counselling.
2. Completing a certificate in counselling skills.
3. Completing a diploma or advance diploma in counselling – this includes the study of theory and ethics, as well as a supervised work placement.

Experiences in a helping role with wide-ranging client groups is desirable for those wishing to pursue this career path. There are many voluntary counselling-related opportunities available which usually include some basic counselling training.

A further step: Becoming a counselling psychologist

A counselling psychologist specifically implements psychological theory and research into their therapeutic work with clients. Following the completion of a BPS-accredited psychology degree, individuals can then either complete a BPS-accredited doctorate or qualification in Counselling Psychology.

Work experience needed usually includes a minimum of one year's experience in a mental health or counselling role. Other roles which are useful include experience as a psychological wellbeing practitioner, health or social care support worker or a healthcare assistant.

Case Study: A Psychological Therapist, Fraser Smith

Taken from the Prospects (2019) website, Fraser describes his journey from studying Psychology, to working as a psychological therapist whilst studying for a counselling psychology doctorate.

Fraser identifies the direct application of Psychological knowledge surrounding mental health and psychological well-being to modern society, stating his belief that the world needs people willing to learn about psychology and become psychologists "more than ever".

Fraser's position as a psychological therapist allows him to work with many different populations with differing situations and the knowledge gained on the doctorate is directly applied to his work.

Fraser's main pieces of advice for those studying psychology include:

- Staying patient - success requires time and effort but there are many opportunities for those who invest in the process.
- Knowing there *is* a role out there for you - those who are pursuing psychology are in demand in many fields.
- Being organised – Organisation is an important generic skill which is used daily in many roles.

You can read the full case-study on the [Prospects website](#).

DATES FOR YOUR DIARY

Arden School of Psychology Events

Lunchtime Lecturer Series: Link to these online seminars will be posted on iLearn

14th August, 1pm

"Get to Know your Brainwaves: An Introduction to the Electroencephalogram" A seminar by Tom Lockhart

Join Psychology Tutor, Tom Lockhart, for an online lecture around the history of electroencephalogram (EEG) and how it's used in psychophysiological research. The contents of the talk will cover: an explanation of EEG and its history, how it's used in modern neuropsychological research and how to interpret EEG findings.

3RD September, 1pm

'Make Null Results Great Again': A seminar by James Bartlett

A common fallacy in psychological research is concluding there is no effect or difference based on a non-significant p value. Null Hypothesis Significance Testing allows you to reject the null hypothesis, but not accept it. If you wanted to run a study to conclude there was no effect, then traditional methods would not allow this. In order to provide support for the null hypothesis, alternative methods such as equivalence testing and Bayesian statistics are required. These two concepts will be introduced and demonstrated with a practical example.

Watch this space... 'Day in the life' series coming soon!

A series in which psychologists from various psychological areas will discuss what a psychology graduate can do with their degree, routes into specific professions and what a day in their life is like.

BPS events

❖ **Careers in Psychology 2019** ([Sheffield, UK: 16th November](#) and [London, UK: 30th November](#))

Attendees will be exposed to the different careers in Psychology, with talks from psychologists in various fields giving an insight into their career journeys.

❖ **Psychology and Climate Change** ([Manchester, UK: 12th November](#))

This talk, lead by Caroline Hickman, will discuss the current climate and biodiversity crisis, examining how psychotherapy can engage with this emergency and the role psychotherapists play.

❖ **'The Psychology of Wellbeing' Conference** ([Cambridge, UK: 12th September](#))

This one-day event will include oral and poster presentations, symposia and workshops focussing on the theme of 'psychological wellbeing'.

For other events including conferences, workshops, seminars and webinars, please visit the [American Psychological Association](#) and [British Psychological Society](#) websites.

Contributing to the next edition of the newsletter

I would like to thank all contributors to the first edition of the School of Psychology newsletter. If you would like to contribute a topical article, news item or upcoming event related to Psychology for the next edition, please contact myself at hstokes@arden.ac.uk for more information. I look forward to hearing from you.

Next Issue: October 2019 . Deadline for final submissions: Mid-September.