

SCHOOL OF PSYCHOLOGY NEWSLETTER: CONVERSATIONS IN PSYCHOLOGY



Comments from the Editors

Welcome to issue eight of the newsletter! In the last issue, we celebrated our one-year anniversary as a school and, since then, our school has now expanded to welcome Criminology, Joints and Graphic design. In this issue, we begin by welcoming some new lecturers to our ever-growing team! This is followed by some congratulations and commendations.

Update yourself with the latest news, including some of the team's **media coverage**, upcoming interesting **journey webinars**, and the team's coverage of **Black History Month**. Also, take a sneaky peek at what the team were filming down in Portsmouth and some behind the scenes photos – stay tuned for more!

Be sure to familiarise yourself with the eclectic mixture of interesting contribution pieces from both staff and students, covering a variety of interesting topics including emotions, stereotypes, and psychopathy. This month's **career spotlight** examines the role of a Clinical Psychologist and provides an insight of what the profession entails.

We get to know Psychology Lecturer, Konstantinos Arfanis on a personal level in the '**Get to know the psychology team**' section. MSc Psychology student Ursula Oliver discusses her research on LGBT+'s perspective on sex and relationships education for the **dissertation spotlight**.

Finally, we finish the issue with some **dates for your diary** – presenting the dates and times for the upcoming 'Journey week' webinar segment and links to sign up to free webinars running by the BPS – you don't want to miss these!



Follow us on Twitter!



@ArdenUniPsych

If you would like to contribute to the next issue, please contact the editorial team, Holly Stokes (hstokes@arden.ac.uk) or Emily Blakemore (ebgakemore@arden.ac.uk).

We welcome any feedback and content suggestions also.

Holly Stokes and Emily Blakemore, Editors.

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SCHOOL OF PSYCHOLOGY NEWS

WELCOMES

A big welcome to our new starters! We're excited to expand our team and have three new lecturers join the Psychology school, Dr Naomi Pierce, Lucy Anacleto and Dr Leanne Rowlands.



Dr Naomi Pierce



Lucy Anacleto



Dr Leanne Rowlands

CONGRATULATIONS

The BSc (Hons) and MSc Psychology courses went through periodic review in August 2020. This involved a review by internal and independent external academics. A number of commendations were received including the development of the team identity and their energy and ambition, the success of the subject newsletter and the added value provided through webinars and lunchtime sessions. This is excellent news - well done Team Psychology! **Dr Gail Steptoe-Warren, Head of Psychology School**

Congratulations to our Head of School, **Dr Gail Steptoe-Warren** who is now on the register with the BPS as a Coaching Psychologist.



A big congratulations to **Dr James Bartlett** for passing his PhD viva!



Congratulations to lecturer, **Kieron Rooney** passed his driving test with only 1 minor!



Congratulations to Program Team Leader, **Dr Matthew Hall**, for his Higher Education Academy (HEA) accomplishment and co-editing an upcoming book with Dr Mark Forshaw and Dr Cathy Montgomery that is out in November.



SCHOOL OF PSYCHOLOGY NEWS

MEDIA COVERAGE

Dr Sophie Ward was recently featured in an article published by raconteur magazine.

Read the full article:

[“6 things we will \(and won't\) miss about the office”.](#)

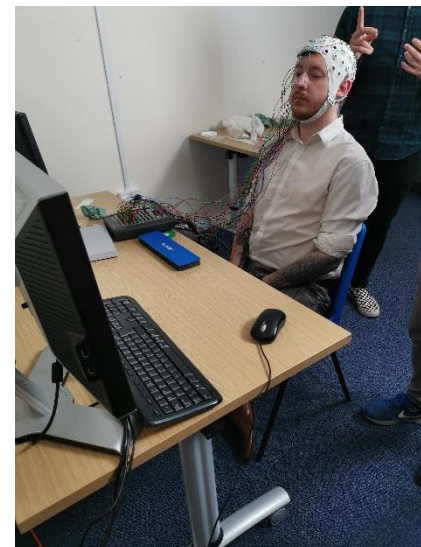
Dr Matthew Hall is featured on BBC Radio 4's interview 'Bringing up Britain segment' - Available to listen here: [“How can I help my son's anxiety with Body Image”](#)

“ Dr Sophie Ward, programme team leader for postgraduate psychology at Arden University, says that due to a lack of visibility, there's a very real chance remote workers will now get left behind. “They could miss out on training opportunities and/or be passed over for a promotion”.

THE TEAM'S TRIP TO PORTSMOUTH

Blurry-eyed and fuelled up on coffee, the psychology team set off at 6am on a 2 and half hour drive to Portsmouth. After barely any traffic and a wrong turn, they arrived at the University of Portsmouth for half 8, just in time to meet a professional film crew for the day's activities. At the university, they were greeted on arrival by Arden's previous lecturer Tom Lockhart, who showed them to the psychophysiology lab where the filming of the experimental equipment was going to take place. The team comprised of Psychology lecturer James Bartlett, who was the director that organised the shots and narrated for the videos, Tom who was the technician and assisted with the setup of the equipment and then there was psychology lecturer Kieron Rooney and Psychology experimental officer Emily Blakemore, who acted the role of the participants for the videos. The lab equipment that was filmed included the EEG, Eye-tracking, Cold Pressor Task, and skin conductance equipment. The purpose of the videos was to demonstrate to the viewers how you would use the equipment when conducting research, and to inform them of recording process and different components of the lab equipment. The videos have currently not been released yet due to some finetuning, but **watch this space** because these will be available to view very soon.

Below are some behind the scenes photos of the creative process!



SCHOOL OF PSYCHOLOGY NEWS

JOURNEY WEEK - 9th November – 13th November

A series of online webinars hosted by Dr Matthew Hall and Molly Hunt where presenters discuss their personal journeys, motivations, and any challenges they have faced or overcome (see 'Dates for Diary' for more information on times).

BLACK HISTORY MONTH

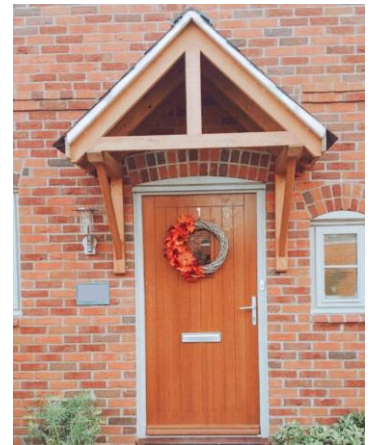
To mark **Black History Month 2020**, a group of our psychology lecturers at Arden University wrote short profiles highlighting the work of black psychologists or researchers in related areas. We have selected a researcher who aligns with our areas of interest to demonstrate their (often pioneering) contribution to science. In this collection, we have two pieces highlighting the need for decolonising psychology and how psychology is too white. We then have profiles of black researchers who have been influential in our specific areas of psychology or related disciplines. To read the full collection, see

<https://osf.io/mvu35/>

Contributors: Mvikeli Ncube; Naomi Pierce; James Bartlett; Leanne Rowlands; Lucy Anacleto; Penelope Hyams; Matthew Hall ; Rachel Marchant; Towella Ngambi

In addition, Mvikeli Ncube, Charmaine Ricki-Lawrence, and Daniella Nayyar have been connecting with Belongg India (<https://belongg.net/>) to collaborate on topics relating to equality, diversity, discrimination. Mvikeli will be doing interviews involving discussions about decolonising psychology and exploring possibilities for social change.

AUTUMN



HALLOWEEN

Staff have been getting into the spooky spirit by being creepily creative. These adorable sock pumpkins were also made by Holly – so crafty!



Holly has dressed her front door for Autumn with this lovely hand-made autumnal wreath - very seasonal!

Emily went pumpkin picking and picked this pumpkin out of a field and then carved it ready for trick and treaters...



The Secret Garden Of Male Emotionality: Dispersing the Myths of Male Emotional Bereftness

Konstantinos Arfanis, Lecturer in Psychology



What is Masculinity? Do men share their emotions? Some theorists (Bly, 1990; Seidler, 1997; Tolson, 1977) suggest that men do not engage in certain types of talk such as intimate talk because they simply cannot. Seidler (1997) presents a picture of masculinity in which emotions ‘...threaten to bring our sense of male identity into question.’ (Seidler, 1991,

p208) and create a great problem to modern men because emotions and feelings ‘...get in the way of our realising the goals and purposes that are set by reason alone.’ (Seidler, 1994. p20)

Willot and Griffin (1997) argue that men talk with prejudice towards ‘the other’ in order to construct their gender identity. The two theoretical stances above come from different traditions but both define masculinity by what it is not, reaching a similar conclusion: Men work to maintain a masculine identity by either remaining silent about their feelings and emotions or by making sure that their masculinity is maintained by distinguishing themselves from others.

My recent work paints a different picture. Some men discussed the settings in which it is acceptable to express feelings. Their accounts revealed an array of strategies involved in the way they deal with their emotions. Some men admitted obeying social/cultural/moral guidelines that demand emotional ‘neutrality’ for a man. But under the surface, these men’s talk is full of emotionality. Whilst trying to explain how they were taught not to talk about their feelings and emotions they actually express themselves in a way that is clearly ‘emotional’:

It's the, I suppose it's the way you're sort of brought up perhaps in this sort of country and everything and that, you know. It's the stiff upper lip type of thing, you know, British thing or that the man must always be sort of strong, must always be, must be in control of his emotions and that. I used to be sort of very much like that myself when I was sort of growing up and sort of younger. I did have all those feelings, all those emotions but I just really sort of kept them to myself. (J.C1, p. 12)

Men do not simply abstain from public expressions of emotions or any kind of emotional talk. The tone of voice and the use of ‘rapport’ talk in the extract above indicate an attempt to keep me involved, “you know?”. Cameron (1998) claims that it is the way we talk (among others) that determines who we are. My dataset supports Cameron’s claims. Unlike traditional accounts that depict men unable to talk about

their feelings and emotions, my participants' stories reveal a strategy and a self-reflexive look at emotions, a clear indication that they are not emotionally illiterate. This indicates a learned strategy on the way some men's accounts on emotions are planned and communicated. I call this strategy 'scripting'. I was presented with an elaborate way of dealing with emotions and feelings. The first indication of the existence of a script is the highly repetitive nature of some men's accounts across interviews. A second indication of a well versed strategy is the fact that men identify the context in which it is 'safe' for them to reveal their feelings. Some refer to past experiences and how these changed their attitudes emotionality. On one level this can be seen as a way to preserve a masculine identity. By making sure that their talk about their own emotions and feelings rests in 'trusted hands' these men's demonstration of emotions is now 'rationally justified'. Yet, notions of trust can be understood at another level. They are a means of identifying how 'male emotionality' is managed and channelled:

...if you are with friends or family, whatever there should be a level of trust, its probably gonna be, this shouldn't be a problem in that context. Again it depends on who you're talking to. (P.C1, p. 10)

P.C. seems to consider trust as a prerequisite for self-disclosure and thus appears relatively at ease with confiding with (certain) people. Extracts like the one above indicate that some men have developed a complicated system of feeling management, using 'tools' such as trust in order to identify (understanding) recipients of their disclosures.

A third indication of a very learned strategy regarding the way some men deal with their feelings and emotions is the way they employ a compartmentalisation of feelings. The following extract demonstrates the complexity in some of these men's accounts of their feelings and emotions:

So I share some things I suppose with everyone in the circle of my friends. But there are a few things I will share with very few of them but then there are some things which I will share with I suppose my wife and my father and mother and brother. But then there are some things, which I will share only with my wife. But then there are some things which I'll share with one of my best friends. Then there are some things, which I will not share with anyone. (I.K1, pp. 6-7)

This is a reoccurring theme in my interviews. Such a complex and elaborate way of dealing with their emotionality indicates that these men are far from 'emotionally illiterate' and that they take their emotional life seriously indeed. The emergence of an abundance of sophisticated and complex strategies men employ in order to talk about their emotions and feelings suggests that men are not emotionally illiterate. Even when some men say they have difficulty with emotionality, the interviews themselves are full of emotions throughout. This suggests that we need to develop an approach to masculinity that is grounded on men's own analysis of, and talk about, emotions and emotionality.

A New Hope: Covid-19 and the Evolution of Higher Education

Daniella Nayyar, Associate Lecturer

Pre-script - Experiences of writing an article

Last year, I entered a writing competition for The Psychologist magazine, answering the question: “*what makes a psychologist?*”. Prior to this, I had associated research dissemination solely with academic resources and outputs. But since being involved in the *Voices in Psychology* program, I have become more aware of the importance and reach of “non-academic” sources for sharing research and opinion pieces. I have had as many articles rejected as I have accepted but have learnt about the experiences of writing articles. The first thing to note is that if you have something to share, it does not matter which stage in your career you are, you can reach out to such outputs to pitch your ideas. When pitching ideas, it is important to have a clear message and rationale, as this will help with getting your voice across and aid in the navigation of editor comments and feedback. It is also important that you pitch your ideas to the expectations of the magazine. For some it is appropriate to send a full draft, yet others prefer a rough pitch of ideas. The following piece is an article I wrote that was rejected from the output I submitted it to, but I decided to use it as an opportunity to share my experience of article submitting and still get the message of my piece out for others to read.

Psychology has taken the biggest strides during times of great human adversity and conflict. I believe that the global pandemic creates such a context, and that education and society as a whole will evolve. Yet, whilst we can draw upon our scientific understanding to inform moving forward, as scientists, we must also practice humility and acknowledge that this is not a context we have experienced before. This means understanding and responding to the primary and secondary consequences of this pandemic can be informed by science, but also must be used to nurture growth in all contexts. The focus of this article is on the effects of this shift in Higher Education from my perspective as both a PhD student and as an Associate Lecturer. During this pandemic there have been societal efforts to shift culture, with aims to change behaviours of individuals by addressing the collective. With campaigns to motivate the personal protective behaviours of individuals, there have been changes in the ways that education has been delivered. Not only have “in person” classes transferred to online formats, but the students themselves are learning new ways to be responsible for their own education. I believe this personal empowerment of the student paired with the realisation that classes can occur successfully online, increases the important role of technology in educational contexts. Not only does this have the potential to increase the agency that students can have over their own education, but also there is the potential to make education more accessible, as some higher institutions have done prior to the pandemic, for example, utilising online classes, alternative assessment acceptance and varied content dissemination.



This pandemic has led to individuals from all walks of life to band together and do their part for the greater purpose of keeping society safe. From key workers on the front line, to those shifting to 'work from home' to prevent the spread, there has been a shift to a collectivist culture mindset. Everyone is clear of their role and every role is important in the greater purpose of combating this virus. For instance, scientists and artists have come together not only to understand the human experience during this time, but to help to ease the hardships of this experience for everyone. Such collaboration has been seen in higher education. Therefore, the importance placed on interdisciplinary alliances is another change I hope will become an integrated part of academic practice. I believe that COVID-19 has aided in us creating a superordinate identity of humanity, and a superordinate mindset that encourages those of different specialties to work together towards a singular goal. I hope such patterns will carry forward, even when the pandemic has passed. However, it will take work to maintain this collaborative response. This requires leadership that will encourage intergroup connection and research that will incorporate multiple perspectives into models assessing human behaviour. It requires the definition of the superordinate identity to grow from pandemic response to something more.

Extending the previous points, I believe that creating a superordinate identity to combat this virus has provided the opportunity for individuals to identify with members of this new wider "ingroup" in a way that they would not have, had we not shared this same threat. This means there is an opportunity for members of higher education to get to know the needs of their peers and students alike. Communities are often viewed as homogenous masses, this virus creates an opportunity to adapt education systems to break down such boundaries because it has banded people who are not commonly grouped, providing the opportunity to increase social capital. This could result in more accessible education systems and interconnected student networks. As well as ways to translate research to be accessible and impact oriented. This could mean a shift in the "impact" push towards creating opportunities for actionable knowledge. Moreover, the virus has created a context within, which the gaps in the current systems we adhere to are visible. This can lead to one of two pathways. Utilising this virus to integrate the divides between disciplines and across different levels of education or shifting back to the original education system ignoring such opportunities for greater academic and public collaboration. One of the greatest lessons COVID-19 has taught us is that humanity is adaptable, it changes and grows based on the resources available. As education has been adapted accordingly, there is hope that education systems will incorporate the new resources we have created to account for the need for change. I hope Higher Education will embed the positive changes that we have come across and confront the issues that have been brought to light. Whichever direction we travel, it is clear that COVID-19 has changed and will continue to change society and education. The way in which we travel next depends on the choices made at every level, to use this virus to learn to adapt or to use it to maintain the previous status quo.



Gender-Based Violence - A Psychological Perspective

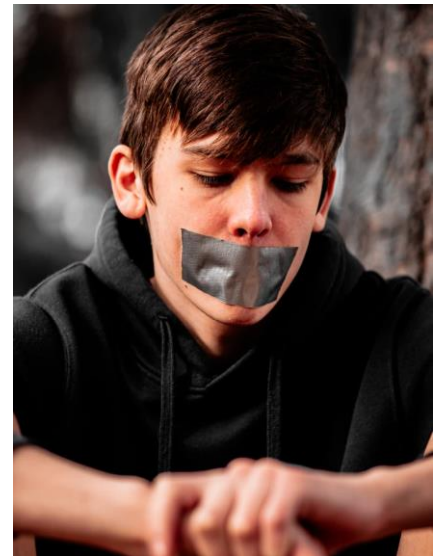
Dr Gerhard Niemann, MSc Psychology Student



I was recently reminded how brutal gender-based violence can be. During a trauma counselling session with a client, I stood in awe to what people can do to others, especially if that person is someone that supposedly loves you. It is a horror story; I will not dare to tell in this article. The brutality is often behind comprehension and something difficult to describe. Sometimes, just to hear the stories of victims, are traumatic in itself. To describe my experience as a therapist is somewhat difficult because gender-based violence is a pointless act. It only destroys! It destroys lives to a point of insanity.

Morrison *et al.* (2007) defines gender-based violence as “any act that result in, or is likely to result in, physical, sexual or psychological harm or suffering to a person, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.” They also identified the risk factors that may elevate the likelihood of this form of violence namely a high crime rate, cultural norms that support violence, norms that support male dominance over women, lack of economic opportunities for men, and witnessing high intimate partner violence as a child.

As gender-based violence become more and more apparent, public awareness needs to play an increasing role to enable victims to speak out. Gender-based violence is an act that degrades the victims' personal value and self-worth. This degrading of gender roles takes place, not only in the personal domain, but also in society in general (Baron *et al.*, 2009). It creates a perception that one gender is inferior to the other. In my experience as a therapist, this kind of violence is intended to establish dominance of one gender over the other. The perpetrator attempts to ‘forcefully’ establish dominance by exerting power over another person by means of creating fear. This may take place by means of shaming a person through forcefully obtaining submission or compliance (Russo & Pirlott, 2006). It is as if the perpetrator wants their victim to acknowledge that they ‘own’ them. The question that needs answering in today's context is: **Why does gender-based violence increase?** I believe the answer is twofold. In the *first-place* women are increasingly blowing the whistle by speaking up, realising that violence against them doesn't need to be kept a secret by fear of judgment or stigmatisation, that violence against them is somehow their fault or a problem that needs to stay under wraps. The *second* is that women increasingly realise that they are a person in their own right and that others do not need to dictate their lives. This however may create a paradox that may increase gender-based violence.



Meaning that, the more women who start to resist the perpetrators, the more the perpetrators may try to exert control over them, which will worsen the problem. For example: The perpetrator may be rejected by their spouse, families and society that may subject their victims to further exploitation or punishment.

What are the reasons why gender-based violence occurs?

It is important that we look at different factors that influence the occurrence of gender-based violence. When making diagnosis of any problem, according to Sue *et al.* (2010) there are four factors that come into play. All four of these factors need to be taken into account to create a picture of what is going on. In psychology, we need to look at:

- (1) **Socio-cultural factors:** These include the different roles men and women play in social context (type of work, household duties and community duties). In this regard, we also need to take note of cultural factors, which include gender-based customs and beliefs regarding gender roles because the pleas and values of women differ in cultural contexts (Russo & Pirlott 2006). Therefore, the occurrence of gender-based violence can be worse in one culture than another, depending how women are seen. This means that the culture of secrecy and silence concerning the pain which many women experience, must change.
- (2) Secondly, we need to consider the **social factors**. These include our daily environment that involves how much stress we experience throughout the day, and to what extent do we have access to the necessary community recourses, the amount of social support and the healthiness of our family relationships (trust and respect), and the history of alcohol or drug abuse (Mash & Wolf, 2010). If we want to acknowledge this or not; people under extreme stress, under the influence, or a lack of social support is a catalyst toward gender-based violence.
- (3) The third factor that we need to consider is the **psychological factors** that influence gender-based violence. Here, we especially look into their upbringing and the norms and values that they have developed as children, especially regarding how they viewed women. We also need to look at the perpetrators self-control ability (Heise *et al.*, 2002). To what extent can they control their aggressive thoughts and behaviour? When a person grows up in a context that depicted violence as normal, or that women are seen as an object, it will increase the likelihood of violence in the future (Baron *et al.*, 2009).
- (4) We lastly need to consider the **biological factors** of the perpetrators. This may include special genetic factors such as automatic response to frustration (Sue *et al.*, 2010). It may be that the perpetrator reacts on impulses of aggression without thinking before doing.

While listening to a radio program on this topic a while ago, I realised that there are some frustrations among people about the stigma of gender-based violence. One woman who called into the program was particularly upset that the current stigma regarding gender-based violence seems to dictate that all men are woman abusers. She brutally attempted to defend her own sons by stating that her sons cannot be placed into this category simply because they are men. Of course, she has a point, not all men can be judged and stigmatised in this way. This leaves the question, are women the only

victims of gender-based violence? The answer is no! According to Carpenter (2006), men are also sometimes the victim. In one particular case, I dealt with a woman abusing her husband physically and emotionally. This was, from a social perspective, an almost impossible situation for a man to deal with, because how will people react to this. He ultimately tried to commit suicide because he could not seek help or speak up. The problem however did come to light after his first attempt of suicide. Luckily, the court recognised him as the victim of abuse. This made me realise how difficult it is for male victims to be recognised as victims of gender-based violence. In society, when thinking of gender-based violence, we often think of it as an act of physical violence only. However, research has shown that it involves way more than that. Therefore, what acts can be considered as violent and when do we know that we are a victim of violence? Violence takes on different forms, *physical* abuse that involves hitting, *sexual* abuse like rape or any act that involve hurting someone sexually. Then violence can also include *verbal* abuse that attempts to break down someone's self-worth and individuality. The last type of abuse that often goes unrecognised is *indirect or subtle* abuse. This involves spreading bad rumours about a person to break down that person's reputation, social standing, and integrity. This is all intended to try and gain control over someone (Baron *et al.*, 2009). It is however important to note that gender-based violence most often takes place within one's personal space like our own homes.

What can we do to combat gender-based violence?

We must speak up! **Why?** The cost, if we do not, it is unconceivable. Gender based violence has a high physical, psychological and social cost (Carpenter, 2006). Survivors often experience psychological trauma which ranges from depression, terror, guilt, shame, and loss of self-esteem (Baron *et al.*, 2009). It also hinders a person's personal development to achieve their full potential. Ultimately, we want to



prevent broken lives. Victims may also suffer from unwanted pregnancy, unsafe abortion, sexually transmitted diseases, and sexual dysfunction. The experiences of gender-based violence can severely undermine a person's self-respect as they begin to neglect themselves and tend to take greater risk behaviours in their sexual relations. The most basic right for human development is to lead long and healthy lives, to be knowledgeable, to have access to the resources needed for a decent standard of living, and to be able to participate in the life of the community without being violated. Without these, many choices are simply not available, and many opportunities in life remain inaccessible which have substantial costs to society. These costs are both the medical care of gender-based violence survivors and the prosecution of the perpetrators of gender-based violence, not to mention the massive impact on social services.

What is the solution? Well there are lots of changes to be made, especially a change in which we see and value human life. For this we need **men as partners** in the fight of gender-based violence. Real men who recognises the value of women. Men that choose to stand and take action against those who disregard woman dignity.

Negative Stereotyping Leads to Prejudiced and Discrimination Behaviour

Saira Tanna, BSc (Hons) Psychology Student



“If you can't see past my name, you can't see me” (Stokes, 1999). Did you read the authors name? Did you wonder if it is a woman or man? Or someone from outside the United Kingdom? Do you realise what you did by asking yourself these questions? You were categorising, me, the author into a group. There is no need to worry, everyone does it. But what makes people behave in such a manner? Social psychology research has indicated how social bias affects interaction among people, i.e. stereotyping, prejudice and discrimination (Hsueh *et al.*, 2015).

These three definitions can affect the success of a society being one. These could be due to race, culture, age, gender or sex orientation. Stereotype is based on one's faulty beliefs and assumptions regarding a group or person. These beliefs can lead to one becoming prejudiced. Being prejudiced is usually one's personal attitude to react negatively towards another person such as assuming someone is bad without any reason. Being prejudiced can lead to discrimination. Discrimination can affect an individual when their employment, education or human rights are affected (Hsueh *et al.*, 2015). This article will briefly look at some of the psychological theories to understand the reasons for stereotyping, prejudice, and discrimination within a society.

When a person first meets a stranger, they immediately begin to deduce their race, gender and age. This stereotype can very quickly turn into a cultural stereotype. I am Indian and if I had a nickel every time, I heard the stereotype that Indian people were intelligent at maths and only have arranged marriages, I would be a very rich woman today. This type of negative stereotyping behaviour could lead to prejudice and discrimination which could result in human conflicts between individuals or groups of people in a community (Zanna & Olson, 2013).

Albert Bandura's social learning theory integrated the interactions between behaviours and personal factors, which included cognition and the environment, known as reciprocal causation model (Hjerm *et al.*, 2018). To put it simply, people can learn negative stereotyping behaviour from those in their environment. Yet, the theory did fail to explain why an individual would still perform negative behaviours in the absence of a model. Nevertheless, in 1986 Bandura modified his theory and renamed it as the social cognitive theory (SCT). SCT attempted to understand the aspects related to individual psychological functioning, i.e. how individuals process information about themselves and others (Lieberman *et al.*, 2017). The analysis of cognition is related to personality theories of prejudice, of which one such theory is the authoritarian personality. The term authoritarian personality was developed by Theodor Adorno (1947). Adorno proposed that prejudice was the result of an individual's personality type (Pettigrew, 2018). He developed the California F-scale, a questionnaire to measure levels of the authoritarian personality traits that were prone

to prejudice. The 'f' stood for fascist, which measured components such as conventionalism, authoritarian aggression, superstition and stereotypy, power and toughness (Chien, 2016). Those with the authoritarian personalities saw themselves as superior (us) and those in other groups as inferior (them). Superiors became hostile towards the inferior groups as they believed that their opinions, beliefs, and traditional values were correct (Pettigrew, 2018). Adorno argued that the superior status had a strict upbringing and were more susceptible to developing the authoritarian personality. However, critics argued that stricter parenting did not always result in someone becoming prejudiced or discriminating, nor had it measured or considered cultural and regional differences. Despite these criticisms, Adorno's theory was accurate that prejudice did exist in a politically conservative form of authoritarianism (right-wing authoritarianism). In addition, the study also found that those from a high status were prejudiced towards low status groups which became known as social dominance orientation (Pettigrew, 2018). Authoritarianism and social dominance orientation (SDO) have different motivational bases for prejudice. For instance, authoritarians view others as a threat to their ingroup values and SDO see a competitive world as a threat to their ingroup. The two constructs are similar but create prejudice through different means.

SDO is associated with one's negative attitudes toward policies that promote equality across gender, social class, ethnic or racial groups and sexual orientation (Pratto *et al.*, 1994). Fundamentally, those who believe in SDO are only interested in advancing superiority, status and power of their in-group over any out-groups by keeping them at a disadvantage by using negative stereotypes which often result in prejudice and discrimination (Puckett *et al.*, 2019). SDO links closely to the Henri Tajfel social identity theory (SIT) of in-group and out-group cognitive processes (Tajfel, 1974). Tajfel identified three processes that create group mentality (Puckett *et al.*, 2019). The first process, social identity, suggests a person adapts to a group's identity. The second stage, social comparison, proposes that once the person identifies with their in-group, they then compare themselves to out-groups. In the final process, social categorisation, in-groups negatively stereotype the out-groups to improve their own image (Lieberman *et al.*, 2017), which often develops into prejudice and discrimination. Stereotypes often exaggerate

ideas about groups of people, which stems to prejudice thoughts and feelings, resulting in serious harm. Of course, stereotyping, prejudice and discrimination will always be a part of society, yet, the theories that explain the cognitive processes can provide one with the knowledge to reduce the issues. As Mahatma Gandhi once said, "*you must be the change you wish to see in the world*" (1869-1948).



CAREER SPOTLIGHT : CLINICAL PSYCHOLOGIST

What is the role of a Clinical Psychologist?

Clinical psychologists work with their clients to diagnose mental health disorders, and to assess and manage these issues. They work with a variety of client groups including children, adults, couples, families and groups in a range of settings. Collaboration with other professionals is also sometimes necessary to deal with complex issues.



What is the relevance of my Psychology degree?

Your degree is directly relevant to this position as it is accredited by the BPS which is essential for postgraduate courses in clinical psychology. The responsibilities of a clinical psychologists directly align with the knowledge and skills gained through your degree:

- Assessment of the client via a variety of methods including psychometric tests and direct observations
- Offering and monitoring interventions for a variety of issues related to mental health difficulties
- Consult with other professionals - the clinical psychologists encourages a psychological approach to work
- Carrying out applied research to add to the evidence base of practice in these settings

How do I become a Clinical Psychologist?

Following your BPS-accredited degree, in terms of qualifications, individuals will need to complete a full-time, 3-year doctorate in clinical psychology approved by the Health and Care Professions Council (HCPC). During the doctorate, most individuals are employed as trainee clinical psychologists.

Clinical psychology doctorates are highly competitive. Most courses require 12-months relevant experience, minimum; assistant psychology roles in the NHS clinical psychology departments are particularly attractive to course providers but these are also highly competitive. Experience as a research assistant in Psychology is also valuable. A good balance between research and clinical experience is recommended.

Clinical Psychologist – Case study: Dr Will Toomey

From the Prospects (2020) website, Will describes his experience of being a new qualified Clinical Psychologist after studying for nine years. The beginning of his studies started in Cyprus where he completed a BSc in Psychology from the University of Nicosia. Then this brought him to the UK to complete a doctorate in Clinical Psychology from Bangor University. He has worked for the NHS for seven years and in a variety of roles such as healthcare assistant, assistant therapist, assistant clinical psychologist, and trainee clinical psychologist. Currently, he is a qualified clinical psychologist working within memory services for an older adult service. A typical day in Will's role mainly requires undertaking neuropsychological assessments aiming to improve the lives of the older patients through various methods such as group therapy. Within his role, he enjoys hearing older patients' stories and assisting them to make well-informed life choices. However, one struggle is that he often faced with complex cases of individuals who become very psychologically distressed and therefore, require extra care and risk assessment measures.

For others wishing to pursue a career in this field, Will advises **three** things:

Work hard: due to the competitiveness of the field

Be patient: due to the lengthy process it takes to become qualified and try to achieve a healthy balance between career ambition and personal life.

Be reflective: recognize and acknowledge your own strengths and weaknesses.

A Pandemic of Fear – The Psychology of Emotional Contagion

Galina Gardiner, MSc Psychology Student

'Quick – grab an extra loaf for the freezer – the shelves are bare!' Fear can cause us to behave illogically in response to perceived threats. It also spreads like wildfire. Whether through exaggeration or underestimation, *disproportionate behaviour + spread = dramatic consequences*.

Impact of fear

Fear of Coronavirus has led to extreme personal and governmental responses, from panic-buying and social distancing to school closures and lockdowns. In Spring 2020, such measures appeared necessary. Their long-term effects – recession, neglected health, damage to education – were considered a price worth paying, though subsequent research indicates that the damage caused by the lockdowns may exceed that of COVID-19 itself (ONS, 2020; Chi *et al.*, 2020). The impact of fear on society should not be underestimated – studies have shown it to be the biggest predictor of compliance with new measures, over and above moral or political leanings (Harper *et al.*, 2020). Understanding fear – how, and why, it rips through society – is vital if we are to react proportionately to global events such as COVID-19.



What is fear?

The APA Dictionary of Psychology defines fear as 'a basic, intense emotion aroused by the detection of imminent threat, involving an immediate alarm reaction that mobilizes the organism' (2020). This 'alarm reaction' involves the amygdala - a collection of nuclei in the brain's limbic system – which, upon recognizing a threat, transmits messages that trigger behavioral responses such as fight or flight (Schacter *et al.*, 2011). Importantly, it remembers incidents and forms associations: a toddler, stung whilst grabbing a bumblebee, quickly learns to avoid bees. When the amygdala is activated, the neural pathway to our prefrontal cortex – the rational, reasoning part of our brain – is shut down (Hamilton, 2015). This makes evolutionary sense: our fear system can react more quickly to danger than our reason can. Fear overrides reason as a preventative strategy: better safe than sorry. Better to assume the dappled shadow is a leopard, and take flight, than to reason it out while being eaten. Better not to touch that door handle, just in case.

Over-reaction and Fear Contagion

Problems arise when the amygdala is over-stimulated, and we are 'hijacked' by fear. Our behaviour becomes irrational, disproportionate to the actual risk (Goleman, 2006). This is especially true of novel, unknown threats, leading to underestimation of more familiar risks such as crossing the road (Lu, 2014; Ali & Verma, 2020). And as a new disease, the risks posed by COVID-19 were initially uncertain. Estimates of death rates fluctuated wildly; the ease and mode of transmission were hotly debated. How likely were we to contract it? What would happen if we did? The gargantuan, invisible tentacles of the virus could be anywhere, so our fear systems assumed they

were everywhere. Suddenly, things that were friendly, trusted, habitual, become threatening: laughing, shaking hands, opening a door. Constant news flashes, stressful shopping trips and social media forced our amygdalae into overdrive resulting in continual 'what if' anxiety punctuated by frequent moments of fear ('Aargh! She touched me!'). We were infected by a fear pandemic (Silva *et al.*, 2020).

Emotions are known to be contagious, both individually and collectively (Hatfield *et al.*, 1994). Our 'better safe than sorry' brains have evolved to be more receptive to negative, threatening emotions than they are to positive ones (Ben-Ze'ev, 2001). To add another layer of contagion, recent studies indicate that emotions spread via social media such as Facebook and Twitter (Kramer *et al.*, 2014; Ferrara & Yang, 2015). Our instinctive knowledge of fear's influence is used constantly by those in power to persuade people to spend, pay taxes, behave. Hence, it is unsurprising that SAGE's behavioural scientists recommended engendering the spread of fear as a way of encouraging compliance to lockdown measures (SAGE, 2020). Mainstream broadcast and social media channels have been pillar-stones of this approach, infiltrating our lives instantaneously, continuously, and from all angles (Steinert, 2020). However, they have also used positive messaging to encourage a sense of common purpose, highlighting the moral and social positives of lockdown such as helping one's neighbours and keeping the NHS free. Times of crisis often bring people together. The difference with a pandemic is physical isolation. A mother's intuitive response to a frightened child is a soothing hug, initiating physiological changes which reduce fear levels (Floyd *et al.*, 2020). When firstly that hug cannot happen, and secondly it would serve to heighten the threat, fear is perpetuated. During lockdown, fear has been incorporated into our collective consciousness *and* given perfect conditions in which to flourish. Our behaviours changed almost overnight, and that same change enabled the fear to propagate indefinitely. A perfect storm.

Fear as a virus: Can we fix it?

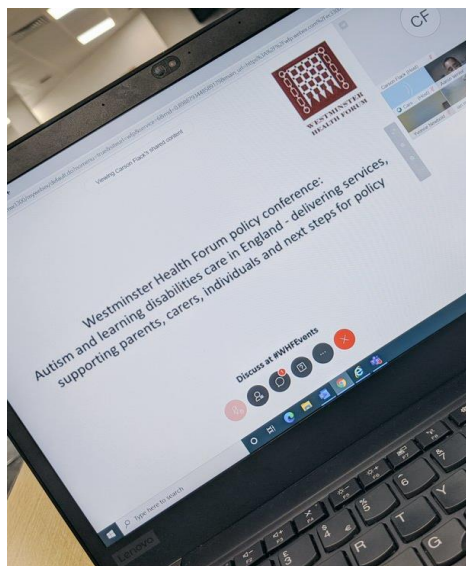
We have all, to some degree, been infected. If one compares fear to a virus and follows a Susceptible-Infected-Recovered (SIR) model, our 'fear' susceptibility and infection rates were astronomical, conditions for recovery are poor, and future immunity is unlikely. In some ways, our global response was a giant amygdala hijack: a novel threat activated our collective panic-button, diverting us away from complex assessments of relative risk. Observations of worldwide lockdown patterns show that neighbouring countries' actions impacted more on lockdown decisions than the actual spread of COVID-19 (Sebhatu *et al.*, 2020).



As we understand more about COVID-19 and attempt to return to work and education, how do we reverse our irrational fear? People are afraid to go back to work; many have so-called 'Corona-anxiety' (Silva *et al.*, 2020; Campbell & May, 2020). But we must emerge from our cocoons. Do we fight fire with fire (fear of infection versus fear, say, of losing our jobs), or would that exacerbate communal angst to unsustainable levels? Are carrots and 'nudges' better long-term options, challenging fear with 'positive emotional contagion'? (De Giorgio, 2020). Whatever the answer, hopefully we have learned that fear can be as contagious as any virus and should be handled with care.

The Westminster Health Forum Policy Conference

Holly Stokes, Lecturer in Psychology



On the 10th of September, I attended an online conference held by the Westminster Health Forum titled 'Autism and Learning Disabilities Care in England – Delivering Services, Supporting Parents, Carers, Individuals and Next Steps for Policy'. The theme of the conference was supporting parents, carers and autistic individuals through participatory practice/ research – it was a great day where a number of current key issues were discussed. A prevalent topic of discussion was, unsurprisingly, Covid-19.

The Impact of Covid-19 – Unexpected change can be difficult for many Autistic individuals and this is especially true of the change we have all experienced due to Covid-19 this year. Jane Harris from the National Autistic Society outlined how all pre-existing inequalities were magnified due to Covid-19. Research carried out in June/July, 2020 found the following impacts linked to pre-existing difficulties:

Waiting times

- Diagnosis waiting times had unsurprisingly increased
- 1 in 5 family members had to reduce work hours in order to provide care due to removal of intervention/ support

Education

- Less tolerance for 'problematic' pupils leading Autistic children to be sent home more often
- 7 in 10 pupils had difficulty understanding school work at home
- Half said their child's progress had suffered

Mental health

- Autistic individuals 7x more likely to be 'chronically alone' and 6x more likely to have low life satisfaction
- 9 out of 10 Autistic individuals were worried about their mental health

But, there was also a new difficulty uncovered; eight out of ten Autistic individuals and their family members expressed anxiety around the governmental rules surrounding Covid-19 during the lockdown. The reduced access to support put an emotional strain on parents/ carers. This, coupled with the lack of understanding from the general public, proved stressful. For example, 70% of Autistic individuals were worried about wearing a face covering due to sensory overload, but the social consequences of this were also stress-inducing. Also, many parents/ carers wondered how they would go food shopping during the lockdown when only 1 person per household could do this at a time, yet they had an older Autistic child who needed caring for.

The Carers of those with Autism and Learning Difficulties – A qualitative study by New Forest MENCAP explored the experiences of carers with an average age of 75 years old. They found that carers had taken on more responsibility following retirement, including the management of the care plan and team looking after their loved one. As expected, these difficulties were exacerbated by Covid-19 also; with day centres closing and no alternative services provided, some families experienced a 100% reduction in care.

Other key issues discussed revolved around the restraint, seclusion and segregation of Autistic individuals and for those with learning disabilities, advice was given in terms of best practice for professionals working with Autistic individuals.

A highlight of this conference was the inclusion of Autistic individuals. Throughout the day, Autistic individuals contributed to the discussions as 'lived experience experts'. Lived experience experts were co-producers and focused on making everything accessible, building capabilities, and encouraging participation from others in the Autistic community. This aligns with the push towards participatory research practice within the Autism field. An article I wrote on this topic can be found in the April 2020 issue of the newsletter, for those interested!

GETTING TO KNOW THE PSYCHOLOGY TEAM: KONSTANTINOS ARFANIS

Can you summarise who you are and your role at AU?

I am a Psychology lecturer here at Arden University. I am an optimist, a father of two gorgeous children and a husband to an amazing wife. Apart from Social Psychology, my passions include basketball (I played at the highest level internationally for three decades), cooking (and eating), music and discovering new corners on this beautiful blue sphere we call home. I speak English and Greek fluently, and German to an advanced (C1) level.



Can you tell the readers about your main research interests?

I am a Social Psychologist, and my particular interests are Identity, Emotions, Work Life Balance, Patient safety, Gender and Masculinity. Recently I begun work with another Lecturer here at Arden exploring the impact of medical misinformation in social media on public health and the professional identity of healthcare professionals.

If you had to choose just one, what is your favourite academic experience?

Teaching psychology is a rewarding as well as challenging experience. I have a number of memorable moments throughout the years, but my favourite is from when I was teaching students studying part-time for their psychology degree in the University of London. Whilst teaching Milgram's work on obedience, the doors of the auditorium opened and two uniformed policemen proceeded to arrest me under suspicion of committing a murder that had taken place exactly a week before, at the other end of the country. Despite the fact that this was not physically possible (I was in fact teaching these very students at the time of the alleged murder) it was only two people out of the twenty present that reacted. After the charade was revealed (these were not real policemen, but friends of mine who agreed to help), and once everyone overcame their shock, the –up to then- purely academic topic of obedience became a reality. After this evening attendance to my lectures increased dramatically.

What is your favourite thing about being part of AU?

Arden University is an innovating forerunner in Education. It offers the highest quality of learning that fits around the life of not only its students, but also the life of the members of its staff. The school of Psychology in particular is home to an exceptional group of people who know how to support and enable their colleagues, affording them the space necessary to evolve and develop. Working and conducting research in such a supportive, exciting and friendly environment allows members of staff to offer the highest level of teaching and support to students.

Psychopathy 101

Sophie Rae, BSc (Hons) Criminology and Psychology Student



When you hear the word 'Psychopath' or 'Psycho', what's the first thing you immediately think of? You probably said your ex, right? Understandable. After all, it is easy to brand difficult people but there is less chance than you think of your ex being a Psychopath. In fact, there is as little as 1 per cent of the general population that are diagnosed as a Psychopath (Wilson, 2020) and an approximate of 3 – 15 per cent within the Antisocial Personality Disorder (Johnson, 2019).

So, what is a Psychopath?

Well according to Anderson and Kiehl (2014), 'Psychopathy is a neuropsychiatric disorder marked by deficient emotional responses, lack of empathy, and poor behavioural controls, commonly resulting in persistent antisocial deviance and criminal behaviour'. However, according to DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) (American Psychiatric Association, DSM-5 Task Force, 2013) there is no 'official' diagnostic definition as it is more of an off-branch of the Antisocial Personality Disorder tree (Crego & Widiger, 2014). To put it another way, Psychopathy is just APD but with a more lack-of-conscience, manipulative twist.

Psychopathy, or more specifically psychopath, is a term very much overused incorrectly. As stated by the average young adult in any part of the world, at least half a dozen people are classed as 'psychopaths' or 'psycho'. For a term so broad and popular, it is still yet to be viewed as a real disorder (Crego & Widiger, 2014). Especially by the American Psychiatric Association (APA), creators of the DSM series, with whom psychopathy had a controversial relationship with. In other words, they just did not believe in psychopathy.

How is a psychopath diagnosed then?

Fortunately, there is such a thing as 'psychopathic traits.' Dr Robert Hare, a leading researcher within criminal psychology, used his research and the help of his associates to create the PCL-R, the Psychopathy Check List Revised (Hare, 1991; 2003; 2006). The PCL-R is used by many professionals across the globe as a tool to assess Psychopathy. There are 20 points to consider, such as pathological lying, manipulative tendencies etc. and to answer, you must use a number system (for example, 0 equals does not apply, 1 means that it partly applies and 2 would be that it definitely applies). If someone was to score an average of 30 to 40 then they could potentially be labelled as a psychopath (Wilson, 2019). Although Hare's (1991) checklist is a powerful tool, there are some things on this list that can also be used to describe other disorders, like Sociopathy for example. With more complex disorders, they often overlap in traits and so it

becomes more difficult (but not impossible) to diagnose. The key difference to remember is that psychopaths are born, whereas sociopaths are made. Negative environmental factors, such as poor upbringing, unequal parenting, traumatic events like abuse etc., can help to form any mental disorder/illness (Blair & James, 2003). This does not suggest that everyone who has or had bad experiences will go on to have a mental health problem, but that it is a common factor among mental health patients. But just like how negative environmental factors can help bring about mental health conditions, positive environmental factors can help prevent them (Blair & James, 2003). A child can be born with psychopathic traits, but a good upbringing and equal parenting could prevent them from developing sociopathy.

As previously stated, psychopaths are born and so their psychopathic ways can hardly be cured. However, they can be prevented from turning to a negative lifestyle, like a lifetime of prison sentences for instance (Hare, 1991; 2003; 2006). Psychopaths, like sociopaths or anyone with antisocial behavioural traits, do not need to be violent. Some are violent just because they can. Psychopaths as children are often impulsive, insensitive to the pain or suffering of others, have problem externalisation, frequent antisocial behaviour and present a lack of guilt and remorse (Johnson, 2019). They tend to get into trouble whether they are at home or at school (and most likely any social gathering) (Wilson, 2019). However, children are less likely to be diagnosed with Psychopathy or even APD due to the blurred lines between traits of a child/young person and the traits of a psychopath. Often, most professionals are skeptical of diagnosing anyone under the age of eighteen (Laurensen *et al.*, 2013) (Blaise, 2012), as they often share the same behaviour as psychopaths or any complex disorders but 'evolve' as they get older. This means that they eventually grow up to be average, full-functioning adults. It will often be labelled as a 'Conduct Disorder' (Grohol, 2020).

Psychopaths are still human. They are still people. The media's representation of psychopaths or the psychopathic personality designs them as monsters, as demonic, as soulless and evil. This is only because what seems to be the only representation of psychopaths are those that kill. Not every psychopath is a killer and not every killer is a psychopath. Humanity is often linked to emotions, love and caring, connecting to one another. Comprehending the fact that there are people out there who do not have these functions or capabilities is difficult for most people. And people often fear what they do not understand. This is often forgotten when in conversation about mental health stigma. People who have less, or more complex mental health problems should be treated as equally as someone who does not, despite whether they have more in common with Ted Bundy or with Gandhi.

Extra Facts:

- It is estimated that 25% of male prison population are psychopaths (Wilson, 2019).
- Females are less likely to be psychopaths (Wilson, 2019).
- Suggested that for every 10 male psychopaths, there is likely to 1 female psychopaths (Wilson, 2019).
- Unlike Antisocial Personality Disorder, a psychopathic personality diagnosis is informative regarding that person's future (Blair & James, 2003).
- 1/3 of those who are diagnosed with APD meet the criteria for Psychopathy (Blair & James, 2003).

DISSERTATION SPOTLIGHT

Feeling Excluded: An LGBT+ Perspective on Sex And Relationships Education

Ursula Oliver, MSc Psychology student

My final MSc project explored how young LGBT+ people experienced sex and relationship education (SRE) in the UK. Having recruited seven participants for 1-on-1 interviews, this was a qualitative study and was timed for completion in time for the new SRE curriculum being implemented in UK schools from September 2020.

The Rationale

I started the project at the beginning of 2020, with the intention of highlighting young LGBT+ people's experiences of SRE during their time in UK schools. The new curriculum came into effect last month in England (Sex and Relationship Education Guidance, 2000), and will soon be implemented across the UK over the coming years (Welsh Assembly Government, 2010; Education Department, Welsh Government, 2020; Scottish Government, 2013, 2019; Stonewall, 2019). The implementation of this included explicitly discussing LGBT+ topics in the context of SRE, and so it was important that the recommendations and guidelines for implementing this was reflective of lived LGBT+ experiences and needs.

My research highlighted previous quantitative studies, which indicated a lack of initiatives supporting LGBT+ students (Demissie *et al.*, 2018), as well as the 20% of young LGBT+ people who felt their SRE did not teach them about health, happy sex and relationships (Metro, 2014, as cited in Formby and Donovan, 2019). However, there were fewer qualitative methods reflected in the literature. Apart from a study in Sweden, which used focus groups and determined SRE curriculum were poor (Unis & Sallstrom, 2020), the majority of other qualitative research included the topic of LGBT+ experiences of SRE as part of other, larger studies, predominantly commissioned by LGBT+ charities (Terrence Higgins Trust, 2016; Bradlow *et al.* for Stonewall, 2017). Therefore, there was a clear gap where a qualitative study was well positioned to highlight the nuances of individual experiences while reflecting lessons learned from previous studies.

The Method

Due to Arden's limitations not allowing for participants under 18, the seven participants were aged 18-30. Therefore, I could not interview current students about their experiences of SRE. Instead, participants reflected on their experiences from when they had previously attended school. A demographic questionnaire was sent to participants along with the information and consent sheets, and I also conducted a pilot study to see how the interview schedule worked. Using Facebook groups was a particularly helpful and successful route to recruiting participants, and once enough had shown an interest, the 1-on-1 interviews took place via video calls. Interpretative phenomenological analysis (IPA) was selected for the analysis of interview transcripts, as this method has previously been highlighted for its suitability for work with LGBT+ communities (Chan & Farmer, 2017). This is because it reflects the subtle differences of participants' experiences (Tuffour, 2017), and members of the LGBT+ community may have different experiences to one another.

The Results

The main, superordinate theme was the exclusion of young LGBT+ people from SRE, which largely indicates the need for the inclusion of LGBT+ topics in SRE and therefore, supports this element of the new curriculum. This exclusion was seen with participants explaining that LGBT+ relationships and experiences were not discussed during SRE lessons. Worryingly, this led them to consulting the internet or relying on advice from peers instead. As such, the subordinate themes reflect the challenges for LGBT+ students and creates a framework for developing guidance for schools as they implement a more inclusive SRE curriculum. The subordinate themes were: 'Hetero-cis-normativity', 'Feeling excluded/Needs not met', 'Hostile/closed environment' (See **Figure 1** for theme map outlining these).

The subtheme, 'Hetero-cis-normativity', reflects the way SRE has been taught in a way which focuses on heterosexual and cisgender (when one's gender identity corresponds to their gender assigned at birth) experiences, and therefore perpetuates the idea that this is the norm and a status quo to be maintained (Meredith & Worthen, 2018). For the current study, this theme was identified following a number of participants discussing the focus of their SRE lessons being on preventing pregnancy, childbirth and heterosexual relationships.

Another subordinate theme, 'Feeling excluded/needs not met' directly links to the superordinate theme that LGBT+ people are excluded from SRE, and specifically reveals the failures of SRE lessons and how they have failed to address the needs of LGBT+ students. For example, participants discussed not having the vocabulary to describe themselves or feeling isolated by the focus on non-LGBT+ experiences.

Being excluded in this way is also reflected in the subordinate theme of 'Hostile/closed environment', as they described not feeling comfortable to be "out" at school and therefore ask the questions they needed to during SRE lessons. There were also several times that the lack of role models was mentioned during interviews, which participants felt had a negative impact on their experiences during school. An environment such as this then further excludes young LGBT+ students, as they do not see themselves represented, or when they do, it is in a negative way.

Implications

The findings from expansions of the current study have implications for how guidance is presented to schools as they implement the new curriculum. For example, it can be used to provide advice that is well-rounded and considerate of the needs of both students and staff. For future studies, it is recommended that the next steps to take in research surrounding LGBT+ individuals' experiences with SRE primarily address how to improve their inclusion. The current study is supported by existing evidence that suggests LGBT+ topics have not currently been addressed (Formby, 2011; Terrence Higgins Trust, 2016; Formby and Donovan, 2019; Unis & Sallstrom, 2020), but fewer studies have applied these findings into practical guidance for schools. This is what is needed next to ensure new curricula address LGBT+ topics in a way that meets young LGBT+ students' needs and accurately reflects their experiences. In conclusion, the current study and future research in the area should be utilised in ensuring future SRE lessons are designed through guidance based within the voices of LGBT+ individuals themselves.

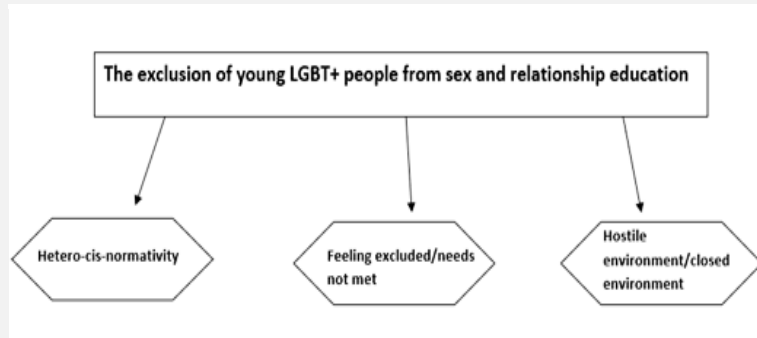


Figure 1.

The Exclusion of Young LGBT+ People from Sex and Relationship Education, Theme Map

DATES FOR YOUR DIARY

Journey week (9th November – 13th November):

[Paul Chinn: What I learned about my Mental Health during lockdown – Monday 9th November, 12:30-13:30 BST](#)

A personal reflection on navigating lockdown and the journey I have been on with my mental health, overcoming challenges and achieving success.

[Martin Marguerie: Never give up on your dreams – Tuesday 10th November, 12:30-13:30 BST](#)

The session will be the journey of Martin Marguerie from school to EdD doctorate in SEND (Special Educational Needs and Disability). Giving tips, advice for students and staff.

[Dr Gail Steptoe-Warren: From finding learning difficult to thriving in education – Wednesday 11th November, 12:30-13:30 BST](#)

Gail started her education in a small market town where at secondary school she preferred to be out with friends then sitting in doing homework. From a comment her father made (using reverse psychology) she began on a journey of self-betterment and a love of learning. Gail now is passionate about giving others the opportunity to learn and develop to their full potential.

[Dr Christina Thorne: A worm's eye view - Friday 13th November, 12:30 – 13:30 BST](#)

In this lecture, I will explore my experiences working with and researching challenging issues such as youth homelessness, hate crime and child protection and how I draw on these experiences to work in HE.

Free BPS online webinars:

- [Inspiring Careers 2020](#) - 18 November 2020 18:00-20:00 BST
- [Positive Psychology coaching](#) -18 November 2020 13:00-14:00 BST

Keep checking [this webpage](#) for all upcoming webinars as more get added!

Contributing to the next edition of the newsletter

We would like to thank all contributors to this issue of the School of Psychology newsletter. If you would like to contribute to a following issue, please contact either Holly Stokes at hstokes@arden.ac.uk or Emily Blakemore at ebgakemore@arden.ac.uk for more information. Please also contact us if you would like a reference list for any of the articles in this issue. We look forward to hearing from you!

Next issue: December 2020