

FEBRUARY 2022

# ATP TODAY

The Magazine of the Association for the Teaching of Psychology

## HIGHLIGHTS

Graphic drawings from ATP Conference 2021  
Remembering Beck and Csikszentmihalyi  
From Teaching to trauma informed practice  
PsychStix student essay competition winner

We welcome contributions and letters from readers. Please send your correspondence to the Editor. The Editor reserves the right to edit and/or amend all articles submitted. **The views expressed by contributors to the magazine are their personal views, and publication does not mean that those views are endorsed by the ATP or the publisher.**

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Please send correspondence, and submissions, as a Word document. Photographs should be supplied as jpegs and as separate files not embedded into Word documents.

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# FROM THE CHAIR

Welcome to the February issue of the ATP Today. I hope you have all had a restful Christmas break and are now well into the new year and starting to think about preparing your students for the summer exams - hopefully! Those of us in England are of course waiting to see what awarding bodies will suggest for the content of the exams. I know that modifications and contingency plans have already been made in Scotland and Wales. Whatever happens, I wish you and your students the very best for the summer assessments.

The 2021 conference at Sussex was very successful and the feedback was very positive so why not book early for the 2022 conference – 8th-9th July at University of Warwick, Coventry. Bookings are open and details of the fantastic programme can be found on the ATP website – as always it is superb value CPD.

Another way to find out more about the requirements of teaching such a fabulous subject is to attend good CPD courses. The ATP ran very successful maths for psychology courses with the AMSP last year and there are 6 more free courses throughout the Spring term – look out for details on the ATP website, Facebook, Twitter and newsletters.

Additionally, access to education support networks is increasing through joint work with the BPS and we are formalising our cooperation with benefits to ATP members and the BPS.

Many thanks to Helen Kitching and the Today editorial team for a fantastic print edition this Spring. The Today magazine is recognised as being a high-quality resource for not only teachers of psychology but those interested in psychology in general. I am delighted to say that the British Library have approached the ATP to have copies of the magazine held in 6 libraries across the UK, i.e., British Library, The Bodleian Library Oxford, Cambridge University Library, National Library of Scotland, University National Library of Wales and The Library of Trinity College Dublin, so that they are highlighted to a worldwide audience. What better motivation do you need to write an article in a future edition!

It just leaves me to wish you all a very successful year and please do continue to support each other and the ATP in teaching psychology.

Best wishes  
**Jock McGinty**



# FROM THE EDITOR

Dear all, it is great to get back in the 'editor seat' after a year off for ill health. It's been yet another challenging year, hasn't it? I'm hoping that we will have some more certainty about the exams by the time you read this. In this edition, we have some, I think, very timely articles about mental health and wellbeing. I hope you will find them supportive.

In the student corner, we have the PsychStix essay competition winner Lily Brough of Bedales School, in Petersfield, Hampshire. The ATP were delighted to sponsor this competition alongside Cara Flanagan who offered four tickets to her amazing London conference, Illuminate, Who the Hell is...? and the University of Portsmouth who donated prizes for the hampers and goody bags. The competition was judged by Professor Stephen Reicher of the University of St Andrews and Professor Becky Milne of the University of Portsmouth. Well done to Mandy Wood of PsychStix for setting up such a great competition for our students.

I've also been busy beaver away behind the scenes on the 2022 ATP Conference which will be held at the University of Warwick from 8th – 9th

July. The department of psychology there are so excited to have us and a big shout out to Dr Elizabeth Balgrove and Dr Luke Hodson and our Warwick keynote, Dr Bo Kelestyn, in particular for their keenness and interest in the conference. Have a read all about it on our conference spread. Speaking of conference, I hope you will enjoy the first two in a series of graphic sketches of the 2021 ATP Conference, kindly drawn by the very talented Dr Paul Fisher Davies.

A huge thank you to all the teachers who have contributed articles to the magazine. We could not do it without you!

With very best wishes (and hoping to see you in Warwick)

**Helen J. Kitching, CPsychol, FBPsS**  
ATP Today Editor

# ATP CONFERENCE 2022

## *University of Warwick,*

### *8th-9th July*

It was so wonderful to be able to hold our 2021 conference in person at Sussex. Covid-restrictions in place, it was still a brilliant event with great CPD, wonderful networking and fabulous keynotes.

Our aim again is to hold a face-to-face conference and I have been beavering away behind the scenes getting everything in place.

#### Getting to University of Warwick

The University of Warwick is centrally placed in Coventry and is a short bus ride from the train station on the 12X, 11 or 11U bus from the bus interchange outside Coventry Station. A taxi costs around £10 to £12. The closest airport is Birmingham International.

#### Fringe event

We plan for our Fringe event to go ahead this year and I am delighted that Professor James Tresilian from Warwick has agreed to speak (more details to follow). Signed copies of his book 'How you feel' will also be available to buy. This book would make a great addition to any psychology library. See P.16 for a review of his book

#### Dr Niamh Stack, University of Glasgow

##### It takes a village to raise a gifted child

There is an old proverb which says that it takes a village to raise a child. The premise being that a child has the best chance of having all their needs met if the parents,

schools and wider community take an active and collaborative approach to supporting each child's development. Within any educational context, teachers are faced with a diverse group of young people with a range of abilities, experiences, personalities, challenges and strengths. As an individual educator, with their own strengths and limitations, it can be a challenge to support this range of diversity among learners. This is particularly true for gifted young people who can have a complex set of needs. Within this talk I will argue that by working collaboratively with families, community partners and gifted young people themselves educators can exponentially increase the resources and skills available to support them and the gifted young people in their care in an inclusive way that provides challenge for different ranges of ability.

#### Dr Bo Kelestyn, Associate Professor at the University of Warwick and Innovation Consultant at Sprint Valley

What does it mean to innovate in your teaching and learning? Lessons from design thinking.

Innovation in teaching and learning,

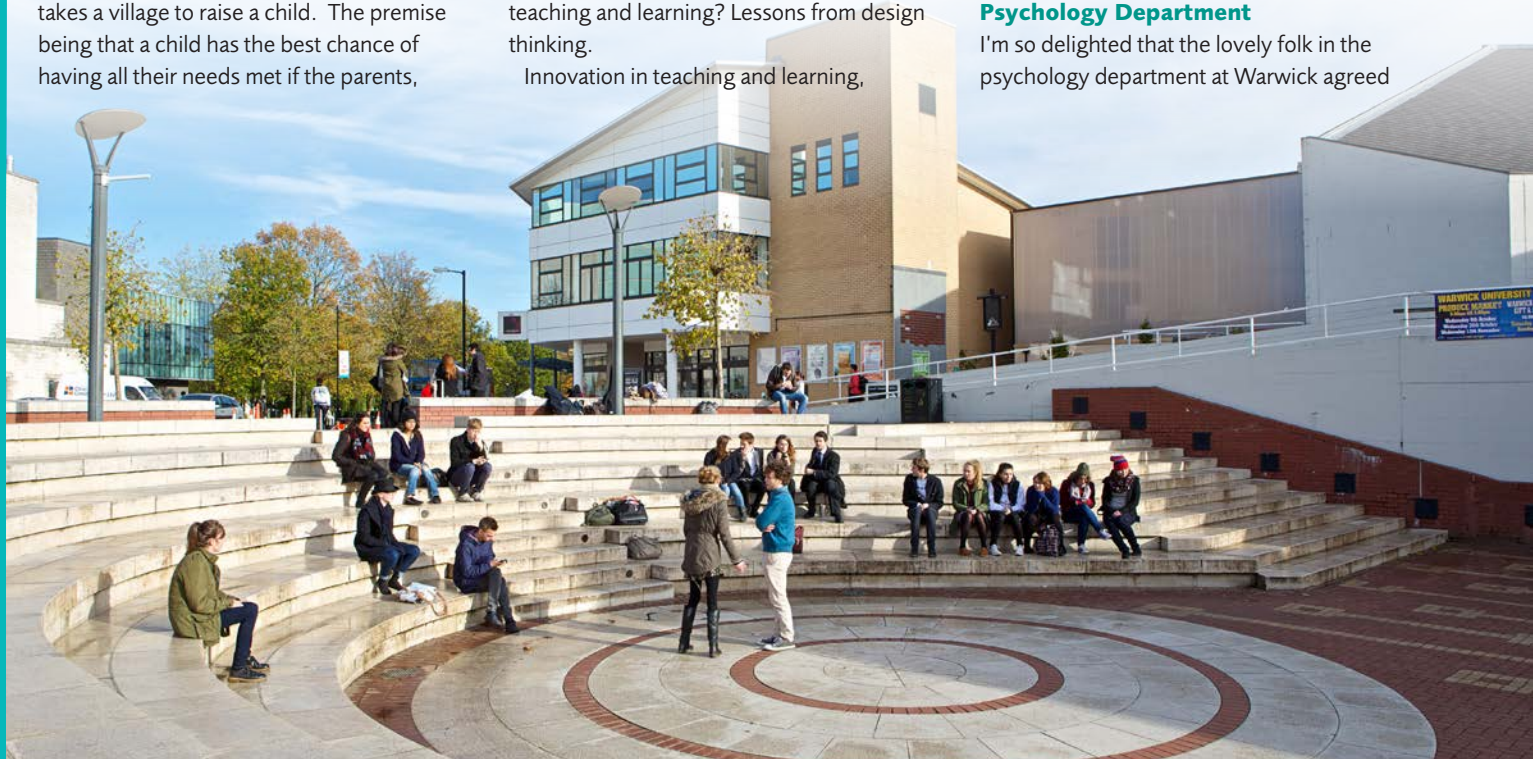
particularly in the pandemic and post pandemic world, is expected. But it does not happen by chance. There is a need to understand and pinpoint the ways in which we can co-create innovation within the enabling constraints we are working in.

Design thinking, as a way of thinking and doing things differently, can help us reframe this challenge into opportunity. It presents new possibilities for the teaching community. With its multiple touch points to psychology, it has the potential to reinvent what and how we teach and inspire ourselves in the process of inspiring the next generation of psychologists.

In this keynote, we will explore design thinking as a tool and a mindset. Used by some of the most successful organisations worldwide it builds on multiple concepts from the discipline of Psychology. Together we will uncover practical steps in which you can embed its principles into your teaching and learning innovation, as well as your personal and professional development.

#### University of Warwick Psychology Department

I'm so delighted that the lovely folk in the psychology department at Warwick agreed



to write this following piece to introduce themselves to you.

### Welcoming you to Warwick...

It's easy to tell you why the Psychology Department at Warwick is a fabulous place to be. We can do it in two words. The people.

Of course, we can tell you about our cutting-edge research facilities (such as our Sleep and Pain Laboratory and our driving simulator), the purpose-built teaching spaces, our brand-new Sports and Wellness hub and our beautiful green spaces on campus. But none of that captures the spirit of who we are. And quite frankly, we'd rather show you in person, so you can meet the people who make up the Department, see our passion for teaching and research in psychological science and observe the enthusiasm and commitment of our students for yourselves.

Made up of 55 academics and 11 support staff, each year we greet around 200 new Undergraduate students and 170 Postgraduates to the Department. Comprising of four key BPS-accredited UG honours degrees (Psychology BSc, Psychology and Linguistics BSc, Psychology and Education BSc, Psychology with year abroad/placement year BSc), we then also offer partnership programmes with departments such as Philosophy (Philosophy with Psychology BA), Economics (Economics, Philosophy & Psychology (EPP) BA/BSc) and Global Sustainable Development (Psychology and Global Sustainable Development BASc). World leading research lies at the heart of the University of Warwick\* and each of these degrees gives our students the opportunity to learn in an environment where academic excellence thrives. Our students are supported to apply their learning 'beyond the lecture theatre', Warwick is the 6th most targeted university by the UK's top graduate employers\*\* and our graduates are ranked in the top 10 for highest earnings five years after graduating\*\*\*.

Our pedagogical collaborations don't stop there. With our taught postgraduate offering capitalising on links with the exceptional Warwick Business School (WBS) and colleagues in Economics and Computer Science, we offer programmes tailored to interdisciplinary expertise (Behavioural and Economic Science MSc, Behavioural and Data Science MSc) as well as those who focus more closely on development of psychology-led career paths (Clinical Applications of Psychology MSc, Psychological Research MSc and new for 2022, Mental Health and Wellbeing MSc). Our research students are supervised by internationally renowned academics, who pride themselves on training



masters and doctoral students that represent a flourishing future for our science.

But that still doesn't tell you who we are. For that you need to see us in action.

Our students thrive in an environment where they not only take advantage of world-leading research and teaching expertise (Professor Kimberly Wade, Professor Nicole Tang, and Professor Dieter Wolke to name but a few), but where staff know their names and their faces (even when they have been hidden behind masks for the last two years!). And we get our evidence of this when they tell us we're the best Teaching & Learning Russell Group Department in their NSS ratings (2020-21)\*\*\*\*. Undergraduates have the opportunity to build their independent research skills year-on-year, with a substantial component of their degrees dedicated to project work of increasing sophistication. However, it's in the breadth and dynamism of our final year offering that you see most student motivation and engagement. Our staff present the science at the heart of their professional expertise- from Intercultural Psychology, Ageing, and Intellectual Disability and Sensory Impairment, to Emotion, Psychology and the Law, and Consumer



Psychology & Marketing. All this helps to keep our staff's focus finely honed- and our students challenged to demonstrate the best they can be.

Do all of these facts and figures mean you know us now? Well, maybe a little better than when you started reading, but as psychologists, we all know it's the evidence that really counts. So, with this in mind, the staff and students of the Psychology Department at Warwick look forward to welcoming you to our campus and our community in July. We can't wait to show you why our Department has such a special place in UK Psychology teaching and research^.

\* Research Excellence Framework 2014

\*\*The Graduate Market in 2021, High Fliers Ltd.

\*\*\* UK government's 2018 Longitudinal Education Outcomes (LEO) dataset (2015-16 data)

\*\*\*\*The National Student Survey 2020-21

^QS ranked Warwick 8th in the UK for Psychology, QS World Ranking by Subject 2021

## JOIN US

### AND FINALLY

You can book your conference place  
[www.delegate-reg.co.uk/atp2022/](http://www.delegate-reg.co.uk/atp2022/)  
Early bird rate ends on 1st April.

Follow us on Facebook for conference updates. If you are interested in running a workshop, email me at [helenjkitching@gmail.com](mailto:helenjkitching@gmail.com)

We look forward to seeing you at conference!

With best wishes on behalf of the whole committee  
Helen J. Kitching, CPsychol, FBPsS  
ATP Conference Organiser

# TIM GREGSON - WILLIAMS MEMORIAL LECTURE

SPONSORED BY HODDER EDUCATION

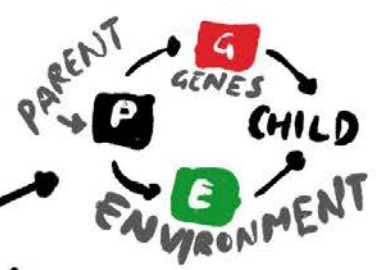
KEYNOTE 1

Professor EDMUND SONUGA-BARKE



What started as a SHORT-TERM STUDY of REFUGEES from the CEAUSESCU REGIME became LONGER-TERM...

What are the **IMPLICATIONS** of the **ENGLISH** and **ROMANIAN** Adoptees Study? A focus on = ADHD =



**ADHD** seems to be INHERITED under NORMAL circumstances - but what about **EXTRAORDINARY** adverse environments?



**MALTREATMENT** tends to be familial too - it's hard to UNTANGLE the factors!



We measured HEAD CIRCUMFERENCE and found some improvement...

**DIET-SOCIAL-COGNITIVE** Deprivation 1-43 months... then **NURTURING SUPPORTIVE FAMILY** 23-28 YEARS! ... in ADULTHOOD! ... and RISING! Why?

NO EFFECTS ON LIMBIC SYSTEM...

But **HIGH** levels of **ADHD**! ... and **AUTISM**! ...



BREAKOUT

2

"It's not **WHAT** YOU DO, It's the **WAY** THAT YOU DO IT..."

8 METACOGNITION, Psychological LITERACY  
and BECOMING INDEPENDENT LEARNERS

This PowerPoint is  
FOR YOUR STUDENTS!

HELEN J.  
KITCHING

**HOW** Do You  
**REVISE?**

When?  
✓ **NOW**

It's about  
teaching  
them to work  
**SMART...**

SPACE your  
REVISION!

**PRACTICE TESTING** ✓  
**SELF EXPLANATION** ✓

~~HIGHLIGHTING~~ **MNEMONIC\***  
~~RE-READING~~ **SUMMARY**



Move  
materials  
you FORGET  
into an earlier  
section!

start here! → 1st REMINDER  
**MEMORISE!** 2nd REP. 3rd REP...  
**INTERLEAVE!** - within a subject  
- across subjects



**MUSIC?**

The research is **UNCLEAR**  
- not so good for DEMANDING  
THINKING.

**NOTE TAKING?**

Don't COPY!

- No better than just READING.
- REWORD

\* SENTENCE  
MNEMONICS  
may be better  
than SINGLE  
WORDS...!

**CREATE!**  
**PODCASTS**  
**TEST**  
YOURSELF!



And  
**SELF  
REFLECT**

**PEER MARKING**



# FROM THE *BPS*



The British Psychological Society

2021 is drawing to a close and with it, thoughts of what 2022 will bring are taking shape. I am honoured to have been named the new Deputy Chair of the Education and Training Board and grateful to have been invited to introduce myself to you all.

In a previous "From the BPS" article, Gill Brown and I wrote about our work on the Education and Training Pathways working group and that continues in my new role and on into the next year. We have a group thinking carefully about how we improve the employability skills of psychology graduates by ensuring that we are teaching them the

job of a psychologist as well as the theory. Importantly, we want to ensure that graduates leave education with confidence in their skill and their ability.

Whilst I have never been a teacher, I supervise trainee psychologists to help them become qualified psychologists and it's important to me that psychologists are from all walks of life, from all ages and experiences and that we represent our service users. My hope as Deputy Chair is that I will work with the Equality and Diversity committee to level the playing field and have more people entering psychology who might traditionally have

missed out.

I am hopeful for what 2022 will bring. With the support of teachers, lecturers and supervisors, we can create hope for psychology students that there is a rewarding career awaiting them.



**CIARA WILD, CPSYCHOL, HCPC**

Registered Forensic Psychologist, RSci

## ATP Scotland: UPDATE

The ATPS and BPS-S held a second online CPD event on Saturday 6th November, giving us the chance to introduce the role of Psychology teachers in delivering the new Mental Health and Wellbeing Award offered by SQA, at levels 4 and 5 (the levels below Higher, which is level 6). An outline of the event included a workshop looking at and discussing the 'Delivery structure and psychological underpinnings of course content' presented by teacher and ATPS Team member Simon Robinson. The second and third workshops were delivered by teacher Zoe Ramage on 'Practical examples of course delivery' and 'Evidence gathering and practical timelines'. The extremely positive feedback received from those who attended



**ATPS**

The Association for the Teaching of Psychology in Scotland

demonstrated a keenness by Scottish Psychology teachers to really look at the value of this qualification and the opportunity we have to input into delivery of it. The ATPS and BPS-S would like to say an enormous 'Thank you' to both Zoe and Simon for giving up their time to prepare and present, and to other team members for managing registration and the Zoom technology. All workshops prompted discussion and were

incredibly informative and thought provoking; participants gathered plenty of ideas and things to think about. If members would like any resources and recordings of the event then please do get in contact.



**MAIRI RICE, ATPS**

## EFPTA REPORT



Our links with Europe continue to thrive! In February, we psychology teachers in the ATP and ATP Scotland will contribute to the latest EFPTA\* CPD webinar, on the highly topical theme of young people's mental health. Presenters and participants will consider the role of psychology education in this area; different countries have different perspectives and practices. The webinar is on 19th February, and if you are reading this in time, you can participate via the link on the EFPTA website [www.efpta.org](http://www.efpta.org) – the webinar is the top news

item. There is no need to register in advance.

In March we will hold elections for the four Officer roles on the EFPTA Board. Current President Lenka Sokolová of the Slovakian psychology teachers' association, who has done a tremendous job leading the Federation for the last three years, will stand down. There are currently 12 active member countries in EFPTA, the Netherlands being the newest member having joined in November 2021. Board meetings are held several times a year and will continue to be online (and hopefully hybrid soon); any member of a member association is welcome to attend as a guest / observer, so please contact Morag or Jock if you would like to do so.

Watch this space for news of the next EFPTA Conference in spring 2023!

\*European Federation of Psychology Teachers' Associations

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**ATP Scotland** – Morag Williamson  
[moragwill@aol.com](mailto:moragwill@aol.com)



**MORAG WILLIAMSON**

ATPS representative to EFPTA

# POSITIVE PSYCHOLOGY IN THE CLASSROOM

It was evident that even before the pandemic, students' well-being was becoming a growing concern and then the current cohort of students have faced more than 18 months of an amalgamation of online, independent and classroom learning; GCSEs cancelled and then being thrown in the deep end of having to face A-level examinations. And that's just with regards education. Alongside that, many have had challenges at home, been ill themselves or had family members who have suffered. Research shows that now 1 in 6 children (aged 5-16) have a diagnosable mental disorder (an increase since 2017 where 1 in 9 was recorded), and that likelihood increases with age. And so, working with teenagers, at such a critical time in their lives, positive health and well-being is needed to be promoted as much as possible.

There wasn't a better time for us to integrate positive psychology into our

psychology classrooms. For us, a personal quest extended into a faculty focus, that will hopefully broaden out to a college-wide approach. Students spend 30 hours a week in the college and so a considerable part of their well-being is influenced by their experience in education so we decided it would be really valuable for them to be in a positive atmosphere where they feel helped and validated both with their academic work but also to help develop coping strategies, increase their resilience and nurture a growth mindset. We wanted to foster a culture where students feel supported, safe and valued.

## What it is

Martin Seligman, famous for his research into learned helplessness and depression then went on to develop his knowledge and furthered his expertise in the world of positive psychology and since the year 2000, this

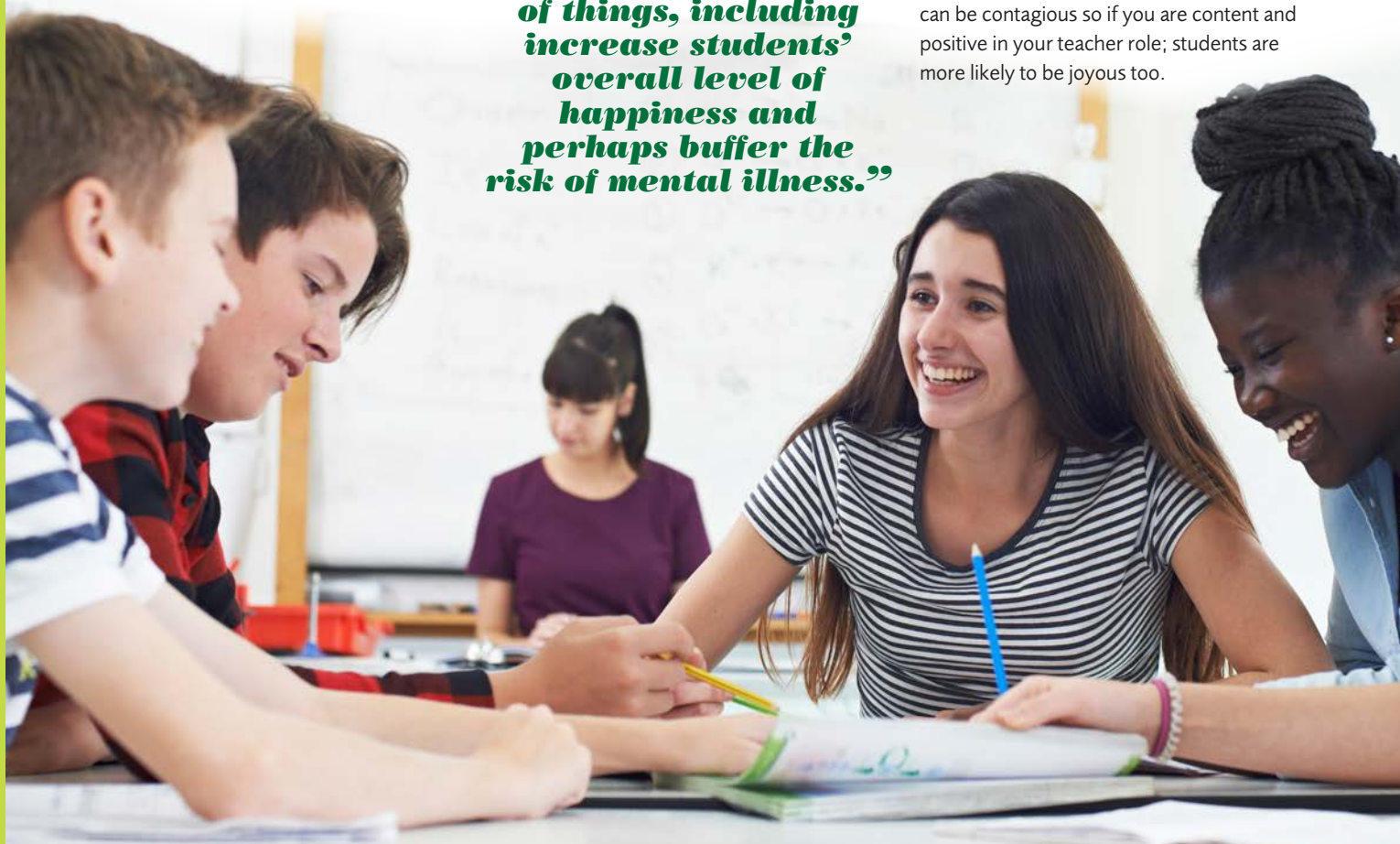
has expanded into a massive phenomenon that is being incorporated into all areas of life; education, the workplace, coaching, relationships. Positive psychology is all about what makes life worthwhile. It focuses on strengths rather than an individual's weaknesses.

## Why

Positive Psychology can do a multitude of things, including increase students' overall level of happiness and perhaps buffer the risk of mental illness. It should help students boost their coping strategies so they can learn to cope with challenging times. Positive emotions develop an individual's resilience, reduce stress levels and increase their creativity and having a more optimistic outlook is an integral part of your well-being.

What is apparent through the abundance of research is that getting large amounts of money doesn't increase a person's happiness, but gratitude and kindness do. Being kind to others as well as having self-compassion helps increase well-being. And happiness can be contagious so if you are content and positive in your teacher role; students are more likely to be joyous too.

***“Positive Psychology can do a multitude of things, including increase students' overall level of happiness and perhaps buffer the risk of mental illness.”***



## TEN PRACTICAL STRATEGIES



Outside of the classroom, we run a well-being club where we teach them about many aspects of positive psychology, guide them where to access help if needed and help them establish skills to be able to help others in terms of well-being.

In class, we weave in little strategies and ideas that hopefully make a substantial difference. They take minimal planning and can be easily incorporated into psychology lessons. A lot of it is thinking about the language we use every day in the classroom. Using positive language can help create a more positive atmosphere and thus more positive feelings from students.

**1** Five-minute starters: give them a post-it or get them chatting about one positive thing they have done in the past week, or their favourite psychologist, or share a psychology-related joke or fun fact. It starts the lesson off positively and gets students talking and getting to know each other. Or feed in as a plenary – the best thing about the lesson, something interesting they have learned, what they are looking forward to, a song they like to listen to. Bringing in bits of positivity and enhancing positive emotions in class will increase the likelihood that they leave with a smile on their face. Use of praise: postcards, stickers, text messages: praise for lots of reasons: a high grade, attaining a target, effort with homework, creativity, determination in class. Bring in biscuits if you know a lesson is going to need some encouragement (like the introduction of stat tests, or practice essay writing!). Show the students you care and that you recognise their strengths.

**2** When feeding back on work, don't neglect what they have done well. Obviously, students need to know where to improve but point out a positive aspect of their work too. Reinforce how

you believe they can do the work set or improve on the work you're feeding back on. Encourage them to embrace mistakes and learn from them, accepting it is going to be challenging but they have time to improve.

**3** Student nominations: give awards (certificate, sweets) for the student of the half term. Recognise their achievements and successes.

**4** Asking students how they are, getting to know them, increase a feeling of belonging in the classroom so they feel valued and part of the group. Building up a positive relationship with the students and encouraging them to build positive relationships with others will increase their well-being.

**5** Communicate with parents: send an email introducing yourself and informing parents what you have been working on and where students can access help if needed. This again works on building positive relationships and it is well appreciated by the parents.

**6** Mix in relevant events with lessons. Whether it be Halloween, Christmas, Valentine's Day, World Mental Health Day etc; do activities that link the two together (so for example, I have just had my class discussing different theories of prejudice and how they may explain why friendly ghosts and scary ghosts are prejudiced towards each other but there are loads you could do like this). And next, we will be reinstating our 'psycholo-tree' (Christmas tree with decs relating to psychology and psychologists on) to make the classroom look festive and then not long after will be time for new year resolutions. Tap into what the students enjoy and aim to increase their experience of positive emotions.

**7** Focus on their strengths: there are so many character strengths which you can comment on in lesson: their creativity, their perseverance, their teamwork

skills. Obviously, we need to deal with their areas of weakness too but this needs to be done in balance with helping them realise what they are good at and how to use their strengths so they can flourish.

**8** Question their negative thoughts: turn them round – what are they good at, what do they want to achieve, what do they enjoy, how do they feel when they achieve something they have had to work for. Try and nurture their sense of gratitude and maintain their positive outlook

**9** Make time for building up skills such as revision, dealing with stress, how to handle exam time, coping with anxiety. Encourage a sense of hope in what they want, how to get there and how to deal with challenges.

**10** The impact of our interventions is hard to measure and perhaps too soon to evaluate, but they definitely create a more positive atmosphere in class; a more enjoyable learning space. And it's not just about the students, it could be about the staff too. Remembering to acknowledge when a colleague helps you (we have introduced staff nominations each half term too) or to practice small acts of kindness and being kind to ourselves in what can be a challenging job we do. Weekly departmental lunchtimes together and secret Santas between us enhance the positivity for staff too. These little things may appear minor, but we are confident they make a dynamic difference.



**PsychExcel**  
Toolkit



**ANNE BECKHAM**  
info@psychexcel.co.uk

**B E P O S I T I V E .**

# FROM TEACHING TO TRAUMA INFORMED PRACTICE

## A PERSONAL JOURNEY

In a time, pre-Covid-19, over a Sunday roast, I had a long chat with my daughter who had just started her second year of primary school teaching. She was enthusing about training the SENCO at their school had carried out based on Trauma Informed Practice and mentioned the SENCO had told the staff "In 20 years of teaching the diploma was the best and most insightful training I have ever completed". At the same time, I was looking for courses that could help me develop support for staff welfare and wellbeing in my school. The following week a link came up for Trauma Informed Schools – UK who offer a range of CPD which included support for staff.

Fast forward to Feb 2021. Like many of us during the various lockdowns and disrupted teaching I had been reflecting on future plans and if my loss of enthusiasm for being in the classroom was "simply" linked to the pandemic or did it go deeper than this. I had also just embarked on the Trauma Informed and Mentally Healthy Schools Diploma

and was considering a change in role. April 2021 provided me with an opportunity to reach a decision to leave the classroom and change my role to become a Learning Mentor alongside promoting Trauma Informed approaches across our Multi-Academy Trust. In October, I passed the level 5 diploma and am working one to one with students in my new role.

So, what do we mean by a Trauma Informed Approach? Dr Margot Sunderland, Co-Director of Director of Trauma Informed Schools UK, defines trauma as "an EMOTIONAL response to a painful and shocking event where there was no-one there to help you with what was happening at the time". Trauma can impact on our relationships, self-esteem, and behaviour as it replaces social engagement with defensive behaviours halting our capacity to learn. Taking a Trauma Informed Approach allows students to build a relationship that starts to allow social engagement to thrive.

### The Impact Of Adverse Childhood Experiences

When children and young adults experience one or more Adverse Childhood Experiences (see box 1) without the support and care from an emotionally available adult there are significant impacts on both health and educational attainment. Using data from the Avon Longitudinal Study of Parents and Children (ALSPAC), a prospective cohort of children born in southwest England in 1991-1992. Houtepen et al (2020) identified associations of ACEs between birth and 16 years with educational attainment at 16 years. The researchers found that there were associations of ACEs with lower educational attainment and higher risk of depression, drug use, and smoking. Trauma Informed Schools – UK report that that children who have 3+ ACEs in their life have significant issues with academic progress and success, 5+ significantly impacts on attendance and 6+ with significant behaviour issues.

The impacts of these ACEs are related to toxic stress; high doses of adversity experienced during critical and sensitive periods of early development, without adequate emotional support from a trusted and emotionally available adult acting as a protective factor, lead to the repeated activation of the brain's fight-or-flight stress response system within the Limbic System. A child or teenager experiencing ACEs tends to rely on their "reactionary" coping skills rather than their "rational thinking"



This means when that child/teenager is confronted by anything that triggers those danger-producing emotions, such as anxiety, fear and anger, their embedded, reactionary, coping skills and behaviours associated with ACEs are activated because the brain has mapped this reaction as critical to survival. These coping skills may appear to parents and teachers as poor behaviour, inattention and withdrawal.

By taking a trauma informed approach we can be part of the protective environment that can reduce toxic stress and help to build connections between the limbic system and the frontal cortex.

### Putting In Into Practice:

In the classroom, a trauma informed approach is based on building a trusted relationship with our students using P.A.C.E. (see box 2) Developed by clinical psychologist, Dan Hughes, the approach focuses on building trusting relationships, emotional connections, and a sense of security. It encourages us to focus on the whole child and the reasons behind a behaviour, rather than simply the behaviour which is often challenging. When children experience adults doing the best they can to understand them they start to believe that adults really will keep on trying until things get better. P.A.C.E. also helps children to become more secure with adults,

build the skills to reflect on themselves, their own thoughts and feeling and build the skills they need for maintaining healthy relationships in life. By working together cooperatively, children can discover that they are also doing. Box 3 shows how using P.A.C.E. with a student after they have been exited from a lesson can work as part of a restorative conversation.

So, back to my own story. Whilst completing the diploma I was encouraged to reflect on my own 30 years of teaching, and parenting – scary – to try and identify where I got it right and where a change in approach could have resulted in a better relationship with my own students. It made me realised that, on the occasions I walked away from a confrontation, using P.A.C.E. with an aggressive and oppositional attitude may, possibly, have led to a more positive outcome. 2 students come to mind.

"Bob" came to our school from another comprehensive. Already labelled as "trouble" by students he reacted aggressively to what he saw as "unreasonable requests" by male teachers. This led to being regularly "exited" from classes and myself, as a tutor, repeatedly asking him to "try changing his attitude" A phone call from home revealed a number of significant ACEs which put his oppositional behaviour in perspective.

Bob has always had a good sense of humour

and we had mutually found having a joke about his rather casual attitude to uniform was a good approach to a gradual compliance. After the phone call from home we had a non-judgemental chat about his behaviour in lessons, whilst walking around the school site. This had the effect of lowering arousal levels and by asking questions such as "I am interested why you find this lesson ok" and "I wonder why some days are better than others" rather than "Why did you get exited yesterday" Bob was able to explain how he became frustrated in lessons and this led to refusal to work. Together we worked out Bob found physical activity allowed him to gain control over his frustration. He asked whether "taking a long route" to lessons he struggled in would be ok. This was agreed by other staff, along with a request that Bob was not challenged when he was late. Things gradually improved, Bob felt he could talk to me more about his home and childhood and as he shared more both of us realised his behaviour and attitude improved. I wouldn't say he became the perfect student, far from it. However, jointly coming up with a plan to lower his stress levels which was accepted by other staff meant he left school with much better relationships than when he had arrived.

I don't always get it right though.

'Ellie' was a similar student in defiant and oppositional behaviour, initially at tutor time

## BOX1

### Adverse Childhood Experiences: Adapted from TIS-UK

Scored in terms of the number of the following experiences

#### Personal

- Emotional abuse (humiliated/sworn at/put down/insulted)
- Emotional neglect (feeling unspecial/not important/not loved/not supported)
- Physical abuse (push, grab, slap, throw things at you)
- Physical neglect (not enough to eat/dirty clothes)
- Sexual abuse
- Being bullied
- Multiple moves

#### Family members and home environment and neighbourhood

- A family member depressed/mental illness
- Loss of a parent or parent separation/divorce
- A family member being addicted to drugs or alcohol
- Witnessing domestic violence
- A family member in jail
- Poverty
- Violent neighbourhood
- Racial trauma/any discrimination

## BOX2

### The principles of P.A.C.E. Adapted from ddpnetwork.org

**Play:** Have a playful, warm, and spontaneous way of interacting with our students. Teenagers love art-based activities, games and fun so this is something that we can easily build into our lessons. Meet and greet students with a personal comment / non-judgemental joke. Using play allows a student to feel safe with you and to promote trust. When students are connected with in this way, they are freer to open up, reflect, laugh, play, share their true feelings with you.

**Acceptance:** At all times accept the child's intentions, thoughts, feelings and inner life, without any judgment or criticism. The "tricky student" who is always challenging may be this way because they have no trust. By accepting and acknowledging the feelings fuelling the child's presenting behaviour the student builds trust that you will never be shaming or critical. It's important we don't judge the book by the chapter we have walked in on.

**Curiosity:** By taking an active interest, totally non-judgemental, in how the child is experiencing an emotionally charged event (past or present) lets the student know that you really want to understand their meaning of an important life event and then help them with their understanding. Phrasing a question 'Will you help me understand...?' 'I wonder if...?' rather than "Why didn't you do your homework again" shows curiosity rather than judgement.

**Empathy:** Modelling empathy through non-judgemental listening allows the students brain regions to start to mirror an empathetic response in turn. Empathic listening therefore has a healing impact on the brain and mind. It leads to good vagal tone, calming down the heart rate and supporting emotional regulation. When a child is emotionally regulated, the medulla in the brain is calmed and a trauma response is lessened.

but then gradually in lessons. She had a strong sense of fairness, unfortunately her perception of fairness was always accepting her views and no-one else's. During PSHE sessions she would often put forward views that were very different to mine. Being, what I thought, was a "reasonable" teacher I spent time trying to engage her in conversation whilst trying to persuade her my views were right. Eventually she stopped coming to tutor time because "Mrs B never listens, and I don't have any respect for her". Over a year, I tried several techniques to try and engage and build a relationship, thinking I was using all my psychological knowledge and experience built up over the years. Ellie just became more and more defensive eventually changing tutor groups, a mutual decision, but continue to be defiant when we encountered each other around the school site.

On reflection I applied none of the P.A.C.E principles, Exchanges were never playful, I struggled to accept her views and therefore failed to show empathy. I still wonder, 2 years on, if I had just met her energy with my own in a calm way and given Ellie space to explain her views if things would have been a little better.

I now have the privilege of working with students one to one. I have the time to develop relationships in a non-challenging environment and to support staff in trying to see the child behind the behaviour. In interactions around the school and when on duty I try very hard to adopt P.A.C.E, sometimes it works, sometimes it doesn't. However, the more we, as teachers, can be "playful" in our interactions and curious rather about our students the better we can support our students to learn the skills they need to build positive relationships as they grow up.



**JENNY BAINES**

Learning Mentor



### References

<https://www.early-education.org.uk/news/blog-how-listening-empathy-can-help-heal-childrens-brains>

## BOX3

### Using Curiosity in a restorative Conversation.

Sandra has been exited from a lesson because she arrived late, refused to start work and was persistently talking to another student.

### A non-trauma informed conversation is likely to be as follows.

S: Why have I been sent out? I did nothing wrong  
T: You were late to my lesson and then refused to work.  
S: I wasn't the only one not working.  
T: I accept this but you then kept turning around talking to your friend. This was disrupting her learning.  
S (silent)  
T: Normally you are ok so I was really disappointed in your attitude.  
S: (mutters but can't be heard)  
T: Well, ok. What are you going to do next lesson.  
S: Be on time  
T: and...  
S: Not talk and get on with my work.  
T: Excellent, let's try that then.

### A trauma informed conversation:

S: Why was I sent out just because I was late.  
T: "Well, I noticed you knew you were late, I am wondering if something happened before my lesson..." (This allows the student to both be heard and to explain)  
S: Yes, well..., I know I was late but I hadn't slept so was late getting up. Sorry "  
T: I can understand why this made you late, I wonder why you couldn't sleep  
S: (mumbles, T allows her to collect her thoughts) Oh, well, I had a MASSIVE argument yesterday and was really worried I had upset someone.  
T: Oh, I see; is this the reason why you were talking to your friend"  
S: Yes miss, I was just checking I hadn't upset them  
T: Thank you for sharing; now I understand what happened I can see why you took some time to settle. What do you think we could do if this happened again?"  
S: Oh, I dunno... Well maybe I could just let you know why I was late when I came in?  
T: I think that's a really good idea – let's try that. If I know you are upset do you think it might help you to settle more quickly?  
S: (mumbles) Probably, well yeah.



# REMEMBERING BECK AND CSIKSZENTMIHALYI

2021 has observed the passing away of two eminent psychologists, whose influence will endure beyond their lifetimes and the field of psychology.

Aaron Beck has transformed the understanding and treatment of depression through his work on the cognitive triad and Cognitive Behavioural Therapy (CBT).

Mihaly Csikszentmihalyi revolutionised understanding of motivation and use of free time with his conception of 'flow'; a state comprising complete absorption into an activity with a high level of challenge and competency required.



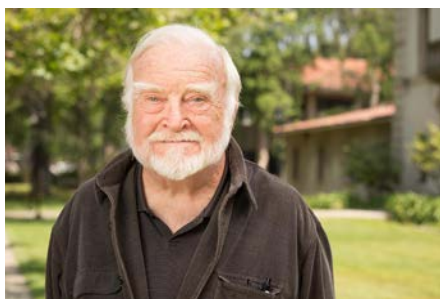
## Aaron Beck (1921 – 2021)

The youngest of five children, Aaron Beck was born to Russian Jewish immigrant parents in Rhode Island. His parents had previously had two more children who had died before his birth. Following these undoubtedly turbulent years, his mother Elizabeth was chronically depressed for several years throughout Aaron's childhood. Perhaps also sensitive to external influences including several illnesses throughout his childhood, Aaron Beck would later face a personal experience with depression and was reportedly suffering from the mental disorder when writing his first book in 1967.

Beck studied at Brown University and later earned his M.D. from Yale. After initial scepticism of psychoanalysis, he later became enthralled with the answers he believed this approach could provide with regards to psychological disorders. Beck later became disillusioned with the lack of scientific rigour in psychoanalysis and shifted his academic attention to the cognitive approach.

When later working with patients with

depression, Beck noted the common occurrence that his patients would experience spontaneous negative thoughts upon which they would later ruminate. The focus of his work became helping patients identify these negative thoughts and replace them with more balanced ones, leading to the birth of CBT, a therapy which has enhanced the life of thousands. Beck continued his mission to understand depression throughout his life and, amongst myriad other notable achievements, established the Beck Hopelessness Scale – one aspect of which assesses feelings about the future. As the world collectively tries to move forward from a time period where hope for the future has at times seemed impossible, Beck's work seems increasingly relevant.



## Mihaly Csikszentmihalyi (1934 – 2021)

Mihaly Csikszentmihalyi was the youngest of three sons, born in Fiume, Italy (now known as Rijeka and part of Croatia). His father worked for the Hungarian Consulate as a diplomat and his two half-brothers died when he was still young. During the first few years of WW2, Csikszentmihalyi's father assisted with providing exit visas to Hungarian Jews escaping the country. Csikszentmihalyi and his parents were later interned by the Allies following the war, during which time he would play chess and observe that time seemed to melt away whilst he was engaged in this activity.

Csikszentmihalyi's psychological imagination was first captured when he attended a lecture by Jung whilst on holiday in Switzerland, and the fact that psychology was seldom taught as a distinct subject in European universities resulted in him moving to Chicago in 1956 with the equivalent of \$50 to his name.

Whilst working nights in a hotel to support

himself, Csikszentmihalyi earned his bachelor's degree from University of Chicago in 1960, and his doctorate in 1965. It was whilst working on his dissertation investigating creativity that he noticed that, when interviewed, the painters he was studying overwhelmingly described the process rather than the goal of their activity. This observation ignited the spark that would eventually lead to the conception of 'flow', a state of mind involving complete focus on an activity with an optimal level of challenge. This characteristic state has been applied to describe the activities of such diverse groups as rock climbers, sports players and chess masters, and was embodied in Csikszentmihalyi's seminal book, 'Flow: The Psychology of Optimal Experience' (1990).

Both Aaron Beck and Mihaly Csikszentmihalyi started from humble backgrounds and arguably overcame more obstacles than most to contribute to their chosen fields. It is clear through their work that they were keen to highlight the voices of minorities and the oppressed. They are both noteworthy in their willingness and courage to diverge from established psychological models of the time. It is strikingly clear that both contributed a great deal of themselves personally into their professional work.

Perhaps most notably, both show what it is possible to achieve through hardship. Through his work on explaining and treating depression, Beck "dedicated his life to alleviating human suffering." He was led by the idea that it wasn't events themselves, but how they were processed by the human, that led to depression. Echoing this notion, when pondering the key to happiness, Csikszentmihalyi believed that "It does not depend on outside events, but, rather, on how we interpret them."

At a time when mental health disorders are on the rise it is more pertinent than ever to remember the profound influences of Beck and Csikszentmihalyi and their hopes for more positivity and less suffering in the world.



ELLEN TEDER



# DEVELOPMENTS IN *EARLY COGNITION*

It's always been intriguing to wonder how the brains of the very young work. Research is going on at several Babylabs in the UK, some which parents can join and become contributors such as at the University of Oxford where a focus is infant development in language and literacy (6 months – 3 years), and the University of London Birkbeck (0 – 2 years) looking at face recognition, attention, language and understanding. Birkbeck also has a fascinating ToddlerLab, set up partly through crowdfunding, using wonderful new techniques and technology to research cognition in slightly older children. This research contributes to the Brain Imaging for Global Health project amongst others.

One technique which has enabled real time neuroimaging is fNIRS, functional near-infrared spectroscopy. This uses neurovascular coupling, the rapid increase of blood flow to an area where neurons have been activated. The increased flow is achieved by the relevant blood vessels dilating, and this knowledge has

been used for decades in fMRI scanning. In the ToddlerLab research, the change in blood flow is detected by near-infrared light which can be beamed from a headset through the skull where it scatters and can then be picked up and recorded by a set of receivers also in the headset. Quite a lot of toddlers are able to play happily whilst wearing this apparatus as it is very lightweight, unlike MRI scanning equipment, and fits like a small cycle helmet. But the exciting thing is that near-infrared light is absorbed by oxygenated blood as it flows in the toddler's brain, and blood flow varies with the neural activity in the different brain areas because the more activity there is, the more oxygen the neurons require for energy. So, the fNIRS detects the level of activity as well as its site, and researchers gain a picture or map which matches the brain activity to the behaviour going on at the same moment, whilst the child is actually playing.

How is this technique operationalised? The toddler has to be happy to wear the headset

and also a small backpack. Wires from the headset run out and into two recording units in the backpack so the research team can image brain activity as the toddler moves around and plays as normal. The toddler also wears motion-capture fingerless gloves which are connected to 16 discreet ceiling cameras. These capture movements of each finger down to 0.01 of a second. Put together, researchers can now see children's brain activity when they are acting naturally – if the toddlers agree to take part, which many do. There are four main lab areas in the new ToddlerLab - one looks like a home living room, one a preschool room, an 'exploration lab' and the CAVE (see below) so many types of behaviour in different environments can be studied.

One project investigates how goals are planned and achieved by the child breaking the goal down into smaller sub-goals. This study compared 3- and 5-year olds doing a task where the main goal was to build a house, walls first and then the roof.



An earlier study found, using the fNIRS and motion-capture techniques, that when carrying out a sub-goal in this task, such as reaching for a toy brick, the toddler's non-dominant hand freezes unmoving for a few seconds, suggesting brain processing is concentrated on achieving the sub-goal.

The current study looks at the brain in the planning stage. This is when the child is between sub goals and it is shown by increased activity in the prefrontal cortex, where planning occurs. Possibly the child is working on how to do the next sub-goal. This activity was seen in toddlers who were focused on completing the house-build task and were successful in doing so. An additional facility in ToddlerLab is called the CAVE and is a virtual reality

environment where all kinds of surroundings can be projected as if the child is really there. This means behaviour in and around shops, parks and so on can be created and the child's behaviour and brain activity can be monitored almost as if they were in the real environment.

Whilst this is exciting and fascinating from just the gaining of knowledge, one very important development of this technique is to look at children showing signs of non-neurotypical development, leading to better understanding and better ways of supporting their needs.

With huge thanks to Professor Denis Mareschal, at the Centre for Brain and Cognitive Development in the School of Psychology, Birkbeck, and Leslie Tucker, Centre Coordinator. Centre for Brain and



## References

University of London Birkbeck <http://www.cbcd.bbk.ac.uk/babylab> and <http://www.cbcd.bbk.ac.uk/toddlerlab>

University of Oxford <https://www.psy.ox.ac.uk/research/oxford-babylab>

<https://www.newscientist.com/video/2296468-inside-the-toddler-lab-whats-going-on-in-the-minds-of-children/>



## Resources

From <http://www.cbcd.bbk.ac.uk/news>

- On 17th February 2021 the Birkbeck Babylab featured in the award-winning children's television series 'Operation Ouch!'. The episode showcased current cutting-edge research Louisa Gossé is conducting at the BabyLab, examining what happens in babies' brains during sleep. Watch on BBC iPlayer

- The INTERLEARN cohort of PhD students presented their PhD research during an online symposium. Talks were on sleep, active learning, touch, atypical development and individualised learning. Missed it? You can find the recordings of the talk above

- Professor Tim Smith (Centre for Brain and Cognitive Development) has led a study (the TABLET project) conducted by Birkbeck, King's College London and the University of Bath that has found that toddlers who use touchscreens are more easily distractible.

Cognitive Development, School of Psychology, Birkbeck for their kindness in letting me have the photos in this article.



**EVIE BENTLEY**

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

# Book Reviews

I am delighted to review our ATP Conference 2022 Fringe event speaker, Dr James Tresilian's book 'How You feel'. It is a fascinating delve into the mind and body. James' book combines an interesting mix of history and psychology. Each chapter follows a different insight into the mind/body connection with along with plenty of references to neuroscience. He introduces us to the work of historical figures like Charles Sherrington and Wilder Penfield, such as Penfield's pioneering research into the area of the brain that evokes tactile sensations across the body and Sherrington's Nobel prize for his contributions to our understanding of the nervous system and

coining the term 'synapse'. The book also has plenty of case studies and references to other research to engage the reader and touches on subjects like phantom limb phenomena and anorexia but with a running theme of the mind/body interaction. One of my favourite parts was reading about the Haunted Swing Illusion. Not something I would like to experience!

I found it an enjoyable read and it would make a great addition to any psychology library.

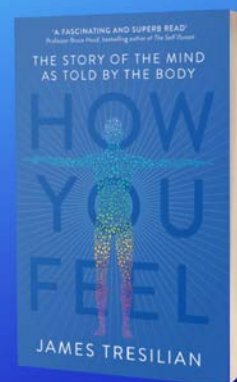
James will be selling signed copies of his book at the 2022 ATP Conference for £5.

**Helen J. Kitching, Psychol, FBPsS**

## HOW YOU FEEL

'An astonishing, gripping and beautifully told story ... Sparkles with insights and surprises' - Professor Nick Chater, author of *The Mind is Flat*

Published by Robinson  
5 November 2020



# WHY SELF-COMPASSION COUNTS

I am a teacher of psychology and have been for nearly two decades. For the most, I have loved it, but at times really struggled to find that elusive “work-life balance”. I find myself counting down the days to the next half term, at which point I would feel burnt out and stressed. In lessons, I operated on autopilot, not really being present or mindfully “there” with my students. I realised I was beginning to lose my love of education, and I noticed that fellow colleagues and students were feeling the same. This led to my discovery of positive education; the application of positive psychology to promote flourishing schools. I have since qualified as a positive education consultant, fallen back in love with teaching and developed a Positive Education toolkit of workshops and activities that I use to boost the wellbeing of my students, which in turn has helped buffer me against burnout. The toolkit has proved popular, and is a strategy that I am pleased to say is being trialled across the college I work in.

There is no doubt that teaching is a skill that takes mental flexibility, emotional agility, and resilience. As teachers, we need the ability to quickly gauge the appropriate responses to large groups of students, whilst simultaneously differentiating to suit each learner (Tandler et al, 2019). In addition, we find ourselves acting in loco parentis, promoting the development of personal, social and health education, engaging in complex administration, grade monitoring, and delivering passionate and motivating lessons. All of this is undertaken in a target and assessment

focused workplace. Add fluctuations in government policy, changes to education pedagogy and a few hundred teenagers, and it is easy to understand why a third of newly qualified teachers decide to leave after their first five years, reporting feelings of burnout (Teacher Wellbeing Index 2020). I strongly believe that choosing to be a teacher should not come at the sacrifice of happiness – the need to develop effective coping strategies is clear. One such strategy I have discovered is the practise of self-compassion.

## Why is self compassion beneficial?

Self-compassion can be defined as compassion turned towards the self (Neff 2003) and has three polaristic components:

1. An expression of self-kindness, rather than self-criticism and judgement.
2. A perception of common humanity in the recognition that failure and inadequacy are a part of shared human experience, as opposed to feelings of isolation.
3. A mindful ability to keep our suffering and emotions in balance, rather than unhelpful rumination or suppression.

Research details how self-compassion is associated with positive emotion (Neff et al, 2007), resilience (Neff & McGehee, 2010), higher levels of wellbeing and lower levels of stress (Stutts et al 2018).

## How is Self-Compassion beneficial for educators?

1. The first benefit is the development of mindfulness in teachers. Research (Zarate et al 2019)

has suggested that training in mindfulness amongst teachers produced reductions in stress, burnout, and depression. Adopting a mindful approach is a particularly useful skill for teachers, whose mind is constantly planning the next lesson. Adopting mindfulness may act as a reminder to live in the moment when teaching, savour a joke shared with a student, or bask in the reflected glory of a students' lightbulb moment of understanding. Mindful awareness may offer the perfect antidote to a busy teacher brain.

2. Research (Allen and Leary 2010), suggests that the practice of self-compassion has the potential to increase resilience and encourage positive adaption to difficult situations. This resilience proves useful when faced with the demands of a heavy marking workload, or a busy week of teaching, opening evenings and parent calls.

3. Yarnell (2013) found that those higher in self-compassion feel less turmoil when dealing with social conflict. This comes in handy when we are dealing with behaviour management issues within the classroom, mediating between students and parents, or negotiating with senior leadership.

4. Self-compassion may also be of use when you consider the performance pressure to make lessons fun and engaging.



Experimental studies (Breines et al 2014) reveal that participants who were higher in self-compassion showed lower physiological stress when asked to give an unexpected speech in front of an audience. Given the performance element of teaching, this seems like it would have a similar benefit when we are faced with the pressure of large new classes of expectant students.

The overall conclusion that can be drawn from these research studies, is that the practice of self-compassion can act as a buffer against stressors that are specific to the teaching profession: self-compassion will be a useful tool in the teachers' wellbeing toolkit.

Whilst it is tempting to get drawn into these shiny health benefits of self-compassion practise, the research itself doesn't always translate well to the real world of the classroom. Afterall, how many teachers do you know that have the time for a mindfulness training course? I wanted to know how the benefits of self-compassion practise could be put to practical use, without it needing too much time or effort. My research involved interviewing several experienced teachers, asking about how they understood, used and developed self-compassion. Getting a first-hand account of their personal experience uncovered some nuanced and useful insights into self-compassion strategies that I have summarised below.

## The Six Steps of Self-Compassion

### 1 Make the most of the micro-moments

The teachers I interviewed, made an effort to find their own personalised, quick and effective ways of developing self-compassion throughout the day. This is not about laborious, time-consuming practises, but finding small micro-moments of mindful awareness and self kindness, and purposefully tuning into them. It's about having a stretch whilst you are at the photocopier, really taking a moment to savour the cup of tea at breaktime, or pausing to take some lovely long breaths before entering the school building.

Find out what small habits you can create to reduce your stress and don't underestimate the power of micro-changes to your daily routine – lots of small steps can leave a big footprint.

2

### Ask – was it worth it?

Self-compassionate teaching is the ability to find the delicate balance between effort and payoff. Self-compassionate teaching involves asking yourself the question "was the effort worth the benefit?" It's a simple but often overlooked question (when I was training to be a teacher, I don't recall ever being asked this).

5

### Choose your words wisely

If you are part of the senior leadership team the language you use can help to develop a culture which values healthy, self-compassionate, teaching narratives, as opposed to praising teachers who promote self-sacrifice, hailing this as the gold standard within the education system.

3

### Accept help and pass on your skills

Kindness and compassion were clear character strengths of the teachers I spoke with. Take full advantage of the help and advice that is offered and know that it is not a sign of weakness to ask for it. Research shows that using our own unique character strengths at work boosts happiness levels (Linley 2004), so in asking for help you might well be boosting the wellbeing of other teachers, by giving them the opportunity to help you.

6

### Invest in social connections and don't be afraid to make mistakes

Social relationships sit at the centre of classroom compassion. Focusing on developing social connections with students is the starting point for developing compassion and builds trust. This makes room for a safe classroom, where mistakes can be made, and risks taken – both by the teacher and student. Afterall, teaching ideas don't always work the way you'd like! Accepting this, being vulnerable and admitting mistakes you make with the students, models self-compassion and acts as a blueprint for their own self-compassion practice. This provides opportunity for the creation of compassionate micro-communities, which have the potential to accumulate and cascade through the school, creating a compassionate shift within the school culture.

4

### Change the internal narrative

A common barrier to developing self-compassion is a perceived rhetoric, normalising overwork and self sacrifice, which is wrongly promoted by the wider school culture feeling the "I am not doing enough" feeling. Challenge this narrative when you find it popping into your head; challenge it amongst your co-workers too. As a teacher it's important not buy into these "overwork is normal" messages. Don't be tempted to try every education pedagogy fad or advice that gets thrown your way when training season comes around. You do enough, and it is ok to leave work on time. In fact, by looking after yourself you will have more energy and head space to cope with potential stress.

Overall, what I learned from my research is that self-compassion counts in a classroom, and that it doesn't have to be time consuming, or another thing to add to your to do list. It can be a way of being rather than doing: an implicit practice that is brought to the classroom with relative ease. It involves prioritising classroom relationships, making the most of micro-moments of self-compassion, shifting our teaching mindset to adopt self-kindness (I am doing enough), working smart, normalising mistakes and tweaking language to promote a healthy self-compassionate working culture amongst ourselves, our colleagues and our students.

I hope this article has given you some food for thought and I wish you luck in your journey of self-compassionate teaching practice.



**HANNAH DUNN**

Scarborough Sixth Form  
and PsychExcel

# HOW IS SCHIZOPHRENIA PERCEIVED AND TREATED IN DIFFERENT COUNTRIES?

## Introduction

Schizophrenia, a complex psychotic disorder, is defined as 'a psychosis, a type of mental illness characterised by distortions in thinking, perception, emotions, language, sense of self and behaviour' [1]. This disorder is thought to be associated with an array of behaviours and people diagnosed with schizophrenia may exhibit a wide range of different symptoms, making it very hard to diagnose. Because of this, the BPS division of clinical psychology recommends a move away from the term 'schizophrenia' to one of psychosis. To grasp its numerous symptoms, Kurt Schneider (1958) categorized them as either positive or negative. For example, positive symptoms, known as additional behaviours, include hallucinations (auditory and visually) and delusions, whereas negative symptoms include avolition, alogia, anhedonia, flatness of affect, and catatonic behaviour. However, attempting to understand the exact causes of schizophrenia is still an issue. We still don't know what specific factors causes its development. Psychologists have since provided many explanations for its manifestation while considering genetic, psychological, and environmental influences. Nevertheless, these are only ideas without a definite answer, and the thought is that there

might be multiple pathways to developing schizophrenia.

This chronic mental disorder affects 20 million people worldwide [1]. Yet, there is inconsistency with how schizophrenia is perceived across different countries. For instance, why do people in the United States of America experience hearing violent and threatening voices, while people in India tend to connect these voices to family members, as something playful and magical [2]? Will these various experiences and perceptions impact how professionals across the world attempt to treat the disorder?

## The relationship between schizophrenia and culture

It is substantially noted that culture impacts how schizophrenia manifests, as these various cultures and lifestyles may well reflect within symptoms of the individuals. It's perplexing how different cultures can manifest the same disorder in vastly different ways, which could explain why it is viewed differently in different parts of the world. For example, cultural stigma, family importance and religion are all factors that may impact their societies' understanding of schizophrenia, and thus its development. Diagnosis, treatment, and service availability may all be influenced by culture [9].

## Perception of schizophrenia in different countries

Many countries view schizophrenia as something negative and undesirable. The public perception of schizophrenia is distorted, as the knowledge of the condition is excessively inundated by stigma and misunderstood profoundly. The general attitude towards this mental illness overlooks the sufferers' experience, because of the arising stigma due to the ever-growing media. Its perception is very much influenced by its portrayal on screens and in literature, falsely labelling the illness as something violent and shameful.

For instance, English-language movies containing a character with schizophrenia between 1990 and 2010 were analysed by Patricia R. Owen, PhD. It was found that the majority of the characters acted violently toward themselves or others, with nearly a third of violent characters engaged with homicidal behaviour [6]. In actuality, if receiving treatment and not misusing alcohol or drugs, people with schizophrenia are no more violent or dangerous than others [8]. Misrepresentation of the disorder in the media will inevitably condition the public into believing stigma-fueled statements, with stories that outnumber positive ones and



warp its perception. In a 1994 study of the 'In British' news media, it was discovered that reports concerning violence by people with schizophrenia dominated sympathetic news coverage about the condition, by around four to one [7].

The stigma around schizophrenia and other mental illnesses are evident in China too. Based on interviews exploring stigma and expressed emotions, Phillips et al. (2002) found that 26% of 952 family members of people with schizophrenia in five locations around China also experienced a moderate to severe degree of stigma. In addition, in 1999 a study about attitudes toward the mentally ill in Beijing was carried out and discovered that over 60% of 254 community members believed that people with severe mental illnesses should not be allowed to marry or have children, following the public's fear of people with mental illnesses [12].

Moreover, the attitude towards mental illness in Nigeria is enclosed by the belief that supernatural forces are its cause. It is common for Nigerian people to accuse these forces of the disorder, as well as witchcraft or even God [14]. For example, Adebowale and Ogulesi (1998) researched the beliefs and knowledge of causes of mental illness among Nigerian psychiatric patients and relatives. Their sample contained 140 patients diagnosed with a psychiatric illness, including schizophrenia. They found that the supernatural explanation was the most acceptable causal explanation for both patients and family, while the psychosocial explanation was the least acceptable [14].

Mental illness is translated into *benh tam than* in Vietnamese, which resembles madness or a severe psychotic disorder [15]. Along with this, factors from Vietnamese society contribute to how hallucinations and delusions are manifested within Vietnamese patients. Many

patients' delusions contain the belief that their ancestors are haunting them due to a family's past shame, and others visually hallucinate in seeing the Buddha [15]. Here, there is clarity in how Vietnamese culture and valued family relationships are reflected in the symptoms of Vietnamese sufferers.

On the other hand, some countries express positive attitudes and experiences towards schizophrenia. As previously mentioned, for example, people in India experience less threatening voices compared to people from the USA. Tanya Luhmann and her colleagues (2014) interviewed participants in Chennai, India about their auditory hallucinations, and more than half of them reported hearing family members commanding them to do tasks [2], and a few of them mentioned these voices as a natural part of their lives rather than viewing them as a mental disorder.

### Treating schizophrenia in different countries

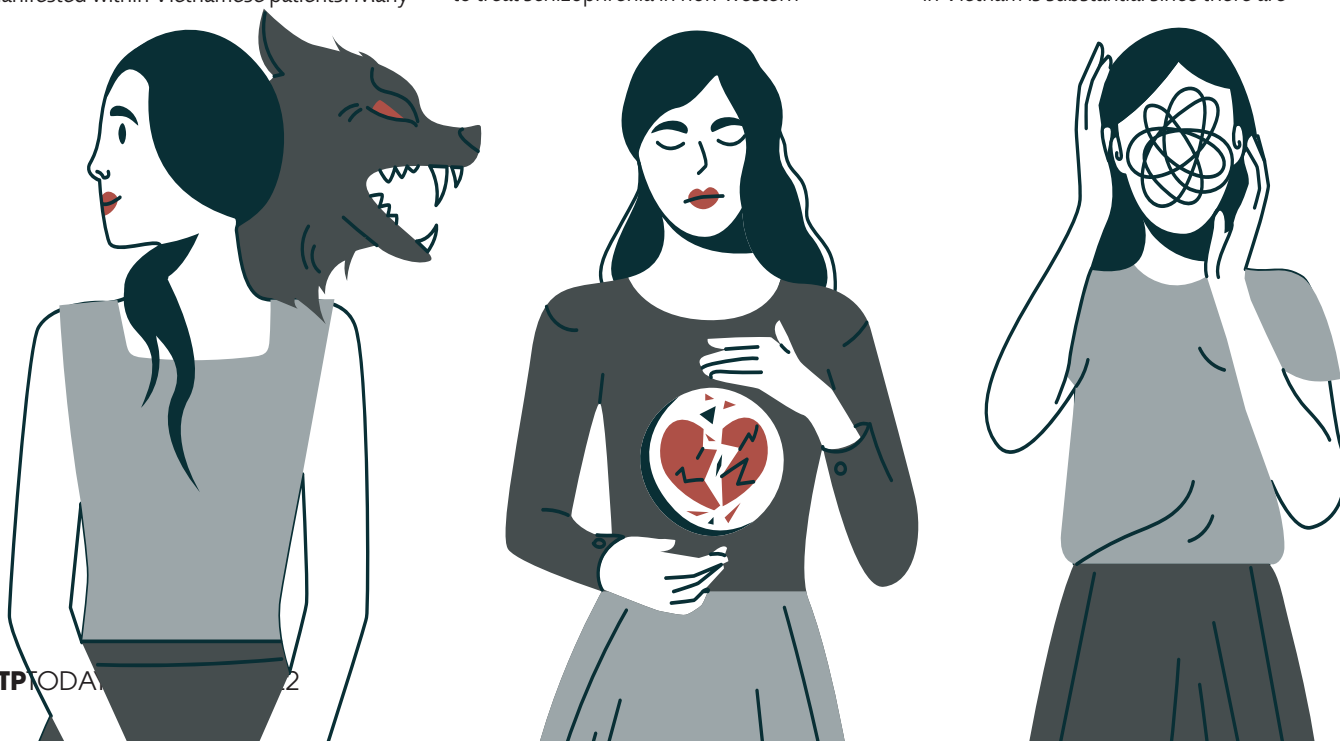
Generally, depressive symptoms are more prevalent in patients of the West. The Western culture approaches schizophrenia as a medical illness, venturing to treat the disorder with the combination of medication and talking therapy [3]. This is followed by their focus on biological and social factors as a cause for schizophrenia. These medications include antipsychotic drugs, such as clozapine (an atypical antipsychotic), prescribed by healthcare professionals. An example of psychotherapy that is highly valued in Western countries is Cognitive Behavioural Therapy (CBT), pioneered by Aaron Beck in the 1950s. Commonly used for mental illnesses such as depression, CBT is also used for individuals with schizophrenia, to help reduce the intensity of their positive symptoms, as well as cope with such distress.

Similarly, CBT has been culturally adapted to treat schizophrenia in non-western

countries. But why should psychotherapies and interventions be culturally adapted? It was announced that "because white males from the West developed most psychotherapy theories, they may conflict with the cultural values and beliefs of clients from Non-Western background(s)" (Scorzelli, 1994) [4]. Thus, as psychotherapists become more adaptive towards cultural issues in different countries, it establishes more improvements in well-being. Smith, Rodriguez, and Bernal (2001) conducted a meta-analysis across 65 studies of psychotherapies and found that as the number of cultural adaption elements increases, so does the effectiveness of the treatment [21]. Specifically, culturally adapted CBT is favoured in China and Pakistan. It has been demonstrated by recent randomised controlled trials (RCT) that these culturally-adapted therapies can reduce symptom severity within patients of schizophrenia. Such adoptions include a biopsychosocial-spiritual model for managing psychosis [19].

While also benefiting from modern medical treatment, people living in non-western areas mostly rely on traditional healing practices in treating schizophrenia. Traditional healing practices include various aspects from 'plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises' [13]. It becomes 'traditional' because of its use over many generations. For instance, Mona Ibrahim Awaad et al. (2020) assessed 232 patients diagnosed with schizophrenia in Egypt, and 41.8% had sought help from traditional healers first. According to this study, a considerable percentage of people with schizophrenia preferred to seek help from traditional healers first, due to their own beliefs or accessibility [16].

In addition, Nguyen (2003) had discovered that the availability of traditional healing in Vietnam is substantial since there are



about 10,000 traditional healers compared to only 600 psychiatrists [15]. Although psychotherapy was the preferred treatment method for schizophrenia in Vietnam, other methods such as ECT, Feng Shui-based practices, praying and visiting natural healers were also used [17]. For years, monks and fortune-tellers have since been accessible for achieving traditional healing for individuals with schizophrenia, as seeing a psychiatrist would regularly be the final option [15].

Following the fact that schizophrenia was associated with supernatural forces in Nigeria, many studies have highlighted different pathways for treating psychiatric disorders. One study by Agara and Makanjuola (2006) showed 70% of patients were treated by spiritual healers, and 43% by traditional healers, before they ventured to a mental health facility [18]. Correspondingly, Odejide et al (1977) studied the practices of 53 traditional healers in Ibadan, Nigeria. He found that, although engaged with some undesirable practices, they had a vast understanding of psychopathology and were an influential force in the treatment of psychiatric disorders [20].

## Conclusion

In conclusion, there is some clarity in how schizophrenia can be shaped by culture and public attitudes. It is evident that I haven't mentioned every single country and their view in perceiving and treating schizophrenia, but overall, it is notable how different schizophrenia is represented, acknowledged, and recognized all around the world. However, I found that psychiatric hospitals powered by medical treatments were relevant in most countries. In addition, where western approaches towards treating schizophrenia were culturally adapted, they were found to be successful in treating patients, such as Cognitive Behavioural Therapy, as well as the more traditional approaches to treating schizophrenia. As a result, it opposes the belief that only western-powered care is beneficial for people diagnosed with schizophrenia. There is, though, a vital consistency in how misunderstood the disorder is, as stereotypes take precedence over the truth. Not only there is a great misunderstanding of schizophrenia, but mental illnesses themselves are also mostly identified inaccurately, and educating the various societies of different countries, including Western societies about this matter is necessary.



ELLIW SIÖN

6th Form Student



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# HOW SHOULD PSYCHOLOGICAL RESEARCHERS RESPOND TO THE CORONAVIRUS PANDEMIC?

The transformative impact of COVID-19 has been profound and will doubtless be discussed by psychologists for generations to come. It is, therefore, a very great pleasure to share the reflections of A-Level psychologist Lily Brough, who won first prize in the PsychStix Essay Writing Competition. Both Professors Stephen Reicher and Becky Milne were in agreement that Lily's essay was scholarly, well-referenced and written with a high degree of scientific precision, creativity and readability. Lily's abstract and references can be found on the ATP website at <https://www.theatp.uk/> and at <https://psychologyrocks.org/competitions/> where you can also read the full feedback provided by Professor Stephen Reicher. By Mandy Wood, PsychStix

The impacts of COVID-19 continue to reveal themselves and it is imperative psychologists use this opportunity to advance psychological understanding. COVID-19 has amassed over 235,000,000 cases worldwide (Worldometers, 2021), providing extensive scope for natural experimentation. In particular, the impact of the pandemic on mental health will likely be vast and long-lasting, so it is important to acknowledge these impacts to address them. Similarly, development will have been severely disrupted due to lockdown restrictions and research should be carried out to record these effects during development. In

a wider context, the pandemic has resulted in profound changes to lifestyles and behaviours, providing the possibility to deepen our understanding of what motivates and influences human behaviour.

COVID-19 has intensified and created new stressors that could negatively impact mental health. Social isolation, financial uncertainty, illness, and grief are just a few of the factors people have been dealing with during the pandemic. Frontline workers

are likely at a high risk of developing negative mental health, including anxiety, depression, and PTSD. Nurses and doctors witnessing more severe illness and loss daily are being exposed to potentially traumatic experiences which could lead to PTSD or C-PTSD.

Early studies done by King's College University already indicate this reality with 40% of participants meeting the threshold for likely clinical PTSD (Greenberg, 2021). In addition, constantly experiencing distress at work could lead to the development of negative views on the self or the world, parts of Beck's negative triad explanation for depression (Southam-Gerow, McLeod, Brown, Quinov, & Avny, 2011). It is also important to consider how COVID-19 itself is impacting people. Long-covid has been revealed to cause memory loss and confusion (Mullin, 2021). Research into the causes of these effects should be investigated, as well as their long-term implications on the mental health of patients.

For those not working on the frontline, lockdown and isolation may also increase anxiety and depression. Lockdowns have limited people's ability to have a daily routine and access services needed for wellbeing such as gyms and community centres. Due to pre-existing inequalities, the impact of COVID-19 on mental health will be worse for already disadvantaged groups. Researchers should therefore not only seek to understand the impacts of the pandemic on mental health but identify factors that make this impact worse.

Longitudinal studies could be carried out to measure the long-lasting impact of COVID-19 and inform mental health treatment.

Lockdown measures put in place during COVID-19 will have severely disrupted and damaged child development. With tens of thousands of children missing school and unequal access to online schooling, it is likely that intellectual development has been impacted. In addition, children have been missing out on social opportunities, which are critical for development. The first 2 years of a child's life are critical for secure attachment according to Bowlby (Health Research





Funding, n.d.) and according to recent neuroscience studies may be associated with increased brain plasticity (Cioni & Sgandurra, 2013). With the pandemic lasting over 18 months, thousands of babies will have been impacted perhaps irreversibly. Babies born just before or during the pandemic will have had little interaction with anyone outside of their families, which might increase stranger anxiety and lead to separation issues. In addition, not being exposed to other children in nursery and other settings limits the child's ability to develop social skills and language development (Schwarz, 2003). One survey in English primary schools showed 96% of participants were concerned about the speech and language development of the pupils aged 4-5 (Jeffreys, 2021).

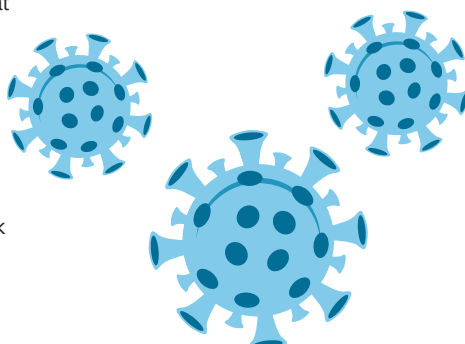
As lockdowns begin to ease and adults return to work in offices, these "covid babies" will experience time away from their parents for the first time, unless their parent was a key worker. How will this affect the mental wellbeing and development in children? As young children go back to school and are faced with more social situations; they may experience heightened anxiety or stress. This could negatively impact education and cause behavioural problems. With many children not having the experience of being around other children, they will not have built up schemas on appropriate behaviour. While setting up longitudinal studies to measure the long-term impacts of COVID-19 on development would be beneficial, these studies will only show a correlation rather than directly measure cause and effect. It will also be very difficult to tell which factors affected development the most, simply labelling the impacts "COVID related" is too broad given the wide-sweeping changes to life the pandemic has caused. Some children may be impacted by the loss of education, while others may suffer from their parents working long shifts in front-line jobs.

Finally, the coronavirus pandemic has fundamentally changed the way people behave and may have valuable insights into what influences and motivates behaviour. Lockdown measures include social distancing and mask wearing. While many people have followed the guidance, others have not. What motivates people to follow this guidance? Perhaps it is out of precaution and the desire not to get ill, or perhaps it is the desire to fit in and not be ostracised from society. Theories within social influence may be able to explain these behaviours. For example, maybe someone is more likely to wear a mask if they have a high internal locus of control (Goddard, 2012). Alternatively, people who

do not adhere to government guidance may do so as a defence mechanism. One theory in the psychodynamic approach argues that people avoid uncomfortable situations (Widdowson, 2014). Therefore, people may avoid taking steps to be protected from COVID-19 as this would force them to acknowledge the pandemic's existence.

Adorno's authoritarian personality test (Duckitt, 2015) may also explain the variation in people's adherence to COVID-19 guidance. This could work both in favour of people following the rules or against, depending on who they look up to for authority. In the US many anti-mask protesters were also Trump supporters (Rivers-Pitt, 2021), who had many authoritarian characteristics in his personality and leadership style, as well as being a covid sceptic. Psychological researchers could respond by setting up similar scenarios to those presented in COVID-19 to investigate these possible internal factors. A more extreme situation to consider is covid denial. This ideological extremism and conspiracy theory may be a product of information bubbles and echo chambers online. Especially with lockdowns, people's lives have been revolving around technology and connecting online. This gives people more opportunities to become involved in reinforcing information bubbles, leading to extreme views. Researchers should be asking how this catalysed shift online will influence people's opinions, motivations, and emotions.

COVID-19 has completely upheaved and changed the way millions of people live their lives and its effects will be felt for years to come. Now is a vital time for psychological researchers to explore the pandemic's far-reaching effects. This should not only be in a clinical and wellbeing focus, but also treated as a time to explore the nuances of behaviour. This worldwide natural experiment provides scope for the collection of rich data in all areas, not only through observation and self-report but also through the development of contemporary lab studies. By enhancing our understanding of the human mind and behaviour, we will be able to collectively produce some positive outcomes of this pandemic.



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