

# WRITE BRAIN

The University of Glasgow Psychology Society

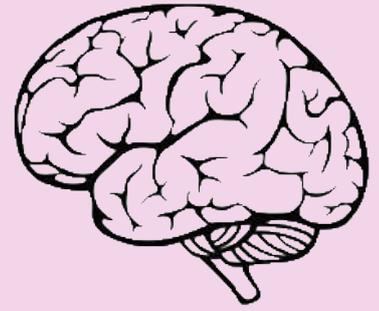
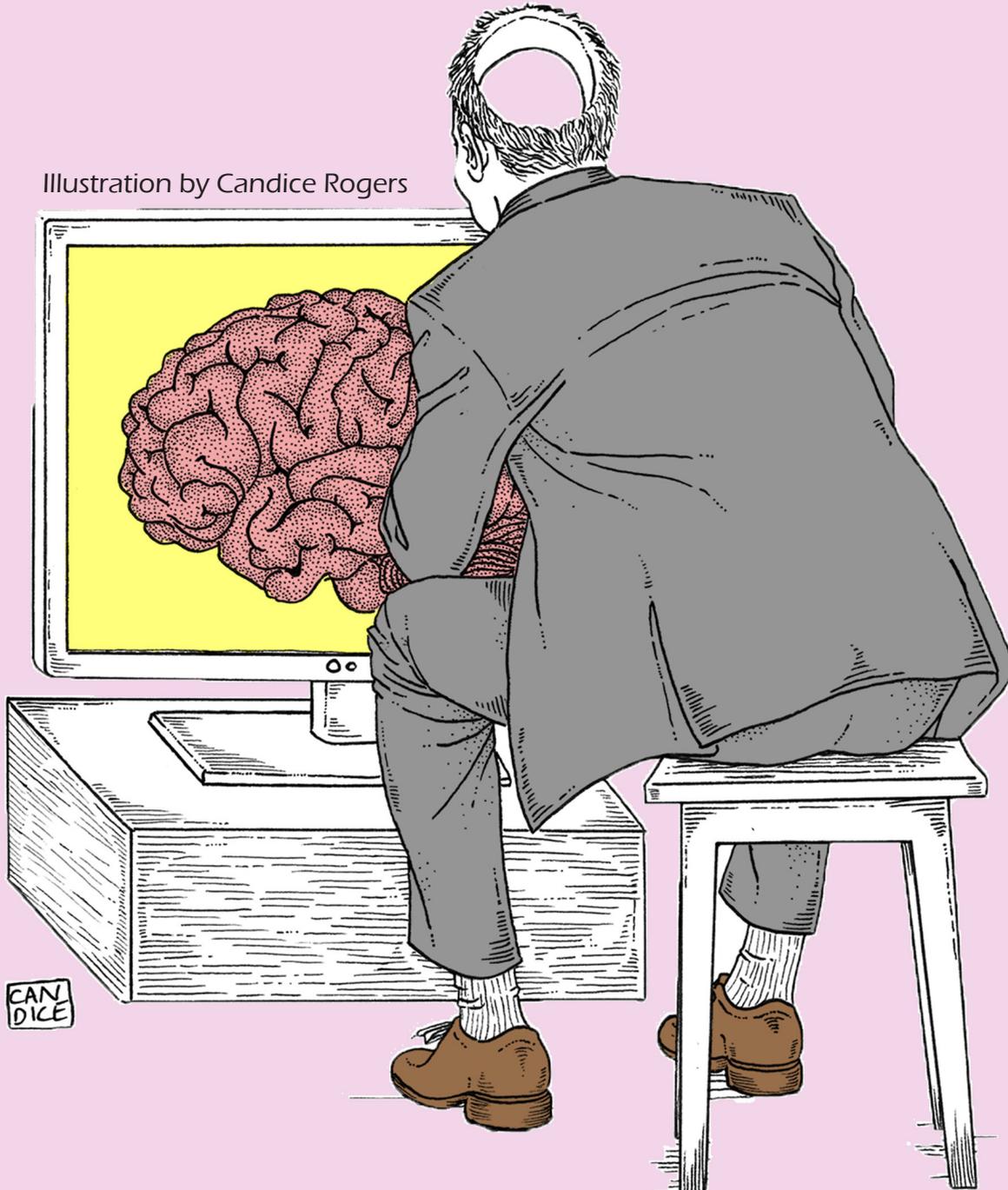


Illustration by Candice Rogers



BPS Conference 2018  
24th of March



# Meet the team



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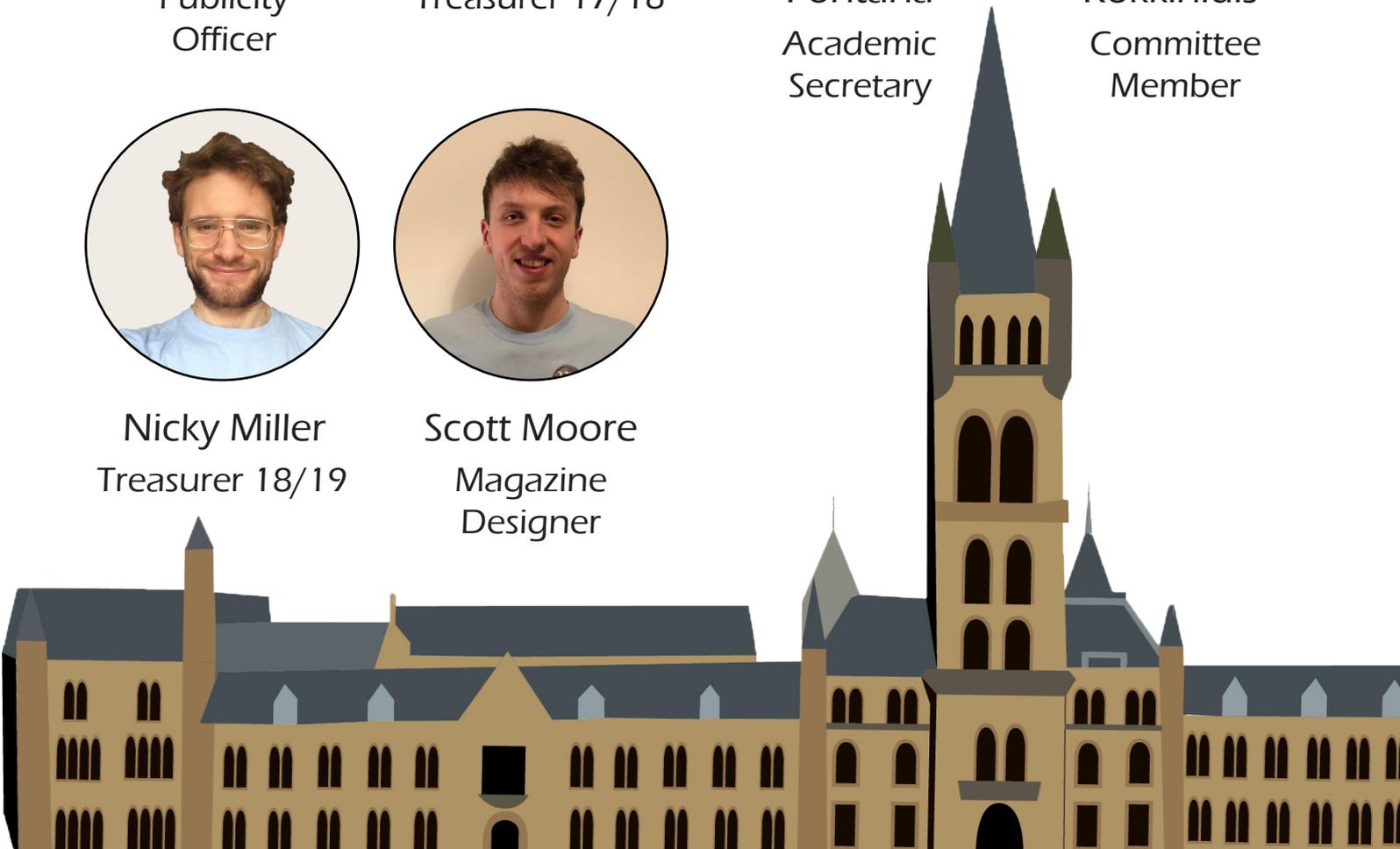
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# Letter from the editor

On behalf of the University of Glasgow's Psychology Society, I am delighted to introduce our first ever magazine produced for the BPS conference.

This magazine has contributions from students across Scotland who submitted an article of interest to themselves within the field of psychology. The magazine has a range of pieces from informative literature reviews to personal work experience cases.

The purpose of this magazine was to give the psychology community an opportunity to showcase their work and deliver a variety of submissions to engage our readers.

We would like to thank all our writers for their outstanding contributions and to our illustrators for providing an artistic interpretation of the articles. Additionally, our gratitude to all involved in the editing and production of the magazine, without them this magazine would not be possible. Finally, a special thanks to the Psychology Department for their continued support throughout the process.

Yours sincerely,



Emma Strang  
President  
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# Listen up, ladies: are your funny jokes scaring off blokes?

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*“No good sense of humour required: Men don't like funny girls.”*

the Metro headline declares matter-of-factly. It reports the “depressing dating news” that “men don't go for funny women”, as it describes the findings of a study conducted at the University of Miami which investigated sex differences in preferences for a funny partner, or a partner who finds you funny, for a variety of relationship types. The article no doubt leaves the reader bewildered and with many unanswered questions, as it is devoid of any explanation as to why women shouldn't bother cracking jokes if they are trying to attract men. However, upon reading the original study, ladies can breathe a sigh of relief - it is safe to say that these claims are either wildly exaggerated or completely incorrect.

The study was a replication of a previous study which found that males prefer humour appreciation over humour production in an opposite-sex partner, whilst females prefer the reverse – the key word here being prefer. The University of Miami study produced similar results, however, not to the extent to which the Metro claims. Thirty-nine male and forty-five female students completed a series of questionnaires assessing their humour preferences, with results showing that all participants, regardless of sex, desired a partner who is funny and laughs at their jokes. Instantly, this debunks the headline. Indeed, men reported finding humour appreciation more desirable than humour production, but they did still desire a woman who can make them laugh. Women, on the other hand, expressed equal preference for production and appreciation in one part of the study, yet preferred production over appreciation in another, making it difficult to infer a clear conclusion about women's humour preferences – although the Metro seem to have come to a clear conclusion of their own.

What's more: sex differences were only relevant for long-term relationships and dates; a finding the Metro failed to mention. Therefore, humour appreciation and production appeared not to affect short-term relationships, one-night stands and friendships, so the Metro clearly overstated the study's conclusions by

not specifying the relationship contexts. Evidently, the journalist either did not read the full study, or purposely kept this finding quiet to increase the article's shock factor. Either way, readers are misled as the article reports in a black-and-white manner, without acknowledging variabilities in the findings.

Was there anything good about this article? Firstly, it did include a (broken) link to the original study; the name of the university where the study was conducted; the (wrong) number of participants; and cited the original study that was being replicated. Also, it included quotes from the current study: however, copy-and-pasting a chunk of the study's conclusion with no explanation in layman terms doesn't do much to aid the reader's understanding of the finding's wider implications.

Similarly, the Daily Mail announces, loud and proud: “Men don't like witty women – they just want one who laughs at THEIR jokes”. Again, this headline immediately misreports the findings as it completely misses the point that men do desire funny females - the findings simply indicate humour preference. The article goes on to advise that “if you want to impress a man, don't try to be funny” – advice that, upon reading the study you will realise, won't do women any favours. Furthermore, it states that women aren't bothered about men finding them funny – despite female participants reporting that they do value humour appreciation; in some cases, to the same degree as humour production.

However, compared to the Metro's article, this one slightly redeems itself by offering an evolutionary viewpoint on why such sex differences for humour preference exists, attempting to put the findings into perspective. The explanation is given by the lead researcher, Liana Hone, through a direct quote. Also, the last line of the article acknowledges the influence of individual differences in humour preference, recognising that these findings may not actually be generalisable to all men and women – which is true, given that the study only involved 84 participants. Although mentioning this introduces a more balanced view, it completely contradicts the attention-grabbing headline and the

majority of the article's content.

The Daily Mail does better than the Metro to explain further the study's methodology and implications; however, again, it overlooks that sex differences in humour preference were only found for some relationship types. This finding is crucial to report as it suggests that we do not seek the same qualities in partners in all relationship contexts.

From an evolutionary viewpoint, there are a variety of factors which influence mate choice, and the function of humour is unclear. Possibly, humour is a sexually selected trait that indicates high intelligence, verbal skills and creativity - desirable genetic traits. This offers insight into why females may prefer humour production over appreciation, as they seek high-quality traits to pass onto their offspring. It also suggests why men prefer the reverse pattern – if appreciation indicates attraction, then their goal of reproducing is more likely. However, humour is not static – we alter it depending on our relationship motives. We are more likely to initiate humour with someone we are attracted to, and laugh at their jokes, therefore humour allows us to test if someone reciprocates our interest. This suggests that attraction influences how humour is expressed. Not considered by the newspaper articles, or the study, is how factors ranging from facial symmetry, to altruism, to pathogen exposure are also influential in human mate choice – humour is not the be-all and end-all.

One major flaw of the study is that it just examined humour – but what is “humour” anyway? Humour styles are extensive; perceptions of humour are subjective; and we change our humour style depending on our motives. It just isn't valid to study humour as a general, unitary concept. Therefore, whilst research is consistent in finding that men prefer women who find them funny over funny women, attraction is not as straightforward at this – there are many other attributes that capture a suitor's eye.



# Mindfulness: Just a buzzword, or promising clinical treatment?

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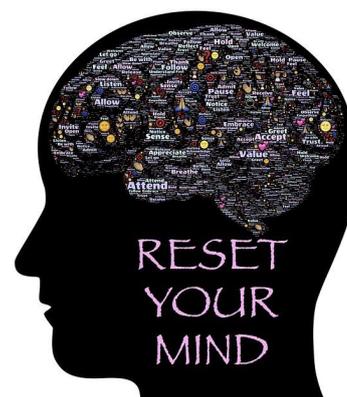
M.A. Psychology (Third Year)

Mindfulness appears to have become a craze in recent times; in 2016, the app HeadSpace, which provides guided meditation and mindfulness training, had over 6 million users (Gregoire, 2016). Ruby Wax, a well known comedian and mental health campaigner has written a best-selling book about mindfulness 'Sane New World' after gaining a master's degree in Mindfulness ("Ruby Wax to be awarded OBE," 2015.) Simply searching 'Mindfulness' in Google brings up approximately 29,000,000 results. Mindfulness encompasses self-regulation and attention towards the present moment in a non-judgemental manner (Zylowska et al., 2008). Types of mindfulness activities vary, for example, Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) (Crane et al., 2017). Despite its increasing popularity, people who would benefit from mindfulness may not be aware of its potential, but equally, as is often the case with a craze, it is possible that public enthusiasm has run ahead of the research. An examination of some of the key research should provide a clearer picture of the promise and limitations of mindfulness. Recently, a meta-analysis was published which reviewed the efficacy of mindfulness-based therapies for individuals with psychiatric disorders (Goldberg et al., 2018). The large meta-analysis included 142 samples and 12,005 participants within randomised clinical trials. On average, mindfulness-based therapy was found to be moderately correlated with a decrease in psychiatric symptoms compared to a control group. Interestingly, mindfulness therapies, on average, did not differ from cognitive behavioural therapy (CBT) or antidepressant medications in terms of efficacy. The National Institute for Health and Care Excellence (NICE, 2013) recommends mindfulness for the treatment of mild depression. Additionally, depressive symptoms have been reduced by mindfulness programs with effect sizes (0.23-0.30) that are comparable to those that would be expected from the use of antidepressant medications (Goyal et al., 2014). MBCT has been found to prevent depressive relapse in those with recurrent depression (Kuyken et al., 2016). CBT and antidepressants are two main treatments used by the NHS for moderate to severe depression (NHS, 2016), these findings suggest that mindfulness could also be offered as a first-line treatment. For anxiety disorders, mindfulness has been found to be more effective than a no-treatment control and equivalent to

other therapies (e.g. cognitive-behavioural therapy) (Goldberg et al., 2008). Long-term benefits for those with anxiety disorders have been found from an intensive group MBSR intervention (Miller, Fletcher, Kabat-Zinn, 1995). Interestingly, NICE (2016) does not recommend mindfulness for treating social anxiety, supported by a systematic review which concluded that CBT was preferable to mindfulness for treatment of social anxiety (Norton, Abbott, Norberg & Hunt, 2014). Mindfulness seems to be a protective factor against psychopathological symptoms in adolescence (Pepping et al., 2016). Mindfulness-based interventions that work to improve emotion regulations may, therefore, be beneficial for adolescents experiencing depression, anxiety and stress related issues (Pepping et al., 2016). This theory has been further supported by evidence that mindfulness treatments are beneficial for adolescents in improving attention, behaviour and anxiety symptoms (Semple, Lee, Rosa, & Miller, 2010). It is unknown exactly how mindfulness therapies reduce psychiatric symptoms. Rumination and worry are believed to be involved in depression and anxiety (Mellings & Alden, 2000). Rumination involves "repetitively and passively focusing on symptoms of distress and on the possible causes and consequences of these symptoms" (Nolen-Hoeksema, 1991, p1, as cited in Alsubaie et al., 2017). Rumination and worry may have the same underlying cause, named 'perseverative cognition' (Brosschot, Gerin & Thayer, 2006) which may be targeted by mindfulness (Querstret & Cropley, 2013). Participants in a mindful meditation condition reported significantly less ruminative and distractive thoughts compared to people in a relaxation training condition (Jain et al, 2007). Early reductions in rumination and worry were found to mediate the effect of MBSR on depressive symptoms (Labelle et al., 2015). This evidence suggests that rumination is central to depressive symptoms, and may be targeted by mindfulness practice. However, the relationship between depression and rumination is not simple – while higher self-reported mindfulness scores predict a decrease in rumination and depressive relapse, rumination has not been found to mediate the relationship between mindfulness and relapse (Kearns et al., 2016).

The benefits of mindfulness are not limited to depression and anxiety. Mindfulness has been found to improve self-reported Attention-Deficit Hyperactivity Disorder (ADHD) symptoms (Zylowska et al., 2008).

Cairncross and Miller (2010) conducted a meta-analysis which found that mindfulness-based therapy significantly reduced inattention and hyperactivity/impulsivity in individuals with ADHD. A bigger effect size was found for a reduction of inattention in adults compared to children, which would suggest mindfulness therapy may be particularly helpful for adults with ADHD (Cairncross & Miller, 2010). Sustained attention is important for maintaining a mindful state and is also related to positive outcomes in ADHD (Smalley et al., 2009) which may explain why mindfulness improves ADHD symptoms. MBSR has been found, overall by a meta-analysis, to reduce pain to a small degree, compared to nonspecific active control (e.g. education or attention control) (Goyal et al., 2014). However, it seems the effectiveness of this treatment for pain varies vastly depending on the type of condition. For example, visceral pain (e.g. Irritable Bowel Syndrome) on average was improved by 30% by mindfulness, whereas musculoskeletal pain did not show any statistically significant improvements. It seems that mindfulness can improve symptoms of anxiety, depression, ADHD and pain conditions. The effect sizes tend to be small to moderate in magnitude but these results should not be belittled, as even small effects may be significant in terms of personal life satisfaction and wellbeing. Confounding variables are a problem within the available research, for instance, within MBCT it is unclear which component correlates with symptom relief; it could be the cognitive behavioural, or the mindfulness elements of the therapy. Future research should look at further identifying the diagnoses which can benefit from mindfulness practice most and the underlying mechanisms behind the benefits. So – is the plethora of mindfulness apps and self-help books beneficial to our society? The answer is probably a cautious and qualified 'yes', but mindfulness is certainly not a cure for all psychological distress.



# Is Social Media to Blame for the Exacerbation of Eating Disorders?

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M.A. Psychology (First Year)

Eating disorders - anorexia in specific - have the highest mortality rate out of all mental health disorders. Eating disorder-induced death is usually due to heart attacks, respiratory failures, cardiac arrests, and suicide. The epidemic of eating disorders is more common today than ever before, with an estimated 1.6 million people across the UK suffering from a diagnosed or undiagnosed eating disorder (BEAT). Simultaneously, 84% of online sites related to eating disorders include pro-anorexia content, 64% include pro-bulimia content and only 38% are focused on recovery based information.

In a time where all that is needed is an increase in the number of self-help sites and eating disorder support groups, all that we are getting is an increase in sites that romanticize these fatal disorders and transform them into idolised lifestyles. This rather recent internet culture, and the development of virtual communities that support each other in persevering with eating disorder, exacerbates their development and leads to extreme resistance to recovery.

*“Eating disorders are known for being extremely private and isolating illnesses.”*

They are often characterised by their extreme secrecy and the sense of shame they usually trigger within those affected by them. Accordingly, those with eating disorders find it difficult to find someone who will relate to them, someone who will accept them for who they are and someone who will listen to their thoughts without judging them. When an accepting community is not found in reality, it is often sought virtually and people affected by eating disorders start finding comfort in online communities where they no longer feel isolated nor left out, rather, they start to feel loved, understood and

accepted. Gradually, with increased exposure to such dark blogs and websites, viewers can develop a morbid obsession with being part of these destructive communities. Through these communities where individuals feel able to get the acceptance, they start seeking and receiving validation and even encouragement for their destructive eating habits, starvation methods and distorted thoughts, thus normalising their unhealthy, dangerous behaviors.

These websites, also known as “Pro-Ana/Pro-Mia” (short for anorexia and bulimia) are centered around mantras, infamous quotes such as Kate Moss’s notoriously well-known line; “nothing tastes as good as skinny feels”, tips to lose weight, tricks to cover up your disorder and pictures of protruding bones and emaciated models. This illness-encouraging content aims to “motivate” viewers to lose more weight through starvation, to remain ill and to deliberately make their illness worse. Common names for such sites include “Thinspo”, “Dying to be Thin”, “Anorexic Nation”, “Ana by “Choice” and “Starving for Perfection”. Often, such sites would encourage vulnerable individuals to start adopting anorexia or to continue embracing it as both a lifestyle and a religion with rules to be strictly followed. Some sites would even include a section entitled, “Thin Commandments”, which must be followed by members if they wish to demonstrate to the community their commitment, will power and the false sense of self-control gained from starvation and incessant weight loss.

Steven Levenkon, a psychotherapist, described the increased prevalence of pro-eating disorder websites as “negative energy coalescing” and the director of programs at the National Eating Disorders Association, Ms. Holly Hood, described the initiation of more and more such websites and blogs as

“putting a loaded gun in the hands of someone who’s suicidal.” This analogy highlights the danger of spreading pro-eating disorder blogs and websites, not just for those already struggling with eating disorders, but to all vulnerable individuals who happen to come across these dark parts of social media. Instead of encouraging treatment, these blogs are encouraging the development of fatal disorders and are in a way, driving vulnerable individuals and sufferers to the doors of their grave.

The focal issue with websites encouraging fatal mental disorders is the way they conflate self-destruction with self-control without establishing a clear distinction between the two. These blogs get vulnerable individuals to sign up for a journey of consistently becoming weaker in the name of false will power, strength and perceived self-control.

The internet should not have places teaching ill people how to become worse, places that provide individuals with tangible steps on how to become a “better” anorexic or bulimic. Eating disorders must no longer be fantasized and viewed as a lifestyle, rather, they must be viewed for what they are; fatal mental illnesses. Blogs and websites encouraging fatal illnesses do not deserve a place on the internet and our collective efforts should be put together to bring this global epidemic of encouraging eating disorders and romanticizing them to a halt.



# Get a Load of This...

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MA Hons Psychology (Level 4)

In humans, a man's in-pair copulatory interest in his partner in response to the presence of sexual rivals is the focus of research into the causes and consequences of sperm competition. Sperm competition occurs when a female has sex with multiple males within a short timeframe, resulting in sperm from different males occupying her reproductive tract and competing to fertilise an ovum (Parker, 1970). This increases the chances of cuckoldry, in which a male unknowingly invests resources into offspring that are genetically unrelated to him (Buss & Shackelford, 1997). To prevent this, males evaluate cues of sperm competition and have evolved copulatory behaviours to displace rival sperm (Baker & Bellis, 1993; Goetz et al., 2005; Shackelford, 2003).

DeLecce, Barbaro, Mohamedally, and Shackelford (2017) at Wayne State and Oakland University examined one of these behaviours. They proposed that the amount of time a woman spends with other men positively predicts her husband's in-pair copulatory interest and how he would respond to her sexual rejection. The results of a survey completed by 45 married men were analysed. By focusing solely on married men, the researchers were able to extend previous sperm competition research conducted with non-married couples (Pham & Shackelford, 2013).

To assess psychological responses to sperm competition risk, participants reported how interested they were in having sex with their wife and how they would feel if she refused. Participants also reported the amount of time their wife spends with male friends and colleagues. A correlational analysis was conducted between participant's copulatory interest in their wife and how much time she spends with male friends and colleagues, and how he would feel in response to his wife's sexual rejection and the amount of time she spends with other males.

Results indicated that the time a woman spends with male friends or colleagues doesn't predict her

husband's in-pair copulatory interest and that the time she spends with male colleagues negatively predicts her husband's upset and frustration in response to him being sexually rejected. The authors attribute this finding to the fact that women have little control over the amount of time they spend with male colleagues; however, they may actively choose to spend time with a male friend because they enjoy his company. Therefore, men may perceive their wife's male friends as a greater sperm competition threat than her male colleagues.

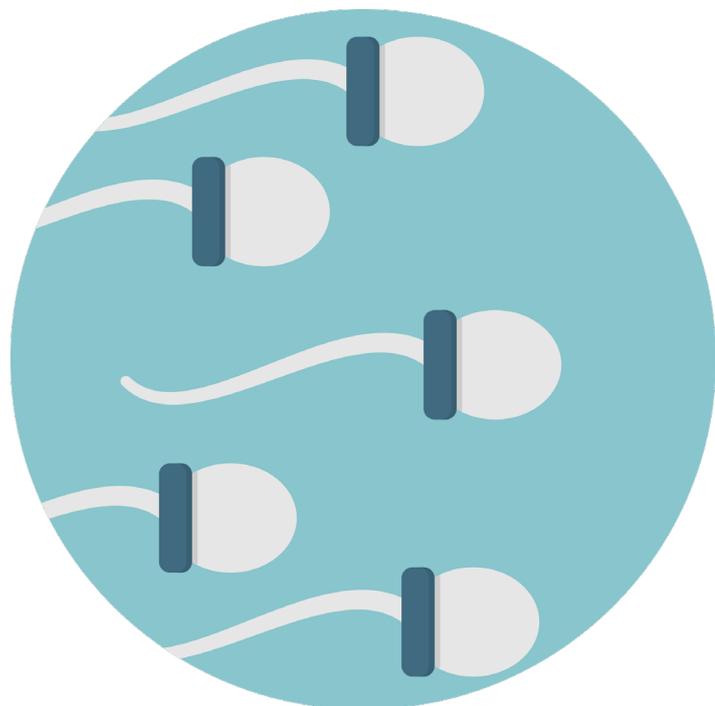
Researchers also reported that a woman's time spent with her male friends positively predicts how her husband would feel in response to her rebuffing him. These results support previous findings that men attend to the presence of sexual rivals to assess sperm competition risk (Pham & Shackelford, 2013) and supplement the literature on sperm competition in marriage (Pham, DeLecce, & Shackelford, 2017). The results are also consistent with the hypothesis that men at greater sperm competition risk are motivated to place their sperm into competition with rival males, as expressed through their reported distress in response to sexual rejection

(Starratt, McKibbin, & Shackelford, 2013).

Although the results support previous research there are some issues with the study. Self-report methods can lead to socially desirable answers; for example, participants may be concerned about being perceived as selfish if they express anger at rejection. Contrastingly, participants may be concerned about being perceived as "manly" and report sexual interest that isn't there. Combining this data with physiological techniques would provide a more global picture.

Most importantly, the study didn't actually measure what it set out to. Participants reported how they would feel in response to hypothetical sexual rejection. Participants imagining how they would feel doesn't accurately assess how they would actually feel when confronted with real-life rejection.

The researchers conducted a laboratory experiment that backed up previous research and allowed them to extend this research to married men. But this is absolutely not the same as demonstrating how something actually happens in the real world.



# The Power of Peers

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University of Glasgow

First year PhD student, University of Glasgow.

*“Being diagnosed with schizophrenia in my early twenties changed me in many ways.”* One of these ways

was the assumption that people would be frightened and not want to talk to me if they knew “the truth”. Another change was the decision to study psychology at university and perhaps learn a bit more about all the therapy that I had received from a specialist early intervention service. However, I quickly discovered that the only way to reconcile these two things was to not make any friends at university. Having no friends meant that no-one could discover my secret and want to avoid me. Ultimately, being socially isolated during first year did not really matter because I was barely there. I had to take a lot of time off sick during my first year. If I had not disclosed my problems in confidence to staff and received support, I do not think I would have been able to pass. I felt okay being open with lecturers because this meant my low attendance could be dealt with sensitively, but my peers? No chance. I had to abandon a group project during this time and I could tell those who I was working with were not quite convinced by my “I have a sore stomach” lie and it probably seemed like I had skived. I was so scared of stigma that I just let them think I

was indeed lazy.

During my second year studying on my own (and ignoring all the advice on forming study groups) became less fun as the pressure to get a good enough grade to continue studying psychology into honours began to bite. Then my mum got diagnosed with cancer. I suddenly was responsible for helping her recover from surgery on top of everything else. Then something amazing happened. A person on my course noticed that I wasn’t coming in and offered to keep me updated on what was going on in class. We became friends. I eventually felt comfortable enough disclosing my diagnosis and discovered she totally did not care. At all. This really intrigued me, if this person did not mind – perhaps others wouldn’t either? I decided to be bold and test this by making a “disclosure” post on social media. I had hidden my diagnosis from everyone, not only people from university. The response was entirely compassionate and people were pretty horrified I’d felt the need to hide everything. Since being “open” my life has changed yet again. I became a mental health activist and through a series of linked events, have ended up studying for a PhD. My project is supervised by a clinical psychologist associated with the same early intervention service where I had my first exposure to

psychology many years ago. As an aside, are you scared about emailing someone whose research you admire to say you would love to work with them? Please just do it. Don’t let fear hold you back. It could be the start of something great.

Alongside the dedication of university staff in supporting disabled students, I owe so much of where I am at to the simple kindness and everyday peer support from a fellow psychology undergrad. Finally, making friends and following that study group advice even increased my grade point average by a whole band. Perhaps I need not have worried so much - a recent study has shown that psychology students tend to score low on the “Dark Triad” of personality characteristics (Vedel & Thomsen, 2017) and are likely to be lovely people. From my experience, I agree. Undergrad students might feel like they do not have much power to change the world quite yet, but they have the power to change the world for their peers. Psychology undergrads at Glasgow (and I’m sure, other universities) keep the conversation about mental health open throughout the year by organising regular talks and even conferences. All of this work makes it less scary for people like me to be open about our experiences. Thank you, undergrads.

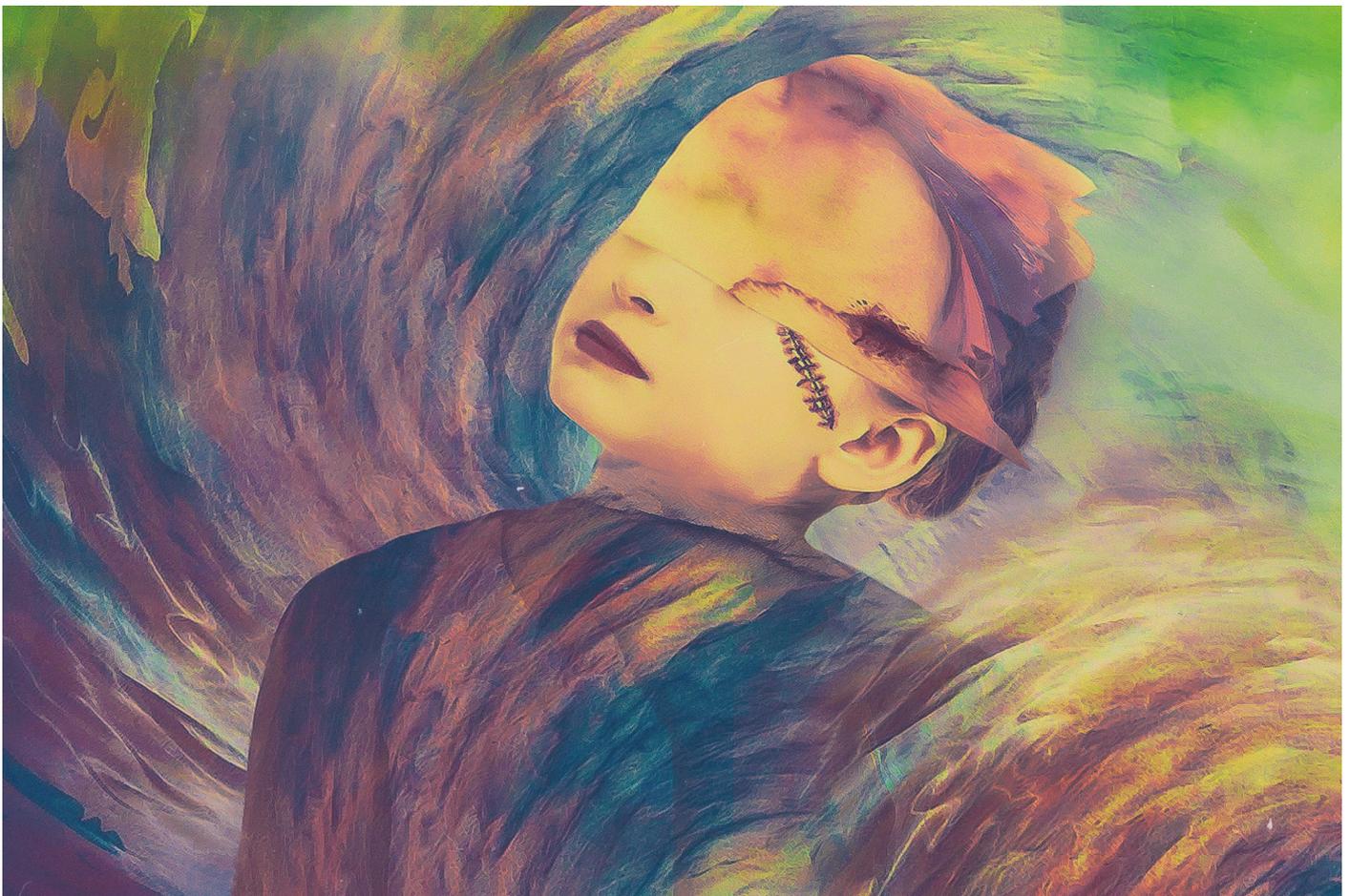


Illustration by Ahmed Mostafa



# Mental Health discrepancies between Eastern and Western cultures

Isla Donaldson

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(MA) Psychology (4th Year)

Much of the literature concerning cross-cultural research refers to cultures simply as either 'Eastern' or 'Western' (Rizvi, 1997). The key difference between these cultural groups is suggested to be their ideologies; Western cultures are 'individualist' in nature, promoting personal achievement and responsibility, while 'collectivist' Eastern cultures endorse communal achievements and responsibility (Laungani, 1995). However, this simplistic grouping system causes issue when nations, like Russia, adopt both collectivist and individualist approaches (Knyazev, Kuznetsova, Savostyanov, & Dorosheva, 2017), leaving it unclear as to whether Russia is comprised of several cultural groups, and as to what conclusions can be drawn about Russian culture from research on Eastern and Western cultures. Furthermore, collectivist ideologies have a differential effect upon mental health, facilitating stress that culminates in depressive symptoms in Russia (Knyazev et al., 2017), but lowering depressive symptoms through greater religiosity within Chinese culture (Wang, Koenig, Zhang, Ma, & Huang, 2015). However, cultural differences are also observed within traditionally 'Western' and 'individualistic' cultural groups, with engagement in spiritual activity being less common, and more detrimental to mental health, in England than in the USA (King et al., 2013). This calls into question the appropriateness of associating specific ideologies with these broad dichotomous cultural terms. This article will continue to refer to 'Eastern' and 'Western' cultures in line with existing literature, but for future research, such broad terms should be used with caution, and cross-cultural researchers should consider being more specific, and outline the defining aspects of cultures being studied.

As globalisation continues, it is prudent to consider mental health in the context of cultural integration. Yoga - a traditional practice in Eastern (specifically Indian) culture, has been recognised and subsequently adopted into Western culture as a viable method of stress-management (Laungani, 1995). Many therapists in Western cultures now use mindfulness meditation - a Buddhist practice of Eastern cultural origin - and it has even been adopted by the UK National Health Service (Mark, Williams, & Kabat-Zinn, 2011). This clearly highlights that culture plays a role in

how mental health issues are treated, and integration of different cultural solutions to tackle global mental health can be viewed as positive progression (Whaley & Davis, 2007).

Integration of original and new-home cultures - known as 'acculturation' - however, raises more challenges within cross-cultural and abnormal psychological research. Acculturation can be defined as both "cultural and psychological change[s] that takes place as a result of contact between two or more cultural groups and their individual members" (Berry, 2005). Stress resulting from acculturation can be indirectly linked to development of depression, with stress mediating depressive symptoms (Shen & Takeuchi, 2001). Acculturative stress has also been claimed to predict mental health issues among school-age immigrant populations, but such issues could be a by-product of original cultural expectations and the increased responsibilities of adolescence that are common to some Asian cultures (Yeh, 2003). Similarly, although 45% of a sample of Chinese International students in America reported depressive symptoms (Han, Han, Luo, Jacobs, & Jean-Baptiste, 2013), certain stresses are experienced by all students when starting university, so this result may not necessarily be attributable to acculturative stress. Acculturation can also facilitate greater substance misuse but a review of such research highlights there is a differential impact of acculturation on such disorders (Koneru, Weisman de Mamani, Flynn, & Betancourt, 2007). There is also a substantial gap in relevant literature regarding acculturation from Western cultures into Asian or Eastern cultures. The use of broad terminology is also a recurring issue - for example, 'Asian cultures' not only refers to many different cultural groups but does not specify what constitutes 'Asian culture' (Lin & Cheung, 1999). Overall, evidence suggests the link between acculturation and mental health issues is weak, and greater focus on specific cultural groups is needed to establish whether acculturation influences mental health issues.

Following the recent refugee crisis, the effects of cultural integration on refugee mental health need to be explored and factors such as migratory grief, and the likelihood of trauma experienced should

be considered. However, such distress may be a natural reaction to the trauma that instigated the need for migration and may not necessarily develop into mental health issues - but it is still important that clinicians are trained to treat such distress appropriately (Bäärnhielm, Edlund, Ioannou, & Dahlin, 2014). Bäärnhielm and colleagues' study analysed training of Swedish practitioners by the Transcultural Centre, and results showed increased knowledge about refugees' cultures facilitated better and more appropriate care through greater ability to empathise with refugees. However, the training courses were not consistent in content so experience between participants is not directly comparable - therefore, this claim may not be valid as results could hide the possibility that some programmes were unsuccessful. Refugees have likely had very different experiences to those in the cultures they are integrating into, but a review of relevant literature highlights that only 12 of 125 instruments used to measure mental health issues were adapted - culturally and otherwise - for use in refugee-related research, and these measures were only used in 22% of studies analysed (Hollifield et al., 2002). This suggests clinician and researcher knowledge and consideration of refugee cultures can affect quality of mental health care, and appropriate adaptations must be made to treatments and research.

Cultural differences in mental health observed within both 'Eastern' and 'Western' cultures would suggest that classifying culture by two dichotomous ideologies is too broad a categorisation that fails to encompass all cultural variations in mental health. However, existing research also presents more optimistic findings, suggesting that integration of cultural traditions may be beneficial in treating mental health issues. Furthermore, poor mental health in immigrant populations is not necessarily attributed to acculturation. However, assessing cultural influences to determine the presence (or absence) of mental health issues is essential, and requires greater cultural awareness amongst healthcare practitioners. Giving weight to cultural considerations is particularly salient in the current climate where globalisation, immigration and integration of cultures is commonplace.



# Psychology, older adults and my own experiences.

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It is a well established fact that the global average life expectancy is increasing rapidly (Kontis et al, 2017), which in turn will produce more older adults experiencing mental health disorders, such as depression (Smyth, 2014), and neurological disorders such as dementia (Matthews et al, 2016). Worryingly, these disorders frequently remain undetected and untreated (Pettit et al, 2017) – an “urgent crisis” that should be tackled by professional psychologists (Hoge et al, 2015) – which is why my practicing interests lie in working with this specific client group.

I was therefore extremely excited to have the opportunity to take part in the Meaningful Activity Project at the Glasgow Royal Infirmary, as its primary aim is to improve the psychological wellbeing of older patients in an acute clinical setting, through the incorporation of meaningful activities. This is the first intervention of its kind in any Glasgow hospital, drawing on the Activity

Theory of Ageing (Havighurst, 1919). It postulates that social isolation and atypical psychological symptoms can be alleviated if the elderly maintain participatory activity levels in activities which provide meaningful engagement with other people.

My responsibilities on the project revolve exclusively around older patients experiencing mental health disorders, neurological disorders and/or social isolation. This consists of the planning and utilisation of meaningful activities within the ward (i.e. cards, scrabble and bingo), motivating patients to take part, providing one to one companionship and reminiscence therapy if required or simply helping to make the hospital stay more comfortable for patients by engaging in conversation and listening.

Each day is different from the last as every patient has their own unique personality and complexities, however the one thing

that remains constant is the patients I work with letting me know I’ve made a positive impact in regards to their stay at hospital. I always try to leave the patients with a smile on their faces, feeling a little bit more cheerful than perhaps they were feeling before. Other professionals within the wards have also acknowledged the positive impact of the Meaningful Activity Project, so much so that there will be a poster presentation on it during an upcoming NHS conference.

I think the results of the project have encompassed every mental health professional’s goals perfectly; making a positive difference at a difficult time in a person’s life, even if it’s for a small moment. This experience has therefore not only given me skills and memories that I will carry forever, but has made me feel proud to be pursuing a career as a practising psychologist.

## My Experience Working With People Living With Dementia

Rachael L. Lytton

BA Psychology (Third Year)

University of Strathclyde

This time last year, I aspired to be a Clinical Psychologist. I came to realise the majority of my voluntary work was with children and young people, but Clinical Psychologists work with people across the whole lifespan. I reasoned that working with different age ranges would benefit a future application to study the doctorate course in Clinical Psychology. So, I applied to volunteer as a befriender at the local Dementia Lunch Club in March.

My initial conception of the Club was that it would be quiet and uninteresting. Where the members would be content to keep mostly to themselves and may express a disinterest in engaging in the activities. Nothing could have been further from the truth. The Club is vibrant and energetic; everyone has a smile on their face. This came as an extremely pleasant surprise and I went away feeling joyous. If I remember correctly, I actually skipped part of the way home. This joyous feeling is what we try and saturate every moment of the Club with. The member’s families and carers often report that when asked, they were unable to later recall what they had done at the Club that day. They just remember they really enjoyed themselves.

When I first began volunteering at the Lunch Club I had a limited understanding of dementia. Since then my knowledge of the disease has expanded considerably, both through working with the members and through my own reading. I was surprised at the many different ways dementia can influence and alter behaviour. Last summer I set myself a project to learn as much as possible about dementia.

*“Covering everything from how it alters brain structure, to how it affects a person’s cognitions and behaviour day-to-day”*

(I found the correlations with intelligence and the likelihood of onset of dementia particularly fascinating. I would highly recommend reading The Nun Study; it makes for a highly informative, and interesting read). This reading has proven beneficial to my work with the members. I regret, however, my interest in dementia has not blossomed into an academic interest and remains purely application based. My motivation to learn more about

dementia remains to better enable myself to work with persons living with the disease and their carers.

Despite the fact the Club is a happy place, it can be hard sometimes. It is hard seeing the members slowly and progressively lose more of their short-term memory. You pray for the slow progression of the disease but modern medicine is yet unable to cure it. The faces at the Club change regularly, as people move into long-term residential or hospital care. You enthusiastically and lovingly greet the new member but wish the old member need not have left.

Since starting to volunteer with the Dementia Lunch Club, I feel I have become more compassionate and better able to slow down and focus on the individual; on their needs, interests, and concerns. Although initially apprehensive about volunteering at the Club, I now thoroughly enjoy it and continue to volunteer despite a change in my career aspirations from Clinical Psychology to research.



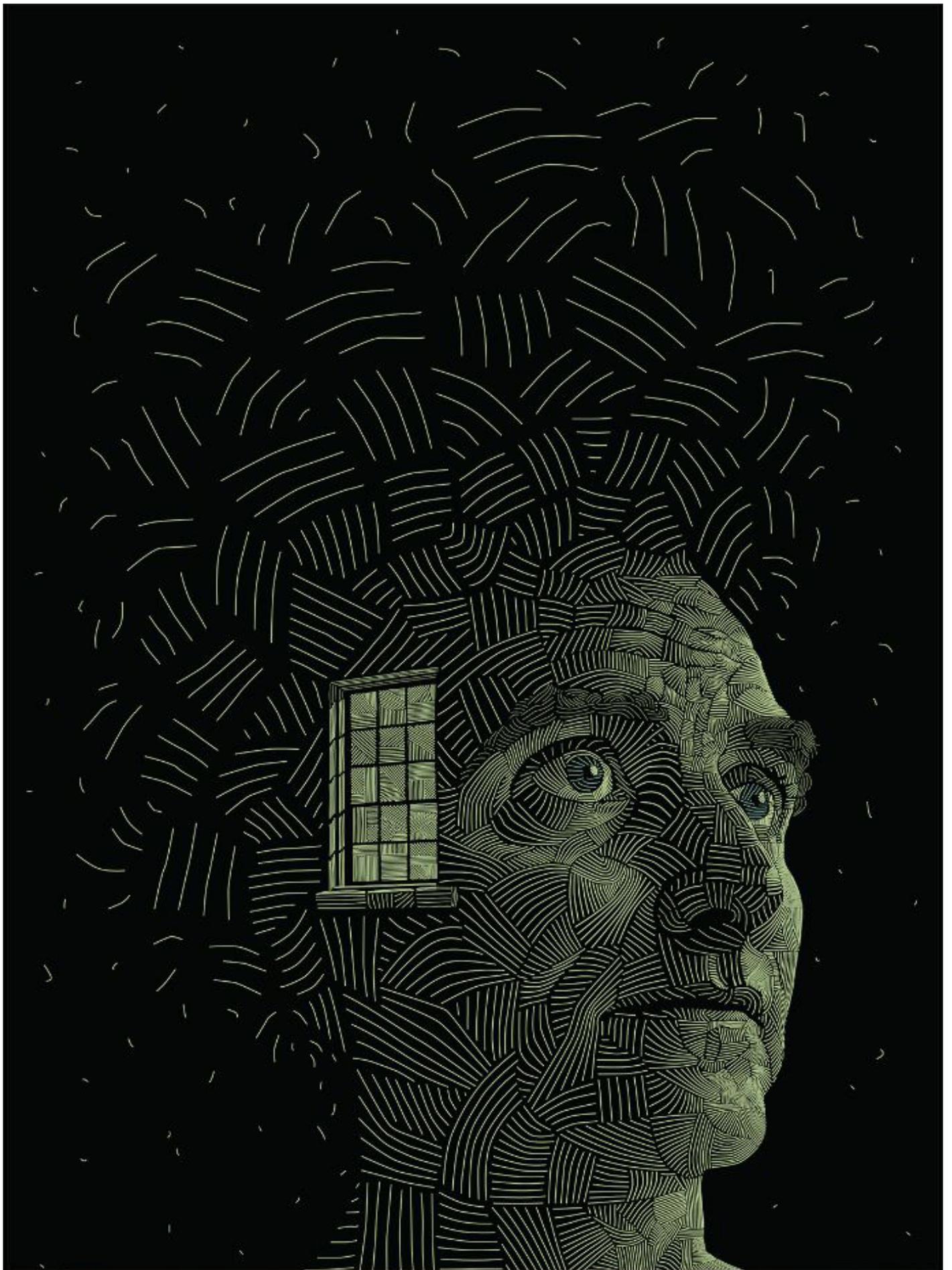


Illustration by Mitch Frey

# Volunteering with the Volunteer Tutors Organisation

**Abbey McNeil**

**University of Strathclyde**

**BA Psychology (3rd Year)**

Since 1977, the Volunteer Tutors Organisation (VTO) Glasgow has provided educational assistance to disadvantaged children and families within the Greater Glasgow area. The charity aims to bridge the educational gap within communities in Glasgow, by recruiting and training the public to become tutors and support children who are economically, socially and/or educationally disadvantaged. There are a number of roles that a volunteer tutor can undertake, including one-to-one mentoring or assisting at a homework group. Both opportunities provide tutors with valuable experience working with children of differing education levels and backgrounds, whilst they provide the children with precious one-to-one time, that teachers in mainstream schools often do not have the resources or time to provide.

I became involved with the VTO in late 2017, after responding to an advert that was published on the University of Strathclyde's Union's website. I am in my third year of the BA Psychology at Strathclyde University, with the aim of pursuing a career in Educational Psychology. For anyone who has considered studying and working within the field of Educational Psychology, you will know how difficult and crucial it is to gain experience in this area to be accepted onto postgraduate courses. In the past, I have completed placements in primary schools and a pre-five centre, however I

wanted to volunteer somewhere that will be constantly challenging and allow me to volunteer over a long period of time. After I had sent my application form, a meeting was scheduled to discuss the best tutoring role for me. Every step of the way, the staff at the VTO have been there to provide constant support and it was the staff that advised me to volunteer at a homework group, as previous volunteers who were psychology students had said they had benefited more from the homework groups as it gave them experience encountering diverse learning difficulties and situations. It took me over a month to complete the VTO's rigorous training process (which can either be completed on an evening once a week or a Saturday session) and visit a homework group to get an idea of the type of work I would be doing. Once I had completed my training I felt confident in starting my volunteering at the beginning of the year in a new homework group.

The homework group I attend is aimed at providing support for children in kinship care and their ages range from 5 to 13 years old (Primary 2 to Secondary 1). Homework groups like this provide essential support for children in kinship care who are more likely to experience behavioural and educational problems compared to their peers (Gleeson, 1999 as cited in Winokur, Holtan & Valentine, 2009). Each week the group is led by two volunteers from the VTO, an experienced secondary

school teacher and myself, and the children are tutored by S6 pupils from two local secondary schools. The S6 pupils that have volunteered at the group I attend are fully committed and an asset to their schools. My role at the homework group is to provide support to the S6 pupils by providing learning materials and advice, however I also get the opportunity to work one-to-one with children who need extra assistance. It has been an amazing opportunity to try new activities and learning techniques with the children, that I will use in my educational psychology career, whilst also having the ability to make a positive impact on a child's life.

The VTO are always looking for volunteers and you do not necessarily need to be studying psychology or teaching, or have experience working with children – as long as you are motivated to make a difference to the educational outcomes of a child. There is a long waiting list with children in need of support and the VTO needs more volunteers to start new homework groups around Glasgow, like the one I attend.

If you are interested in finding out more information about the VTO or are looking for a satisfying but challenging voluntary experience, please contact the VTO (Phone: 0141 946 6498 or Email: [admin@vtoscotland.org](mailto:admin@vtoscotland.org)).

## Movie Magic at MediCinema

**Kate Haining**

Would it surprise you to hear that 5 UK hospitals (together with Headley Court Military Rehabilitation Centre and Serennu Children's Centre) boast a state-of-the-art cinema? MediCinema is a dedicated charity which brings the latest box-office releases to patients, their family, and friends free of charge. Their aim is to improve and enrich the hospital experience which can be stressful, lonely, and monotonous.

I started volunteering for MediCinema in 2016, whilst in the midst of the final year of my BSc (Hons) in Psychology and Neuroscience at the University of Glasgow. Located in The Royal Hospital for Children on the Queen Elizabeth University Hospital (QEUH) campus in Glasgow, it is the only MediCinema in Scotland. Fast forward two

years, my passion for MediCinema has grown stronger and I still volunteer, while carrying out a Masters by Research (MRes) at the University of Glasgow, specifically studying psychosis risk factors. Being avidly interested in mental health and wellbeing, I feel proud to be involved with such mutually related academic and volunteer roles.

The cinema features a 3D screen, Dolby surround sound, 47 colourful standard cinema seats and a large amount of space to accommodate both wheelchairs and beds. As a volunteer, I assist in the transportation of adult patients from the wards of the QEUH to the cinema and back. A good memory is certainly required to navigate the largest hospital campus



in Europe. Once at the cinema, they are welcomed by our fantastic team – our manager, nurses and volunteers. During the film, we keep an eye on the patients' well being and are always ready to help –



offering water or taking patients back to the wards on request. It is a privilege to hear such an interesting range of stories from the diverse array of patients, from all over Scotland, who visit MediCinema. Indeed, it is estimated that the hospital itself serves 41% of Scotland's population and, in the last year alone, over 4500 patients and their family members visited our MediCinema. For the patients, it is an opportunity to interact with others outside of their ward – no longer segregated by medical specialities.

Of course, it's not just the adults who have all the fun. Children's screenings, which are currently funded by the Glasgow Children's Hospital Charity, are also shown regularly, allowing young patients from The Royal Hospital for Children and their guests to enjoy the magic and escapism of cinema – hopefully making life a little more normal and a hospital a little less scary.

You would assume that certain patients cannot attend our regular screenings, perhaps due to infection risk or the constant care and attention required by a stay in intensive care. Fear not – they can instead attend a special private screening with their family. MediCinema truly does aim to accommodate everyone.

To evaluate the impact of MediCinema, questionnaires are distributed to patients bi-annually, across all 7 sites. One such data collection in summer 2017 found that 99% of respondents believed that MediCinema made a positive difference to their hospital experience, with 97% mentioning that this difference was big or massive. Additionally, between 90-97% believed that MediCinema helps to improve wellbeing, reduce anxiety, stress and isolation and gives people in the hospital a sense of normality with 100% of respondents stating that they would

recommend MediCinema to others.

As an independently funded charity, MediCinema receives no government or NHS funding. Instead, it relies on donations from the general public, patrons (including Ewan McGregor, Kate Winslet and Dame Helen Mirren), corporate partners and the film industry. Only with continued support will MediCinema be able to bring the magic of the movies to patients and their families; transporting them to another place in time.

MEDICINEMA   
*feel better with film*

## Clydebank Women's Aid: an experience worth talking about

### Anonymous

I am a 4th year student studying psychology at the university of Strathclyde, and one of many benefitting from the first year of the work placement class. I entered my final year unsure of my future, unclear about the path I wanted to take and if I was even capable of doing the things I'd imagined – without this class and the opportunities it has provided, I wouldn't have the clarity I do now.

I am a placement student and prospective unpaid worker at Clydebank Women's Aid, a fundamentally feminist organisation which, at its heart, provides confidential support to women, children and young people who have/are experiencing domestic abuse. Like all Scottish Women's Aid member groups, the women within Clydebank have dedicated their lives to fight against the patriarchal structures which underpin our society and legitimises all abuses against women, including (but not limited to) coercive control, physical abuse, sexual abuse, stalking etc. Clydebank Women's Aid condemns these power imbalances in society for consequently inciting gender-based violence and attempts to challenge these inequalities by: promoting women's equality and children's rights; providing non-judgemental, confidential, empowering and supportive services; offering safe accommodation, information and support; campaigning for measures which prevent violence against women; providing training to many organisations including the police,

schools, social work etc., and ensuring there are adequate services for women, children and young people experiencing abuse. In this way, Clydebank is like all other member groups but are unique in the most admirable way. Dedicated to fighting power imbalances, Clydebank Women's Aid refuse to allow these to exist within the organisation itself and have maintained their flat managerial structure and collective working style despite the difficulties this has brought in terms of funding.

A typical shift in Clydebank Women's Aid is wholly dependent on the women using the service, like many workplaces we have quiet and hectic days. Women who are living in the safe refuge accommodation, as well as those who are using the service are welcome to come in for emotional support. Other work can include refuge maintenance, admin, liaising with other member groups as well as the press, providing training etc., Clydebank Women's Aid are also in the process of creating a film focusing on coercive control which aims to highlight the whole spectrum of domestic abuse. With the passing of the new coercive control bill, this film will enhance knowledge around the topic and help spot the signs in the absence of physical abuse.

After completing training, I will be a ratified collective member and initially this prospect was daunting, but I am working with and being trained by the

most supportive group of women whose dedication, knowledge, experience and integrity is nothing short of inspiring. Working amongst and learning from a group of women who have devoted over 30 years of their lives supporting women, children and young people who have experienced domestic abuse – including one of the founding members of the service – has been empowering. These women have changed and saved numerous lives over the years and will continue to do so. The strength of the women working within the organisation, and especially those who use the service fills me with astonishment, admiration, passion and anger. I have joined the fight, and it's a fight I hope to help win.

Without the work placement module, I wouldn't be in position I am now. Looking back at my undergraduate years, this is by far the most worthwhile module I have ever taken. I started studying psychology to help others, but I was never sure how – without the opportunities provided to me by this module I would still be uncertain as graduation looms. Yes, it's a lot of work when juggling the demands of 4th year, but it is doable. This class has changed my life course, made me a more confident and capable individual and provided me with invaluable experience.

# Empathy without Borders

**Cara MacKenzie**  
MSc Applied Psychology course  
Robert Gordon University

Over the Christmas and New Year period, whilst my family and friends gathered together in celebration, I made the journey from Aberdeen, Scotland to Calais, France where I worked to support refugees who had fled conflict and poverty, leaving their homes and families behind, in desperate hope of the most basic physiological and safety needs.

During my time there, I visited refugee camps in France and Belgium. I interacted with a diverse group of migrants hailing from countries including Afghanistan, Eritrea, Sudan, and Syria. There are currently approximately 3,500 refugees across Northern France and Belgium, in camps in Calais, Dunkirk, Paris, Brussels, and Metz (Hansard, 02 November 2017, col 1497). Furthermore, the United Nations Refugee Agency estimates that there are approximately 65 million forcibly displaced individuals globally, 22.5 million of which are refugees and more than 50% of these refugees are under the age of 18 (UNHCR, 2017). Armed with the knowledge of these stark statistics and my first-hand experience of the treacherous conditions of refugee camps in Europe, I began to question how the empathy of the rest of the world only stretches so far and enables us to ignore such a humanitarian crisis.

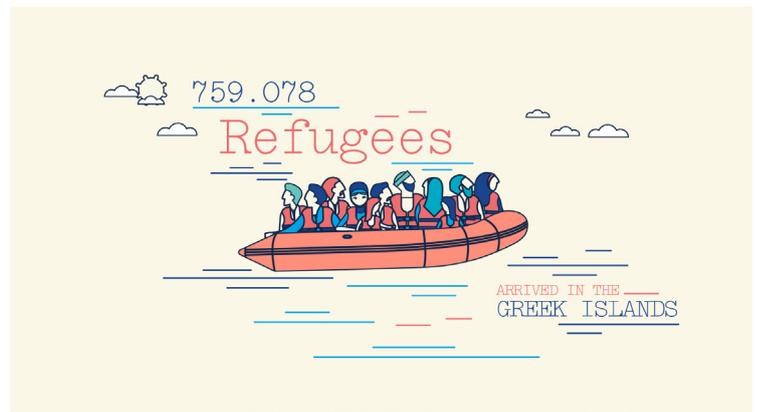
When images of three-year-old Aylan Kurdi's lifeless body, washed up on the Bodrum shore having drowned during his journey across the Mediterranean Sea, began to circulate in the UK media in

September 2015, the Syrian refugee crisis demanded the attention of the nation. Immediately

following Aylan's death, European governments talked of policy change and members of the public came together to do whatever they could to help the humanitarian crisis which was unfolding in the Middle East and subsequently across Europe. 18 months later, however, this proved to be but a fleeting response as the refugee crisis continues to develop. Following the response to the death of Aylan, Slovic et al (2017) began an exploration into the factors which lead individuals to demonstrate more compassion when confronted with a single death as opposed to plight of hundreds of thousands of people and the psychological processes which enabled us to 'switch off' to mass suffering.

The behavioural research suggests that compassion begins to diminish, or 'fade', when a scenario involving one person increases to as few as two persons, and that individuals were less inclined to have positive feelings about giving charitable donations to group sizes of two or more. Research presented by Slovic (2017) explains this phenomenon by describing how a single person is viewed by an individual as a coherent unit that they are able to empathise with. This in turn enables

us as individuals to focus our attention and experience stronger feelings when considering the plight of single person, as opposed to a group of people where we may find it difficult to scale up our emotions appropriately, thus diminishing our levels of empathy and compassion. In this case, it is not difficult to imagine that if our empathetic responses begin to decline when we consider as few as two people, that we are able to ignore atrocities affecting hundreds of thousands of people, a psychological process referred to as 'psychic numbing'. Västfjäll et al. (2014) acknowledges that the tendency for individuals to underreact to human suffering due to psychic numbing has implications for wider society, primarily as public opinion on specific issues, in this instance the refugee crisis and humanitarian aid, guides and thus directly impacts public policy decisions. With this in mind, it is vital that we recognise that whilst conflict and poverty exist in the world there will be people, just like you and me, making the journey towards what they hope to be better future and we must make a conscious effort to consider the lives beyond the numbers.



# Presenting my skin picking disorder study: Reflection on the BPS Scottish Branch Undergraduate Psychology Conference

**Marta Isibor**  
MRes student  
Queen Margaret University

You have studied psychology for the last few years. You have attended lectures, passed assessments, and written essays – all probably accompanied by not a small amount of coffee enriched by hints of exhaustion, despair, and active procrastination. Finally, you are about to cross the finish line, having faced (or still having to face) the biggest challenge of this journey – the dissertation. At this stage many wonder 'what's next?'. We know that only a small proportion of people go

on to pursue psychology further, while the majority move to other, related or unrelated, fields. This is possible thanks to the broad palette of transferable skills that a psychology degree offers. Regardless of what path you are going to take, presenting your dissertation study at a conference can prove a highly beneficial experience, and there is no better place to start than the BPS Scottish Branch Undergraduate Psychology Conference. In this article I will share my experience of presenting at the event and

reflect on what can be gained from it. I hope this will encourage others to give it a go!

BPS Scottish Branch Undergraduate Psychology Conference happens every year around March. Each time it is hosted by a different Scottish city. Last year it was Edinburgh, which is where I had the pleasure of doing my first ever conference presentation. The presentation pertained to my undergraduate research, which

addressed skin picking disorder, also known as dermatillomania or excoriation disorder. It is a relatively common, but very secretive and under-explored psychiatric condition. The key feature of the disorder is frequent picking of the skin resulting in distress and damage to the skin. People often experience shame, guilt, poor self-esteem and body image, social avoidance, and low mood (Flessner & Woods, 2006; Odaug & Grant, 2012). They typically need to put substantial effort into masking the visible scars through clothing, make-up, or bandages. Current treatments include medication and psychological therapies such as CBT, however there are high rates of relapse (Gelinis & Gagnon, 2013; Selles, McGuire, Small, & Storch, 2016). My study looked at skin picking in the context of emotion regulation and attachment. I found that both factors indeed influence symptom severity (Isibor, 2017)

I went on to present my findings at the BPS Scottish Branch Undergraduate Psychology Conference in 2017. This was my first academic talk. As a student, you are used to being the listener – presenting means becoming the speaker. Having to talk to a room full of people can naturally evoke nerves. What is comforting however is knowing that ‘we are all in the same boat’; the fact that all speakers are students doing their first ever talks is what makes this conference unique. The atmosphere is very supportive and people are genuinely friendly. One thing that is particularly dreaded by most speakers is the post-presentation question time. Anyone who has ever been to a scientific conference knows this can sometimes turn into a real

spectacle, especially in the case of well-established academics who are experts in their fields. Do not fear – this is not going to happen here. The questions that appear are not underpinned by challenge, but by encouragement. People generally want to see you flourish, and presenting at this conference can be an important stepping stone in that direction.

*There is a wide range of benefits to your personal growth associated with presenting at the BPS Conference.*

Firstly, you gain valuable skills. There is no question that for most this will feel like a massive challenge. However, the amount of confidence doing this can give you is equally massive. Also, you will practice the art of public speaking, which is useful for any endeavours involving talking to groups of people. This goes beyond conferences to activities such as team meetings, job interview presentations, or a group therapy. Secondly, you improve your career prospects and add a great achievement to your CV. To potential employers you demonstrate initiative, commitment, and competence. Thirdly, you make new connections. Throughout the day presentations are split into themes, such as cognitive, health etc. Joining a specific stream enables not only listening to talks that resonate with your interests, but also meeting like-minded people. This can lead to knowledge exchange, new ideas, and inspirations. Most importantly however, presenting gives you a flavour of what is

pretty much researchers’ daily bread and butter. This experience might help you to decide whether it is something you would like to be doing. Finally - you will make your university and your supervisor proud!

Presenting at this conference last year has given me confidence to pursue a career in psychology. Since then I have presented at more conferences, started producing my first publications, began working as Honorary Assistant Psychologist, Editor and Tutor, and undertook Master in Research programme. I continue to study skin picking. I am committed to working towards raising awareness of this little known condition in desperate need of more research in order to improve wellbeing of the people affected by it. I think that I would not be where I am today if not for this very first presentation at the BPS Undergraduate Conference. In fact, I would like to thank the BPS Scottish Branch for this brilliant event – the opportunities it creates for students are priceless. Also, thank you to my university, Queen Margaret University, for encouraging students to attend and present.

I hope I have managed to convince you that the BPS Scottish Branch Undergraduate Psychology Conference is a great place for your first academic presentation. It is truly a very welcoming and supportive environment. You can gain new skills, improve your CV, make new connections, get a taste of the research world, and make yourself and people around you proud. Presenting at this conference made me believe in myself. It did great things for me and I am sure it will do for you too!

## Cognitive science: present and future

**Andrei Birladeanu**  
**University of Aberdeen**  
**Psychology (3rd Year)**

When was the last time you heard someone saying that the brain “processes” information? Or that it “stores” memories only to “retrieve” them when needed? Considering how rooted and widespread these terms are both in university curricula and popular media, chances are that you have stopped being aware of their metaphorical character a long time ago.

*Unsurprisingly, the view according to which the brain functions similarly to a computer sits at the very core of cognitive science.*

The dawn of this interdisciplinary area of

study began just around the time when computers and algorithms were starting to show true potential for both industrial and academic purposes (Eckhouse & Morris, 1979). With further input from the theory behind a Turing machine – essentially describing a hypothetical machine which can simulate any algorithm through recursion given infinite memory capacity – not only a theory of mind but an entire scientific field was born (Rescorla, 2017).

Building up on the principles from early computing theorists, cognitive science adopted the mechanisms and terminology from the realm of machines and algorithms into virtually every area of human psychology (Thagard, 2014). In the Stanford Encyclopaedia of Philosophy,

the philosopher Paul Thagard defines cognitive science as an approach according to which the mind operates by using representations (similar to data structures inside a computer), and by applying these formal symbols to perform computations analogous to computer algorithms. So influential was this view that it has become by far the most popular paradigm in cognitive psychology and neuroscience (Van Gelder, 1998).

In spite of the wide acceptance of this theory in academia and pop psychology, starting from the 1980’s some scholars began to question its explanatory power from both philosophical and empirical standpoints. One such classic example is the Chinese room argument proposed



by Searle (1980). To refute the hypothesis that the human mind works similarly to Artificial Intelligence, he suggested a thought experiment in which an English speaker with no knowledge of Chinese sits in a locked room and has to manipulate characters in this language according to the instructions of a computer program. He would receive Chinese characters through a slot in the door, process them as per the program's instructions and produce Chinese symbols as output. Provided that he followed precisely the program's instructions, a Chinese speaker sitting outside the room might get meaningful, syntactically coherent responses but the person inside the room would have absolutely no semantic understanding of the conversation. He argued that what the person in the room does, producing some behaviour by following a sequence of steps, is equivalent to the way intelligent machines respond to human input.

Some might say that the knowledge we have at the moment about how the brain works is still poor and that referring to these mechanisms in terms such as "schemata" or "retrieval" could be helpful in furthering our understanding. However, from a logical point of view, this assertion looks flawed - even if brains do not actually behave like a digital computer, assigning these metaphors to them still implies that these properties associated with information processors are intrinsic features of brains (albeit somehow different than the processing or retrieval inside a computer). Searle (1995) argues that what we call computing is not an intrinsic feature of reality since you will never find computing in nature, but it is rather a property that we, as users or programmers

assign to certain types of machines. A computer on its own is merely a set of chips and transistors; the computational aspect only appears when we attach them a computational interpretation comprised of symbols and state transitions. What it follows is that we cannot describe the functioning of such complex systems as the brain in terms which are wholly dependent on how we choose to view those systems. Manzotti (2012) explains this phenomenon in very clear terms: "Computation is only a way to describe what the computer is doing as a result of the adoption of the computational stance" (p.405). In other words, information can be useful to describe phenomena but it would be impossible for things such as consciousness to arise from nothing more than ways of depicting reality.

New approaches to the study of cognition have been proposed in recent years, even though much is still in shadow. Some argue for a novel understanding of intelligent behaviour as a direct interaction between organisms and their environment - what is called "Radical embodied cognitive science" (Chemero, 2011). It relies heavily on mathematical paradigms such as dynamic systems theory that are slowly starting to pose a challenge to the mainstream representational view. Initially applied in the area of child development by opposing the dominant theory which sees development as a linear process modulated by the interaction between nature and nurture (Thelen & Smith, 1996), dynamics is currently used to describe a whole range of psychological phenomena. Rather than leaning on the abstract, symbolic mental processes advanced by the computational

view, dynamics seeks to reveal a more naturalised way of looking at human behaviour and cognition. By applying a dynamic approach, researchers hope to unravel the way cognition is influenced by a myriad of active neural patterns in interaction and, most importantly, how these neural patterns compete against each other before settling next to attractor points - locations closely associated with the conscious perception of a thought or an action (Spivey & Dale, 2006). However, the fundamental contribution of nonlinear methods in Psychology appears only when looking at what happens in between object, word or semantic recognition: a continuously changing and interconnected pattern of neuronal activity.

In support of this methodological shift, in his paper on natural language processing, the computer scientist Terry Winograd expresses the need for fresh approaches to the study of cognitive science and concludes that: "As has been pointed out in the philosophy of science, the importance of a paradigm may not lie so much in the answers it provides as in the questions it leads one to consider, and a paradigm (like a crisis) is created by a web of interlinked speech acts" (Winograd, 1980, p.209).



## A Brief Journey in Stats

**Alasdair Kelly**  
University of Glasgow

The Psychologist's struggle with statistics is a strong stereotype here at the UoG, with the question "I want to be a Psychologist, why would you put me through this?" practically hanging in the air like the sign for a show on Broadway. At the very least, the task falls to the lecturer to halt an exiting student to inform them that unfortunately, yes: you are in the correct venue. Despite having a rocky relationship with numbers, I have actually come to love the statistics modules over the last three years.

So here is a brief summation of my love for stats, and how it developed (move over, Brontës).

Our stats adventure began by teaching us to treat the stories in the press with

scepticism (Ben Goldacre would have been proud), and that many tools for this value lay within statistics. For me, the love affair with stats began that day. We cannot be critical thinkers if we do not embrace the numbers; as psychologists, we know better than most the biases that can tangle the results. We are taught to look below the surface of data, and realise the pitfalls that are waiting for us out there. I remember a sinking feeling when I began to sift through news stories and realised how much dissection is needed before the 'big picture' can be uncovered. However, this is a small price to pay.

I don't want to downplay the difficulty of learning statistics here. As I said, I have found that numbers are not my cup of tea.

They're not even my cup of disappointing coffee, but like most things, practise gets you there. It's fun to become more adept at investigating data; dismantling the stories that the results can give you. I'd like to reiterate the 'investigating' part here, because it's something I feel very, very strongly about. In this media-hyper world, we are constantly at the mercy of someone or something trying to convince us, whether it's advertising, news, politics... we are now, arguably, bombarded more than ever with such persuasive data. A good grounding in stats gives you tools to sift through this information, and to make more informed decisions in response.

Of course, the stats journey hasn't ended. There are always opportunities to expand,



not just via course modules but through online resources and textbooks. I can now work some serious stats magic, but the best return I have gained from stats is something I didn't expect when I started: responsibility. I have the tools now to look a little deeper,

and I believe that I have a duty to use these tools as much, and as variably as possible. When I read journal articles, I will go below the surface. When I watch the news, I will go below the surface, and finally, when I eventually publish my own papers, I will go

below the surface.

*Of course, it's not just a duty.*

*It's actually pretty damn fun.*

## The Dark Side of Light Emitting Diodes

**Heather Waddell**

**University of Glasgow**

**Msc Psychological Science**

Over the past two decades, light emitting diodes (LED's) have infiltrated all forms of lighting. This form of solid state lighting has replaced the outdated incandescent bulbs to produce stronger and brighter lighting (Tosini, Ferguson and Tsubota, 2016). Despite the superficial benefits of LED's, health psychologists have implicated the blue light produced by LED's in sleep disruption (Woods and Scott, 2016). LED's are comprised of phosphor and blue light to produce the standardised white light we see in electronic devices. In addition to this red, green and blue light can also be blended to produce white light (Bruckbauer et al., 2016). The blue light waves emitted by LED's are found in most electronic devices today including: phones, laptops, tablets, televisions and electronic reading devices (Touitou, Touitou & Reinberg, 2017). Current research has identified that LED's emit twice as much blue light waves as non-LED lighting. Demirci, Akgönül and Akpınar (2015) reported that adolescents were the most at risk group

for exposure with smartphones being identified as the most used electronic device by this cohort (Pecor et al., 2016). The increasing prevalence of sleep disruption is a worldwide issue with more research being conducted into the hypothesised underlying mechanisms. A study by Ferrie et al. (2014) has implicated blue light exposure and excessive electronic device usage as the root cause of wide spread sleep disruption.

The current findings have elucidated to the underlying mechanisms and consequences of excessive blue light exposure. Heo et al. (2017) suggested that blue light waves are responsible for the suppression of melatonin. This hormone is an essential component in the circadian timing system which regulates sleep and wakefulness. Therefore, the suppression of this hormone has been shown to shorten the sleeping period, increase arousal levels and promoting wakefulness (Touitou, Touitou & Reinberg, 2017). Two studies conducted by Tosini et al.

(2016) and Piorz et al. (2016) found that blue light was also detrimental to ocular health. Both studies found that a photopigment known as melanopsin was negatively impacted by blue light. Melanopsin is an important retinal protein that is part of a process known photoentrainment. This process is essential in the regulation of the circadian clock which is responsible for sleep and wakefulness. Melanopsin was found in both studies, to be sensitive to blue light waves which results in increased levels of arousal, decreased melatonin production and circadian rhythm disruption. It is evident that blue light is detrimental to health with more researchers being attracted to the study of sleep. The purpose of this research is clear, with an increasing worldwide epidemic of sleep disorders and ineffective treatment methods unable to combat the rising numbers, the need for an effective treatment is imperative.



# The Power of Psychology in Reducing Prejudice

Moa Schafer

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MA (SocSci) Business & Management and Psychology (3rd Year)

In a world where discrimination, conflict, and inequality are all too common, understanding prejudice, and how it can be reduced, has become of utmost importance. One proposed definition of prejudice defines the term as:

*‘a preconceived opinion or judgement, formed without adequate consideration of relevant evidence, especially an unfavourable judgement based on group membership, including racialism, ethnocentrism, sexism, or ageism’ (Colman, 2014).*

In an attempt to comprehend its underlying mechanisms and in order to identify potential interventions to reduce prejudice, thousands of social scientists

have conducted experiments investigating prejudice (Paluck, 2016). Past studies on prejudice range from experiments involving the Harry Potter books to examine changing attitudes toward stigmatized groups (Vezzali, Stathi, Giovannini, Capozza, & Trifiletti, 2015), to online perspective-taking games attempting to reduce intergroup hostility (Simonovits, Kézdi, & Kardos, 2018), as well as field studies examining various approaches associated with reducing prejudice toward refugees (Lazarev & Sharma, 2015).

Despite the vast number of experiments that have investigated the social phenomenon, however, only a mere 11% of prejudice reduction studies actually examine the causal effects of interventions in the real world (Paluck, 2016). The literature is also lacking in field experiments and would benefit from more real-world applications and tests, through collaboration between

researchers and practitioners (Paluck and Green, 2009). Rather than approaching these shortcomings in the existing literature as issues, however, they can be viewed as opportunities. Various studies highlight the advantages of collaborating with practitioners and policy makers to help incorporate psychological research findings in policymaking and when introducing interventions (Albarracín and Shavitt, 2018; Nelson, 2013). Through partnerships between academics and policymakers there awaits vast amounts of possibilities to improve current interventions (many of which currently lack an empirical basis; Paluck and Green, 2009) through using evidence-based approaches. While there may be concerns including challenges associated with funding, time, and practicalities, such collaborations still appear promising and imperative to advancing prejudice research and incorporating it in practice.

## “Eyewitness testimony is notoriously unreliable”

Abigail Stephen

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As quoted by Chris French, the concept of eyewitness testimony is flawed and riddled with complications. Leading research from Loftus and Palmer (1974) explores the inaccuracies found when eyewitness testimony is utilised as evidence in the courtroom. Despite this, many jurors fail to acknowledge the importance of such research when they determine a suspect's fate.

In America, 31 out of 50 states still employ the death penalty as a custodial sentence (US Department of Justice, 2018). There are currently 3035 inmates on death row (Death Penalty Statistics, 2018) within these 31 states. But how many of them are actually guilty?

Whilst it is impossible for me to answer that question, it is important to point out that within the USA, 79% of overturned convictions (Sauerland & Sporer, 2011) were initially based on eyewitness testimonies which turned out to be false. What if 79% of the inmates presently on death row are also innocent? Could it be possible that inaccurate testimonies have led them to incarceration?

In cognitive psychology, many researchers are subsequently regarding the accuracy of eyewitness testimony and choosing to carry

out their own research in the field. This is often regarded as an increasingly important area of research in psychology, considering the technological advancements made available through DNA and biological testing.

One case that should be reflected on, is that of Ruben Cantu. Researchers (O’toole & Shay, 2006) reflect on the San Antonio teenager’s prosecution in an article focussed on the challenges faced in eyewitness testimony. Cantu survived on death row for 8 years and was executed in 1993 for alleged murder. The evidence was based singularly on an eyewitness testimony by Juan Moreno (“Executed But Possibly Innocent | Death Penalty Information Center”, 2018). More recently, Juan Moreno reported that Cantu was not the murderer, and that he only identified him as the shooter because he felt ‘pressured and was afraid of the authorities’ (“Executed But Possibly Innocent | Death Penalty Information Center”, 2018). As a result of inaccurate eyewitness testimony, an innocent 17-year-old was sent to his grave. As a result of the psychological research conducted by Loftus & Palmer (1974) as well as the more broad published work from the likes of Tulving (1985), the process



of gaining information from witnesses has been dramatically improved.

Towards the end of the last century, Fisher and Geiselman (1992) developed the cognitive interview with the intention to increase the accuracy of eyewitness testimonies and to reduce the number of wrongful prosecutions. The methods used are based on research by psychologists and use fundamental concepts, such as context reinstatement and the encoding specificity principle.

But, innocent until proven guilty or guilty until proven innocent? Whilst I have conversed about the sentencing of innocent men, it is important to acknowledge that this influences more than just the suspects life. Even if we do not have the death penalty in Britain, with an innocent person imprisoned, there must be a guilty man free. Are inaccurate eyewitness testimonies a danger to society?

# The Reality of Studying Psychology

**Tanya Bhayani,**  
**University of Aberdeen**  
**MA Psychology (Third Year)**

When I made the decision to study psychology at degree level, I had limited exposure to its potential through studying an A-Level in it. With the benefit of retrospection, I hope to explain and compare the pre-conceived notions one might have of studying psychology to its interesting reality.

Psychology seems to have a status that is unscientific and stuck at the bottom of the empirical ladder where a group of therapists sit, nodding their heads in acknowledgement of one's problems. I was impressed, proud and relieved to be quickly equipped with the curiosity and ability to question the media and high school driven notion of what psychology supposedly is.

Before coming to study psychology, a lot of people know that there is a taught element of theory and emphasis on case studies to validate these theories – but the reality is far more rigorous which makes it intriguing. In high school, I was used to learning a set of research claims and three, maybe four studies that provide supposed 'evidence' for these claims. It was enough to do well so people didn't question it. Psychology, at least at A-Level, became known as the subject where rote-learning 'facts' was the key to success. The reality of the subject at

degree level makes this extremely ironic.

Through an incredibly research-led, fluid and empirically sound experience of learning, I have seen that psychology seeks to employ scientific methodology in a very theory-driven but concrete manner. I came to learn that psychology is much more than the identification of explanations for mental health difficulties, or the classic and rigid textbook explanations for "why do we behave the way we do?". It seeks to explore the reasons for the complexity of our behaviour, through hypotheses and objectivity, but also makes use of its fundamental philosophical nature in pure observation to generate theory. In short, psychology is multifaceted and fluid. For example, through the use of eye-tracking technology, we can create objective tests to distinguish between clinical and general populations. But also, we can learn what our eye movements can tell us about rather simple, everyday behaviours through the interpretation of sensory information in our environment. This is just one example.

*The breadth of psychology is something that may come as a positive surprise to people,*

which is ironic because of its definition (i.e. 'the study of the mind and behaviour') and its roots. It explores the subjectivity of human behaviour while maintaining caution before reaching a conclusion. The methods of interpreting the meaning of behaviour, such as the study of language, cognitive abilities, personality, central nervous system function, attention and emotion (the list can go on) come together in an experimental, measurable and falsifiable manner. We are getting closer to learning what actually is the most favourable method of even studying behaviour in the first place, if any.

Psychology has consistently taught me to be critical and evaluative towards literature. Despite the trustworthy nature of peer-reviewed, published findings, there is always something to question or to test further and discuss. Although it might seem unsatisfying to never reach the end of a discovery, the process of discovery is where the real learning lies. It enables the investigation of an alternative, driving the skills of attending to detail and being naturally analytic. I feel very fortunate to be studying a discipline that encourages the exploration of diversity.

# Aspirational Advice on how to be change{d}

**Xenia Stieger,**  
**University of Glasgow**  
**Joint Honours Psychology & Business/Management (Fourth Year)**

"World changers welcome". Ever since I first heard Glasgow University's invitation, I aspired to live up to it. It highly motivated me, filled me with the inspiration to do great, be engaged, be involved, to participate in the million opportunities that both the University and Psychology had to offer and – it scared me. In fact, it sometimes frightened me so much that I simply felt paralysed. Unable to move forward. I put the pressure of the world on my shoulders and was puzzled about why I could not carry it any longer. Because I thought that if you want to be a world changer, you are not allowed to fail.

When I received an invitation from the School of Psychology to join an Aspirational Advice focus group, I was not sure what to expect. The #AspirationalAdvice campaign is spearheaded by the Royal Society of

Edinburgh Young Academy of Scotland and has been brought to the University of Glasgow. It aims to get people thinking about how we inspire young people, and to develop a bank of advice to help others *aim high, dream big, and lift their aspirations.*

I certainly did not anticipate that being part of the focus group would change my entire perspective on my own fear of failure. But it did. I learned that it is absolutely okay and often even necessary to experience drawbacks, as they in fact will make us stronger. I also realised that everyone sometimes doubts themselves, no matter what year they are in, or at what point they are in their career, or what they have achieved so far. Being aware of this and sharing one's thoughts and

aspirations with the community we're in is what counts. It is the constant dialogue between individuals who speak about their experiences in an honest way that has the tremendous potential to inspire us and to help us achieve greatness. This is why it is so important to spread Aspirational Advice and why I dedicated myself to the campaign.

We have to inspire ourselves by learning from those around us and by that, we can become inspiration ourselves. We can be change{d}.



