ACKNOWLEDGEMENT

We would like to thank the excellent reviewers who have contributed their time and expertise to making this publication possible. Their voluntary efforts enable us to bring you quality articles in a timely manner.

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The psychosocial impact of attending a cancer choir: The benefits of social connectedness for people affected by cancer

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There are currently 43.8 million people living with or after cancer worldwide. Tenovus Cancer Care Sing with Us choirs are a form of activity-based psychosocial intervention for people affected by cancer. Research has found attending these choirs has positive effects; however, the impact of the social aspect has not been sufficiently explored. This study therefore aimed to qualitatively explore the psychosocial impact of attending a Tenovus Cancer Care Sing with Us choir, with attention to the role of social connectedness. A qualitative study was conducted, followed by a routine evaluation of the choirs using quantitative and qualitative methods. Focus groups were conducted with choristers from one choir and evaluation data from all the choirs in Wales was used to compare the qualitative findings from these with survey responses from the larger choir population. Three key themes were identified: individual impact, group experience, and interaction between the individual and the group. This study has offered qualitative support to existing studies which suggest choral singing benefits people affected by cancer. We also explored how being in a choir impacted on members’ social connectedness and subsequent well-being.

Keywords: cancer; cancer choir; choral singing; psychosocial support; social connectedness
In this study we provide empirical insights into how social connectedness is established and perpetuated in choirs created and maintained to offer support to those affected by cancer. The choirs discussed are based in Wales, and the paper draws on qualitative data from in-depth focus groups with nine members of one choir conducted by the first author, and qualitative and quantitative data collected from 613 members of 16 Welsh choirs via an online survey, conducted by the second author. Before discussing the data, some context around the mental health and well-being impacts of cancer on patients, carers and bereaved; the concept of social connectedness; and the existing literature on choirs as a psychosocial intervention are briefly reviewed.

Most recent figures suggest that 43.8 million people are living with or after a cancer diagnosis (World Health Organization, 2018). This is expected to rise due to improvements in detection and treatment, resulting in an increasing demand for support post-diagnosis and treatment. The mental health and well-being implications of this cannot be underestimated; cancer survivors are five times more likely to suffer major depression, compared to the general population (Irwin et al., 2013), with 54% of cancer survivors still experiencing psychological difficulties 10 years after treatment (Macmillan Cancer Support, 2019). Family, friends and carers of people who have had cancer may also experience psychological problems; 67% of carers experience anxiety and 42% of carers suffer from depression during or after a loved one’s cancer experience (Macmillan Cancer Support, 2019). Those bereaved are also significantly at risk of mental and physical health problems (Vanderwerker & Prigerson, 2004).

Living with or after cancer also has significant social implications (Relojo-Howell, 2020). People who experience serious illness may be less likely to engage outside the home, as they may have had to give up work and other activities when becoming ill and may have experienced further isolation due to treatments that affect one’s immune system. In the current COVID-19 crisis, isolation is likely to have been exacerbated for large numbers of cancer patients and older people, who were advised to ‘shield’ for approximately five months. Those isolated or socially disconnected are more at risk of illness and death, particularly older adults (Cornwell & Waite, 2009). Social connectedness is universally important (Bernat & Resnick, 2009) and refers to a feeling of belonging and the experience of relating to other people (Van Bel et al., 2009). Having good social connections to others is related to a good quality of life (Vanderwerker & Prigerson, 2004), benefiting a person’s mental and physical health (Hutcherson et al., 2008).

Social connectedness seems to have specific benefits for people affected by cancer, with improved patient outcomes and better overall health and quality of life for those who are more socially connected compared to those who are socially isolated (Kroenke et al., 2013; Sapp et al., 2003; Marcus et al., 2017), and better outcomes for those who use group support to help tackle the psychological problems related to cancer (Coughlin, 2008). Being socially connected to friends and relatives seems to contribute to health-related quality of life (HRQoL) more than connections solely to partners, children or a confidant, and improved rates of survival have been found for people who have been diagnosed with cancer if they have varied social connections (Sapp et al., 2003). Good social support also protects against many psychological problems related to bereavement, including depression, complicated grief and posttraumatic stress disorder (Vanderwerker & Prigerson, 2004). Social connectedness is also positively related to self-esteem and social identity (Lee and Robbins, 1999). Cruwys et al., (2013; 2014) found that group membership can have long term benefits for alleviating and preventing depression.

A systematic review found music therapy and music medicine interventions led to reduced stress and pain among people with cancer, however, there was no consistent effect on mood or distress and the evidence for reduced depression in this group was poor (Bradt et al., 2016). However, when the social element is also provided, it seems that benefits to people with cancer are more prominent. Activity-based psychosocial interventions like choirs have been found to reduce symptoms of mental health problems and improve immune responses among people with serious physical health conditions (Rancourt et al., 2016), and to have benefits relating to HRQoL, anxiety, depression and mood (Reagon et al., 2016a). For people affected by cancer, they provide positive social relationships and support, which help promote posttraumatic growth (McDonough et al., 2011). Dingle et al., (2012) research with people with chronic mental health problems who participated in supported activities, such as a choir, also identified positive personal, social and functional outcomes resulting from choir participation. Pearce et al., (2015) found that, though those who participated in singing groups and those who participated in other groups such as crafts or creative writing eventually feel equally connected to their groups, those in singing groups connected to others faster. This suggests that singing perpetuates social connectedness within an unfamiliar group, creating close bonds quicker than other activities. This is supported by the findings of Weinstein et al., (2016) who, using self-reported measures of social bonding, found singing facilitates social connectedness in both small groups and larger groups where participants are not known to each other. It seems then, that singing provides benefits to people with cancer, and doing so in a social environment adds additional rewards.
Tenovalus Cancer Care (TCC), a cancer charity in Wales, offers psychosocial support to people affected by cancer in the form of singing. Tenovalus Cancer Care’s Sing with Us (SwU) choir is open to anyone who has been affected by cancer. There are currently 16 SwU choirs across Wales, with most choirs having between 40 and 100 choir members. Research has identified various positive biological and psychological impacts on SwU participants. Gale et al. (2012) found that membership in SwU choirs had positive benefits for choristers including reduced depression scores, increased confidence, something to focus on and a support mechanism. Reagon et al. (2016b) also found in a much larger study that as well as providing positive musical and social experiences for participants, anxiety levels were reduced, and mental health and vitality scores increased after six months’ choir participation for cancer patients. Fancourt et al. (2016) assessed SwU choir participants’ moods, stress levels, and perceived connectedness before and after attending a choir session and found all to positively and significantly improve after a session. Saliva samples taken before and after singing showed that cortisol levels decreased after rehearsals, alongside significant increases in cytokine activity, associated with immune response.

Fancourt et al. (2019a) later compared the effects of choir participation on mental health, self-efficacy, self-esteem, and well-being on 29 adults bereaved within five years with a control group who did not attend choir. They found that depression levels and well-being stabilised in the choristers but worsened in the control group, while self-efficacy and self-esteem increased over 24 weeks for choristers but declined for the control group. Fancourt et al. (2019b) also explored the benefits of choir participation on those who care for people with cancer, finding that well-being increased, and anxiety reduced for carers, though depression levels were not significantly impacted. Qualitative data from the same research explored how choir participation can build resilience, as well as providing social support and confidence through developing musical skills, offering a site for choristers to ‘fulfil the three basic psychological needs of relatedness, competence and autonomy’ (Warran et al., 2018, p.8).

The current study explores the psychosocial impact of membership in a SwU choir, specifically how this relates to social connectedness. Earlier quantitative findings by Fancourt et al. (2016) show that levels of connectedness increase for choristers following attendance at choirs; the current study explores what this means for choristers, adding a rich qualitative understanding to previous findings.

METHODS

Design

A qualitative study was conducted using a focus group to explore the psychosocial impact of attending a SwU choir. In addition to the focus groups, this study draws on data collected via an internal service evaluation, conducted by TCC and involving members from all 16 choirs in Wales. The evaluation survey was completed by 613 participants. Data collected by TCC as part of a routine evaluation, and likewise, direct quotes are not identifiable. Data from this evaluation is used primarily to validate whether the themes emerging from the focus groups are broadly representative of the experiences in the choirs in general. Service evaluations of SwU are conducted sporadically (every two or three years) to ensure that the service provided is optimal and areas for improvement can be identified and acted upon. We recognise that the purpose of these evaluations can be misunderstood by participants, who may perceive them either as public relation exercises or service reviews. In either case, there is a risk of overly positive feedback from participants, and as such we emphasise the externally collected focus group data as the primary resource for this study, with the evaluation data used primarily to ensure that the themes identified from data collected from the choir involved in the focus groups are echoed in the data collected from the broader choir population.

Participants

Participants for the focus groups were recruited through a TCC SwU choir, and the requirements for participants were that they had to be a member of the choir and had to have been affected by cancer. Seven participants formed the first focus group, while only two choir members attended the second group (n = 9). Of the nine participants, eight were female and only one participant was male. Four participants currently or previously had a cancer diagnosis, two had been bereaved through cancer, and three support family members or friends who had cancer. The age range of participants was 38 to 83 years, with a mean age of 64 years. Due to the small number of participants in the second focus group, the choir leader was involved in this group to help facilitate the conversation. However, their responses and demographics have not been included.

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1The focus groups were conducted as part of author one’s master’s degree research project, with ethical approval granted by the university ethics committee.
Participants in the focus groups have been allocated gender-neutral pseudonyms throughout this study. The evaluation survey was distributed online to all members of SwU choirs in Wales. Demographic and choir membership information was recorded, followed by Likert scales to rate agreement or disagreement with 14 statements about the choir, as well as questions which allowed for qualitative responses. The mean age of participants was 62, and 531 were female, 81 males (a ratio of 6.6:1), and one participant did not disclose. When asked how they had been affected by cancer, 265 said they supported or cared for a family member or friend with cancer, 166 participants currently or previously had a cancer diagnosis, 466 had been bereaved and 13 participants had not been affected by cancer (participants were able to select more than one answer).

Data collection

Focus groups were used because their social nature reflects the goals of the study – to explore social connectedness (Hollander, 2004) – and because of their ability to provoke a variety of views and emotional conversations (Gibbs, 1997). The choir was viewed as a social group during this study, and by conducting focus groups with members of the same choir in the same focus group it provided a small sample of the larger social group and the researcher hoped that the themes that emerged from the data collected would reflect the social group as a whole. Also, it was appropriate to use focus groups as opposed to individual interviews as the researcher wanted to explore an issue that was of shared importance, and wanted participants to share and compare their experiences (Breen, 2006): the choir is important to the members as a group, and therefore it was appropriate to explore the experience of the choir as a social group in a shared way.

Data analysis

The data was analysed using thematic analysis. Thematic analysis was used because the researcher wanted to identify patterns in the data that revealed something important about the research question. Using an inductive and semantic approach, the data were coded and interpreted about the research question and previous research, therefore providing an in-depth analysis of the social aspects of the choir rather than a descriptive overview of all the data (Braun & Clarke, 2006). Although similar themes recurred across both focus groups, data collection was ended due to time constraints and poor uptake during recruitment rather than as a result of data saturation. The qualitative responses to the evaluation survey were also analysed using thematic analysis with an inductive and semantic approach to identify patterns that revealed something important about the research question.

Reflexivity and validity

The first author was aware of the potential to influence the focus groups throughout the study and therefore potentially leading questions were avoided and only open-ended questions that might facilitate discussion among participants were asked. The first author had previous associations with TCC, however before the study did not have any association with a SwU choir and as such had no significant biases towards the choirs before the study.

Agreement between participants on various topics discussed during the focus groups may reflect validity in the data (Breen, 2006). However, focus groups can sometimes be intimidating for people who may be shy or quiet, meaning their views might not emerge as strongly as other members’. Also, it should be noted that the opinions expressed in a focus group may result from the specific context and culture of the focus group rather than individual views (Gibbs, 1997). Despite this, it is thought that the answers given are a true reflection of the experience of the choir as the relationships between participants within the focus groups seemed to reflect the nature of the relationships between choir members; therefore, giving a reliable impression of the experience of being a SwU choir member.

RESULTS

The purpose of this study was to understand the psychosocial experience of being a member of a TCC SwU choir and consider how it affects a person with cancer, with the choir being viewed as a social group. A thematic analysis of the transcripts of the two focus groups found three key themes: (1) the individual impact; (2) the group experience, and (3) the interaction between the individual and the group. These are discussed below. Focus group participants are identified by gender-neutral pseudonyms, evaluation respondents by participant numbers. Those who participated in the service evaluation of the SwU choirs were asked: ‘What is the best thing about the SwU choir?’ Participants’ answers were thematically analysed, and answers very frequently referred to the social side of the choir, such as friendship, finding support, and meeting new people.
The psychosocial benefits were commonly cited too; with choristers saying that they found choir to be uplifting, positive, and rejuvenating.

The single most popular ‘best thing’ was the singing itself, which is important given the earlier literature discussed the potential for this activity to perpetuate connectedness within a group. These results, particularly ‘friendship’, ‘support’, and ‘meeting new people’, show that though the focus groups were focused on social connectedness based on the previous research already discussed, social connectedness is of emic importance as these ‘best features’ were defined by the group rather than a researcher.

**Individual impact**

In this section, the impacts of choir membership on choristers as individuals are presented. These include perceived improvements in mental and physical health and well-being, such as heightened confidence and increased energy, as well as providing new experiences for members.

All focus group participants reported that choir affected their personal lives, primarily in areas such as health, well-being and social activity. On several occasions, participants said attending choir practice had made themselves or other members feel physically and mentally improved, compared to before the session:

‘Last week you were terrible weren’t you before you came last week? And she was a different person going home wasn’t she?’ (Sam)

Similar feelings were reported in the survey with 94% of participants agreeing they had more energy after attending choir. Qualitative data in this survey indicated that participants felt better generally after a choir session and reported feeling less stressed after choir practices:

‘While singing I do not think of anything else, my stress levels come down, I feel happy and elated when it’s time to go home.’ (Participant 390)

‘Being able to sing with other people, and coming away from the choir feeling better’ (Participant 130).

Most participants agreed to be a member of a choir helped them to build their confidence:

‘I can do anything now I can, and I can go anywhere, whereas I wouldn’t have before you know, I wouldn’t have gone somewhere on my own before but now, because I walked into choir on my own anyway, I know I can go anywhere and do anything.’ (Sam)

Some participants sought choir as a way of increasing their confidence: ‘It was somewhere to go to build up my confidence,’ (Participant 545). While others found they gained confidence after joining the choir during difficult times: ‘I joined at a very low time in my life and the choir gave me so much confidence,’ (Participant 168)

Participants also discussed how being part of the choir gave them opportunities to have new experiences and make memories together: ‘But that one, just one of those once in a lifetime experience,’ (Charlie). Responses from the survey reinforced the importance of being able to have these new experiences: ‘The friendships I have made and the opportunities to perform in some amazing places,’ (Participant 46).

Participants who responded to the survey often commented on the opportunity to experience things they would not have before: ‘Performed in places I’d never dreamed of,’ (Participant 63).

These new experiences gave participants a sense of achievement:

‘The friends I have made and the fundraising events I have been involved in e.g., climbing Pen y Fan in the dark. Crazy but rewarding!’ (Participant 531)

**Group experience**

The evaluation data found that 92% of choristers had made friends at choir and 91% gained support from other members. In this section, we explore the elements of the group experience that seem to enhance or create the
social connectedness of the choirs. The first element relates to how singing in choir connects the group and to others affected by cancer.

Participants felt that being part of a SwU choir allowed them to help the wider cancer community by raising money at concerts and performing in hospitals:

‘The fact that we were raising awareness and raising funds as well for research is a way of giving something back. I haven’t had cancer myself but many of my relatives have, and friends and I just feel, you feel so helpless, you know, because what can you do? But it’s just a way of thinking it’s only a small thing but at least it’s something.’ (Sandy)

Taking part in events helped Sandy overcome a sense of helplessness, providing an avenue to give something back to the broader cancer ‘community’. Choristers also felt that they ‘give back’ through the music itself:

‘I just love the feeling of ‘doing something’ and giving something back– I like to think we spread joy to people who need it most’ (Participant 222)

‘I always remember this specifically, there was the elderly lady in one of the beds who looked as if she was unconscious and within minutes of us starting to sing she was trying to sit up, and she had a huge smile on her face, well I think most of us had a job not to burst into tears. To see very, very ill people respond—to see you know the power that music has and singing on very, very ill people is just amazing, and incredibly rewarding.’ (Sandy)

Being able to help other choir members, and other people affected by cancer seemed to be a very important part of being a member of the choir.

Participants felt connected to other choir members by their experience of being part of the group, and the relationships between choir members were very important. These relationships are strengthened by shared experiences such as public performances. Usually, individual choirs perform at separate, local events. The following extract, however, is taken from a discussion about a celebration event where between 700–800 SwU choristers from all choirs came together:

*Sam:* It was the co...co... I can’t say the word, coma

*Multiple: Camaraderie*

*Sam:* Yeah that’s the word wasn’t it, it was that it was just, and everybody was there for the same reason because they all enjoyed it and they all got pleasure from it and it did them good, it did, oh I thought it was lovely, wonderful feeling, that’s my favourite anyway.

Participants also discussed times when their choirs had sung at special occasions, such as weddings for other choir members. Other examples included times when choir members had become too ill to attend choir practices, the choir had visited those members’ homes and held choir practices in the garden or on the road outside. Participants felt these experiences were very important to the choir as a group as they were doing something positive for members at the end of their lives:

*Sam:* One lady that we sang for, she was sat in the window and we were in her garden and it was lovely [...] there was lots of curtain twitchers that day (laughs) [...] a lot of the neighbours came into the garden to listen, like come and stood outside, it was lovely, and then when we did it for the gentleman, it was on the road that one wasn’t it? [...] cos he hadn’t been able to get out had he

*Multiple: No*

*Alex:* For both of them, well we did it for (man) twice actually, the one time he was going through really intense treatment so he couldn’t come to choir because he, his immune system was shot so he couldn’t be among people [...] and then he came back to the choir for a while, then he got ill again...it was probably like a week before he passed away, his partner was like can you come and sing again because he’s not got long sort of thing, so we just went didn’t we, we hadn’t even planned it.

*Sam:* it was after choir one night we just all walked down the streets, and there were all these people, everyone looking at us, it was lovely.
Alex: And neither of them are with us anymore but it’s nice to know we did what we could for them

Lesley: And we did sing at both their funerals.

The mention of singing as a group at the funerals of choir members who had passed away provides an example of the mutual support provided by choirs and choristers, which is discussed more in the final qualitative section.

**Interaction between the individual and the group**

In this section we talk about the important interactions between the ‘individual’ and the ‘group’ elements of the choir experience, looking at the reciprocal support experienced by members, and the sharing of both past (often negative) and current (positive and negative) experiences, which create and enhance the sense of social connectedness for choristers.

Some participants discussed how being affected by cancer can make one feel different to others, but when at choir rehearsals participants said that they felt comfortable because everyone had similar experiences and knew how they were feeling:

‘Often we can be in the middle of singing a song and you know somebody will just burst out into tears, but it doesn’t matter, and you feel quite comfortable and safe to do that because there are not that many places that you can.’ (Sandy)

Vivian: And of course, they’ve been through the same things as you, suffer from cancer or know someone who suffers from cancer.

Sam: Yeah and they know what you’re going through don’t they? You know even if you’ve had it yourself or if you’ve not had it and your family’s had it, they know and sometimes you haven’t got to say anything have you, just be there.

Vivian: Yes
Rowan: That’s the good thing, it’s like, you haven’t got to explain yourself.

Sam: No you don’t need to do you, you don’t want to sometimes do you?

Rowan: No, you can just go and do your thing, speak to people and

Sam: Well it’s like when (name) lost (name), nobody had to say anything all you got to do is put your arms around them and hug them.

Having similar experiences to others gave participants a sense of belonging. Participants felt choir members understood how they felt better than others could because they had shared experiences: ‘Being with people who knew what I was going through’ (Participant 179). This sense of commonality between choir members was important for participants who felt they had the support of others in the choir: ‘Being with other people affected by cancer – feeling you are not alone.’ (Participant 155).

Supporting others was a big part of being in the choir for many participants. This was especially relevant as we were viewing the choir as a social group: ‘Somebody’s always organising something, some social event’ (Bev). A strong theme in the focus group conversations was how members went to choir practices not just for themselves but to support other members.

‘One of our members needed quite a bit of support tonight’ (Sandy).

You don’t even have to say anything sometimes, you know just sit there and let them talk’ (Sam).

This reflects the shared experience of the choir. Participants felt it was important to go to the choir to support other members when they were going through difficult times and mentioned how support was reciprocal. The survey responses also found that participants felt supporting others was an important part of the choir: ‘My new family that helps and supports each other,’ (Participant 13).
The idea of the choir is like a family was very prominent in the focus groups too:

‘I said oh am I in the right place you know cos I was on my own and he well had you come to sing I said yeah, you’re in the right place, and it was like you know as if somebody put their arms around you, you know? I know it sounds daft but that’s what it was’ (Sam).

Bev: Well it’s just like having brothers and sisters.

Sam: It’s an extended family, it is, isn’t it? [...] If you live on your own which I do, you do, and you do, you look forward to coming here — it’s like coming home, you know you’ve got your extended family.’

Participants felt that choir practices allowed them to support each other effectively because they understood how others felt:

‘He knows that there are people to support him and we understand.’ (Sandy)

‘I also felt that people at choir understood what we, as a family, had been dealing with without the need for long explanations.’ (Participant 210)

The language used here demonstrates a sense of unity, reflecting the impact being a part of a group has on the individual.

Meeting people who have had similar experiences and who understood them was important to participants’ well-being and had a huge impact on their lives: ‘I have also made friends for life’ (Participant 283). It was found in both the focus groups and survey responses that the social element of choir and meeting new people was important:

‘enjoy [the] social aspect of being with the choristers and (it’s) the main reason I go,’ (Participant 331)

Just as sharing past experiences such as cancer diagnoses, bereavements or caring responsibilities created a community for members, the current and positive experiences with the group strengthened relationships between choir members as well as creating positive memories for the individual. Participants felt that, as well as larger events, often the smaller or less well-attended events where they performed were very memorable, bringing them closer together:

‘Yeah, so I felt that at that gig I don’t know why, and it was intimate wasn’t it.’ (Charlie)

Having the support and friendship of other choir members also seems to encourage participants to take part in new experiences:

‘I love to sing although not well and the friendliness of the group inspired me.’ (Participant 536)

As well as new experiences within the choirs, being part of the choir in some cases increased participants’ social networks, leading to a more fulfilled life:

‘You meet people, and you make friends with them and then you invite them to join other social groups.’ (Charlie)

**DISCUSSION**

This study aimed to address a gap in existing understandings of the psychosocial impact of participating in a SwUJ choir, particularly seeking to qualitatively explore the findings of Fancourt et al. (2016) that the perceived connectedness of carers, bereaved individuals and cancer patients was increased after attending a choir session. This study has examined how the social connectedness facilitated by membership is manifested and how it impacts the well-being of choristers. We found that sharing experiences with choir members contributed to a sense of belonging and the interrelationship between the group and the individuals was manifested in a highly reciprocal form of support; taking part in this activity-based intervention allowed choristers to offer support whilst simultaneously being supported.
The current study also found that SwU membership can help increase social networks. Other research has found that those with high social connectedness are more willing to seek out relationships with others (Lee & Robbins, 1998), so it might well be that membership in these choirs facilitates social benefits beyond those created by the choir groups themselves; the choirs increase choristers’ levels of social connectedness, and this increase, in turn, perpetuates social connectedness outside of the choir context. This may happen directly, through membership in this group ‘snowballing’ to other groups, or indirectly, through increasing confidence and/or sense of well-being for choristers and thereby physically or psychologically enabling them to engage in other activities.

This study has built on prior research considering the effects of choral singing for people affected by cancer, exploring how being in a choir impacted on members’ social connectedness and subsequent well-being through processes related to the individual, the group, and the interconnections between the two. We have offered qualitative support to existing studies which suggest choral singing benefits people affected by cancer through offering a support mechanism (Gale et al., 2012); increasing confidence (Warran et al., 2018); sharing experiences with others (Jolly et al., 2019); doing so with those with shared experiences of cancer (McDonough et al., 2011); and providing positive social experiences (Reagon et al., 2016). It has been discussed how social connectedness is related to physical and mental health (Hutcherson et al., 2008; Vanderwerker & Prigerson, 2004). This study has supported these findings; it was found being part of the choir had an individual impact on participants’ self-reported health and well-being. Many participants reflected that being part of the choir helped them to overcome the social isolation that resulted from cancer treatments or being bereaved. This was an important finding as previous research has found that social isolation is related to poorer outcomes and mortality in people with cancer (Marcus et al., 2017). Dingle et al. (2012) conducted a similar study with people with chronic mental health problems who participated in supported activities such as a choir. They found similar themes to the current study: the personal impact of the choir, the social impact of the choir, and the functional outcomes of being part of a choir. They also found emotional and health benefits associated with forming a new and valued identity as part of a group, which can be compared to the benefits participants of the current study identified as a result of belonging to a SwU choir.

Additionally, we found that, as well as receiving support and supporting other choir members, helping the wider cancer community was an important element of participant experiences of the group. Elsewhere, a study involving young care leavers found that participants were motivated to help others, through volunteering in the community or by choosing careers where they were able to support people, as helping others gave them a purpose, improved social connectedness and helped them in turn, to cope with adverse events in their past (Melkman et al., 2015). Members of SwU choirs may gain the same benefits from supporting others through their participation in the choir and choir activities. Participants mentioned that the choir gave them something to look forward to, helped them to widen their social networks and increase social activity, and helped to give them a sense of control over their own cancer experience, all of which can be compared to the results of Melkman et al. (2015)’s study.

Several previous studies into the impact of the SwU choirs focused on the value of choral singing, however, the current study was interested in the benefits of the social aspects of the choirs, rather than the benefits of singing. Jolly et al., (2019) claim that sharing experiences is beneficial because of the social aspect, as without the communication and interaction the beneficial impact of the experience is lessened. Therefore, the social aspects of the shared experience of being in a SwU choir have a positive impact on a person affected by cancer additional to the benefits of singing. The original study may have been limited by the poor uptake during participant recruitment, with only nine participants taking part in the focus groups. However, the results of the study have been supported and corroborated by the findings of the service evaluation which included 613 participants from all SwU choirs in Wales.

**CONCLUSION**

The data discussed in this paper suggests choirs are far greater than the sum of their parts – the individual benefits are inextricable from the social context of the choirs. The social elements of being in a SwU choir appear to have a positive impact on a person affected by cancer more prominent than the benefits of singing itself. It is recommended that the value of social connectedness highlighted in this small study is considered when designing psychosocial interventions because the social aspect of group interventions can have a profound, positive effect.
Since the data for this paper was collected, the world has been plunged into a global pandemic, and Swin/chior activities, like many face-to-face interactions, have been paused. Digital rehearsals have been well-received by choristers, and research on the impacts of COVID-19 on choristers is currently underway, seeking to explore how effectively if at all, the social connectedness and health and well-being benefits of choir membership for choristers can be maintained without face-to-face rehearsals or gigs.

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Fully inhabiting the body to 'just be': The trajectory of a schizophrenic patient

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This paper originates from clinical work and is aimed at illustrating how a patient diagnosed with a specific type of schizophrenia was likely to accept/deny her condition. We chose to follow her, through verbal and bodily expressions, to try and understand how her fears, her deep anguish, and her difficulty to live could be treated. The patient was eventually able to build her own mixed environment (psychiatric and normal) partly because of establishing new relationships with individuals who really talk to her. To conclude, self-expression through the arts was found to be the main trajectory that helped us support her in her quest for an acceptable life despite a daily fight to survive.

Keywords: bodily expressions; environment; psychotic disorder; schizophrenia; self-expression
Based on clinical work and using specific patients likely to suffer from a mental health disorder as a background, the purpose of this article is to reflect on the space existing between patients’ passive and active reactions when confronted by any type of background, while avoiding the act of ‘entering’ a sort of resonance. This dialectic is discussed in the present paper, against the general background of psychic suffering, which can affect the narcissistic foundations of patients’ identity to the point of not allowing individuals to inhabit their body psychically, somatically, and cognitively. The variables of vulnerability and trauma are therefore introduced as elements that can influence people’s ability to fully inhabit their bodies in the presence of psychopathology. First of all, the primary goal of this article will be to understand the trajectory of those patients who can progressively conquer their subjectivity through the appropriation of their body, while desiring and accepting to be permeated by their fantasy of experiencing anguish. Secondly, an attempt will be carried out to explore a schizophrenic patient’s effort to structure her body, psyche, and reasoning mind in mutual and integrative ways.

It has been observed in our clinical practice that some patients decide to withdraw from certain environments (e.g., family and work) in which they are no longer likely to find warmth, a listening ear, a welcoming attitude, or a sense of confirmation of who they are; namely a kind of strengthening of their self-esteem. Therefore, relying upon Erikson’s (1972) theory of psychosocial development, it can be assumed that patients are willing to take the risk of sharing an intimate part of themselves with other individuals whom they trust, with the final objective of getting to know and assessing themselves, therefore consolidating the autonomy of their subjectivity. Only by unveiling this part of themselves they can avoid to entirely conform to what social norms expect from them. They will, instead, seek to establish their own values to align with what they think they really are, or at least with what they want to be (dialectic between the self and the ideal of the self), while at the same time making compromises in their relationship with other human beings. However, individuals may also experience a bond in which they do not feel understood yet rather manipulated, and in which their subjectivity is denied. Therefore, they might lose faith in the other person and even doubt their own ability to simply just be; they may also feel ashamed for not being of interest to other human beings.

This is reminiscent of the adolescence years: what happens in adolescence when psychic autonomy is not there yet? In particular, if patients have never seen or felt any sort of validation by the external environment whenever they attempted to share personal information, what could this have triggered? Or again, when interactions first took place, when the young and immature individual was confronted by an environment that did not contain them enough? In other words, which consequences could be observed when an environment that not offered them enough narcissistic elements to take risks in life yet without risking their life, and that did not send back any structured messages (such as, for instance, the impotence to be psychically present)?

While growing up and going through moments of great vulnerability, some of these patients may be swallowed up by sectarian groups, or seduced by radical ideas leading them to believe in their megalomaniac power to survive any harmful attacks. Some may try to protect themselves by withdrawing from the social scene, which usually offers a plurality of relationships. However, they never reach an illusion of completeness and may even try to annihilate themselves, having failed to live for themselves, while life appears devoid of interest to them. They finally end up living without being able to inject meaning their life.

On the basis of this premise, observations will be presented in this article that were mainly recorded when meeting patients who had felt an inner lack of consistency during interactions happening in varied environments, from the nearest to them (the family) to the furthest. Some instances of withdrawal from the ordinary social world, gathered from patients’ feelings and statements, will also be illustrated.

At the outset a feeling of social uselessness to the point of questioning the meaning of one’s very own existence can be noted, and the individual is even doubtful about continuing to live on. One probes one’s own place in this world, perceived as devoid of purpose, superfluous, insignificant. To explore this issue even further, the useful or useless scope of this insignificance is questioned. What are patients expressing in this instance, if not their struggle to just be themselves, together with a cry for help, directed inwards and outwards, just to find a way to stop sinking?

A feeling of rejection can also be observed to the point of wanting to isolate oneself, to become as ‘small’ as possible to avoid enduring an undervaluing, contemptuous, pitiful look from others. Feelings of shame can therefore be summoned, and patients can choose to live away from the world, in the shadow, to make themselves small and disappear, rather than risk being perceived in a dishonourable way. There exists the perception of being invisible to the point of not feeling perceived, heard, seen; this can consequently lead individuals to deter their dynamic thought performance. The road to perception before reaching elaboration is therefore hindered.

There is also the issue of no longer being able to find any values that are significant and meaningful enough to build a solid common foundation, as this is weakened by a loss of trust in those principles. How can human beings find ideals that resonate with their core selves, and that push them to exceed themselves, to once again
feel that they exist in true harmony with their fellow citizens, and that they are therefore neither wrong nor likely to live in a wrong way? The answer at this question is not so evident.

It is possible to observe a space to live in-between what is true and what is false, between the power to actively act according to one’s choices, however limited these may be, and the authority to passively operate according to external desires and rulings.

All of the aforementioned situations, far from being exhaustive, are meant to introduce the key concept of this article, which states that being right with respect to relationships with other human beings and with oneself, can lead the individual to experience a certain number of risky situations, whose consequences are far from being negligible. The aim of this paper is hence to reflect on this issue, in particular when considering patients affected by mental pathologies such as melancholy.

This paper builds on the authors’ previous work focused on the ability to just be in the real world, whose key objective was to show that a real interaction is possible when a confrontation with the others takes place and when there is space for movement. Being a psychologist also means accepting to be distressed by a typology of patients suffering from this type of psychic pain; this discomfort can only be implicit when trying to understand it in terms of what is felt, as well as in terms of what patients project onto therapists and what these can in turn project onto their clients from a cognitive and relational point of view, if anything simply because they are moved by empathy toward them.

However, before moving in unexplored territory, it is necessary to focus on the meaning of the concept behind ‘being true’. One can think of this term, ‘being true’, in relation to the self as defined by Winnicott (1971), and also reflect on the meaning of the related idea known as ‘position of being’ (also known as the illusion of being). According to Winnicott’s (1971) writings, in the process of ‘being true’ the very young child builds their sense of self through a proximal relationship with the mother-environment: this offers an image back to them. The quality of that image varies from being very rewarding to extremely resentful. Consequently, the child builds themselves in the eyes of the mother-environment. This look can be constructing or, conversely, deconstructing; in other words, it can send back to the child an image that will result in feelings such as being lovable enough or insufficiently beautiful and valued, even ugly and bad in extreme cases, yet always in accordance with parental projections.

Sometimes the very young child manages to preserve themselves by prematurely differentiating and overinvesting in knowledge, using the intellect to enhance a self-promoting self. In this specific moment of childhood, the young person does not yet have to manifest themselves as a subject in their own right. However, they would not always be protected if the parental figure they have introjected were to disappear in real life.

This hypothesis is based on the understanding of the psychological functioning of suicidal patients likely to suffer simply because they are alive and who, at some point in their life (experienced as vulgar and useless), usually give up. They finally lose their fear of letting go, leaving all their solitude behind. It is true that this feeling of solitude is remarkable and belongs to them and only them. They cannot share it. It is precisely this inability of sharing which they experience on a daily basis, placing in front position the early trauma caused by a failure to hang on and then followed by a life in disagreement with their environment, even though this is often beautiful, good, solid, and structured.

For suicidal patients, all attempts to cling onto something have failed. The metaphor of blood loss draining these individuals of their psychic energy can very well be deployed. Their need to take a break from the social scene is understandable. It enables them to close an internal breach. This fissure allows patients to face the matter of no longer existing in the wish of other human beings, taking advantage of finally feeling liberated from existing storming anxieties, however empty these may be; their bodies can no longer protect them from internal and external attacks. However, some of these individuals, cut off from the social scene, glued to their psychic wanderings without limits, can fall into the odd world of psychosis, thus protected from the danger of their whole being. In his superb interpretation of Freudian writings Jean-Claude Rolland speaks of desistence (désêtre). The desistence is a state that allows some patients who have built up a precarious subjectivity to endure their grief for being someone (Konrad, 2012).

The close environment, mainly composed of family members and caregivers, can no longer keep them alive, yet maintains an available space and place because it is always there for these individuals, always trying to offer them a warm and caring ear that embraces cognitive and relational empathy (Tisseron, 2011).

**Living as a dead being who is alive, or as a living being who is going to die? The story of Solange**

The above observations are reflected in the story of a patient who suffered from this inability to live and who, at the same time, depended on the death of loved ones and on people less close to her, to the point of preferring to live as a dead being who was still alive rather than as a living being who was anyway going to die. This adult
patient is here fictionally called Solange. Solange was affected by a mental pathology (schizophrenia), yet never ceased to act like everyone else to socially fit in, at the same time hoping to no longer feel isolated, or worse excluded from interactions with other people, and from oneself. One could describe this situation as a silent wish to deny the presence of mental illness.

Solange used to believe she was destined to have a career as a linguist. She attempted suicide several times: once to distance herself from her older sister who had suffered from an obsessive pathology that had captured parental attention, especially that of the mother. Solange’s second suicide attempt happened after her own sister death: this had killed herself after calling Solange on the phone demanding help, while Solange was abroad. A third suicidal attempt took place after her mother prematurely died of cancer. Solange was hospitalised various times, took several medications whose dosage varied depending on the onset of the pathology, the reappearance of some of her symptoms or when she felt an uncontrollable pulsion to end her life.

This happened to be the case, even though rather insidiously, when she read an official consent document to participate to an experimental protocol for the treatment of severe depression, and instead discovered that she could contribute to the study because of her schizophrenia. She had originally thought to suffer from deep chronic depression, a pathology always and irreversibly attached to her core being; she had hoped to get rid of it by benefiting from this research study’s results. She had longed to lose weight and pain at the same time to feel more relieved, freer, and certainly more independent. These thoughts were very common at the time of therapy, when she was sharing her private life with a woman. Her companion loved to travel and had managed to convince Solange to follow her around the world, even though Solange’s body was often in pain; in fact, she had returned from one of these journeys away from her native France with an even more injured body.

Solange was unable to reach the second and last travel destination, as far away as the first one, because of a decompensation episode following her participation to the aforementioned research study; this, in theory, should have helped her heal. A conflict had however insinuated itself into her psyche without warning, her body had completely escaped, no longer operating the mediator function between her moods, emotions and her reasoning. A kind of abortion of her emerging self had instead taken place, sending it to another destination where delirium could freely express itself, outside the reality field of ordinary people.

Her reflection about the impossibility to heal her melancholy was ongoing. This was mixed to her desire to accept her dead relatives and a yearning to abandon them. Such ambivalence was visible in the various bodily pains afflicting her, yet also enlivening her. She used to talk about the rootlessness of her discomforts, at the same time evoking the quivering of her own self; this did not allow the consolidation of her narcissism, which decidedly remained too fragile for the birth of a self. A kind of perennial psychic viscosity was revealed to conscience. Consequently, a light was projected onto her dead relatives, constantly turned on. One could not help but think of the lights, metaphors of the soul, shining on all the dead people nourished and kept alive by this patient, like a shadow constantly edging her.

This therapeutic consideration was reached by observing the various preparations she undertook using the therapist as a passive helper; others would probably describe the therapist as an accomplice because of her consent to collaborate. Undeniably, and for a certain number of years, clinical work had been carried out to redevelop her environment. This could be observed through a gradual distancing from the workshops and the group meditations proposed by the psychiatric clinics. She had also managed to change psychiatrist by consulting a new one affiliated to a practice in the city and not in a psychiatric hospital environment. As a result, this had opened up new meeting spaces away from the ones already familiar to her.

This therapeutic distancing work was carried out together with the development of her creative capacity transposed to the field of verbal expression. This patient had studied linguistics and language, areas in which her mother had excelled, too. Having become a poet, she was particularly fond of a foreign poet whom her late sister had adored, too. At the time of therapy she attended creative writing workshops, participated in poetry competitions, won several awards and published collections of poems.

After a period of physical suffering, in which her body appeared to be waking up and agreed to being stimulated in some way, Solange learnt to take better care of it. Through physical movements she even accepted to move again, to be pushed around, and partly because she felt supported by her therapist. She started trusting the various practitioners who looked after her body, a nutritionist, an energy specialist and an osteopath. She tried at all costs to feel her body, to delineate it, because she had in the past felt alien to it, not knowing what to do with it.

Her body, which used to work as her warm and comfortable surrogate mother, sometimes also serving the functions of her deceased sister, of her previous lovers, and then of all those lovers who had not loved but only used her, made her look more like a round, fluffy doll moulding the shape of the person inhabiting it. This lasted for some time, the time necessary to sink, to feel let down by some people, yet refusing to be
destabilised, without any doubts too fragile and perhaps also resenting the fear of being ‘contaminated’ by pathology, yet supported by others.

Little by little, Solange was able to create a holding and handling environment; according to Winnicott (1971) the holding environment is a developmental stage in which the child and mother are one entity, as yet undifferentiated in the infant’s consciousness. Moreover, at the same time she was being psychologically supported to sustain the process of building-up her real self and of legitimising her existence despite the death of family members to whom she had devoted her whole existence, almost as if living in their shadow.

Her will to live had always rubbed shoulders with the daily wish to die leaving no offspring. For a long time, she had wanted a child but had never been sustained in this sense. Nowadays, she continues her peregrinations in an environment that sends back a more rewarding image of herself. The doubts are still very present in her therapist’s mind and she still refuses to accept her pathology. However, she manages to express this limitation by feeling ashamed of the fact that she cannot live for herself. She still lives to support her father, an individual who occupies a crucial place in her current environment, and with whom she shares the losses. Both her father and her therapist know that she continues to come to the clinic to avoid feeling isolated and disarmed in case her father dies.

To conclude, Solange was able to find a way to raise herself to the rank of subject, differentiating from the others by becoming, this time, a prisoner of her own writings. She chose to express herself through poetry, a creative exercise which was in itself part of immutability, even if this has only recently become clear to her. She managed to excel in this field, which has become hers and only hers, and she tries to shield it at all costs especially from her friends suffering from a mental illness like her. This behavior re-affirms her constant attempts to evade the gazes of her mother and sister, who in the past had even read her diary without her knowledge. Solange remembers having to hide it under her bed, the only place that really belonged to her, that allowed her to write and preserve her reasoning skills, her mental health.

By playing an explicit role, her feelings of being insignificant to others whom she valued more treasured than her were counterbalanced by this ability to get involved in a specific activity. However, this investment had to be prevented from becoming an overinvestment to cover-up a void in her internal life. In other words, as it often happens in some patients at some specific point in their healing journey, they realise they cannot live without self-exclusion or separation. This observation is helpful to reflect on the sticky nature of a patient’s psyche, which fails to stabilise him/her in a sustainable way.

Solangé nowadays tries to look for values on which she can rely to build herself back up. In particular, she believes in reincarnation, hoping that her psyche, her soul, can later be more serenely reborn in a body deserving respect and healing, and maintained by an environment that can lead her to fully integrate the process of personalisation, so well described by Winnicott (1971). This personal quest through her writing skills, a supporting cultural object, can be seen as underlining a movement towards another imprisonment whose ultimate objective is that of enduring the pain of having to witness the death of her relatives, at the same time absent but always present, trapped in her whole being, forever.

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The effects of age and political engagement on COVID-19 pandemic metamemory

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While several recent studies have demonstrated that political attitudes can influence human behaviour during the COVID-19 pandemic, few studies have examined its role in emotion and cognition. In the present study, we examined the effects of age and political attitudes on participants' judgment of memory clarity for events related to COVID-19 in a sample of 189 MTurk participants aged 18–72. Our results showed that adults over 50 years old rated their memory for the shelter-in-place order with higher clarity than the middle (aged 30–49) and young adult groups (aged 18–29). We also found that although political beliefs (e.g., liberal vs conservative) were well represented throughout the age range of our participants, political engagement increased with age. Multiple regression analysis showed that for adults aged 30–49, the self-reported importance of mask usage significantly predicted judgement of memory clarity. However, the judgement of memory clarity for older participants was significantly driven by the perceived realness and danger of COVID-19. Judgement of memory clarity did not differ based on political beliefs. Our results, therefore, suggest that metamemory for events related to the COVID-19 pandemic may be driven by different motivational factors based on age and political engagement but not political beliefs.

Keywords: age; emotion; metamemory, pandemic; political engagement
The SARS-CoV-2 virus, which causes the novel coronavirus disease COVID-19, has created a public health crisis of epic proportions, touching almost all nations worldwide. This pandemic has resulted in an economic landscape reminiscent of the Great Depression of 1929. For this particular reason, young and older populations may react differently to the pandemic due to differences in life experiences, emotional responses, and time left to live perspectives (Carstensen, 2006). People’s reactions to this pandemic have also been controversially mediated by a political atmosphere divided along traditional party lines. Therefore, we decided to take advantage of this unique opportunity to examine the effects of age and political attitudes on emotionality and people’s judgement of memories related to the pandemic.

Emotion and memory

A robust body of research has demonstrated the effect of strong emotion on memory formation, with the activation of the amygdala playing a critical role in both the memory encoding and the memory consolidating phases of memory formation (LaBar & Cabeza, 2006). Strong, emotionally reinforced, flashbulb memories often form in response to public sociopolitical events, famous examples of which include the assassination of John F. Kennedy (Brown & Kulik, 1977), the death of Princess Diana (Hornstein et al., 2003), the terrorist attacks on 11th September 2001 (Conway et al., 2009; Pezdek, 2003), and the announcement of the US Presidential election results on 8th November 2016 (Krackow et al., 2019). The COVID-19 pandemic is an exciting sociopolitical event because, unlike other flashbulb memory events that predominantly occurred at a specific date, the COVID-19 pandemic has resulted in multiple consecutive events that all could have elicited emotional and flashbulb memories. These were spread over divergent dates depending on municipal leaders’ political motivations to sociocultural factors such as population density, accessibility, and perceived COVID-19 risk. Therefore, in this study, we had participants rate their emotion and memory clarity for a series of shared events related to COVID-19, regardless of the time point they occurred in their local community.

Socioemotional selectivity theory and memory

Many past studies documented evidence of an age-related positivity effect in cognition; namely, older adults display a cognitive preference for positive over negative information compared to young adults (see Mather & Carstensen, 2005 for a review). For example, Charles et al. (2003) found that older adults recalled significantly fewer negative pictures than young adults in a picture memory task, while Chung (2010) found an enhanced negativity bias in young adults compared to older adults in another picture memory task. Similar positivity effects have been found in other areas such as attention, perception, and decision making (Carstensen et al., 2011). Socioemotional selectivity theory (SST) explains these results by positing that older adults are more motivated and experienced than young adults in regulating their emotional states, i.e., when time is limited, one is more likely to devote limited resources to process meaningful (often positive) information (Carstensen, 1995; Io’ ckenhoff & Carstensen, 2004; Reed & Carstensen, 2012). Meaningfulness could differ across cultures, although research has shown that positive information is preferred over negative information primarily in Western, individualistic cultures (Chung & Lin, 2012; Fung et al., 2019; Reed & Carstensen, 2012). In the present study, we were interested in understanding how adults across the lifespan may react to the pandemic using this SST framework.

We conducted the present study in June/July 2020 and recorded participants’ emotionality and judgement of their memory toward COVID-19 related events around two to three months after shelter-in-place (or stay-at-home) orders were first announced in the US. Because the shelter-in-place orders were rolled out on a state-by-state basis and the timing of such notices varied widely among states, memory for dates and details surrounding such events may not be effectively tested and compared with a national sample. Thus, we felt that it was more appropriate to evaluate participants’ judgement of memory, or metamemory, rather than their actual memory of the events in the present study. There is a growing literature on the effects of age and emotion on metamemory (Castel et al., 2016; Hertzog & Dunlosky, 2010), but the literature on metamemory in applied settings is still relatively limited. The COVID-19 pandemic provides a unique opportunity to investigate this topic, especially considering the immense negative impact that the disease has had on the older population. In lab settings, both young and older adults have demonstrated an emotional salience effect, where they judge their memory for emotional information to be better than neutral information. This effect has been observed in many different paradigms, for example, ones that utilised single words (Hourihan et al., 2017), images (Tauber et al., 2016), and facial expressions (Nomi et al., 2013). Studies like these are often conducted by asking participants to judge learning (JOL) for each item in the study phase by predicting how likely they were to remember that stimulus (0 to 100%). Participants then complete a recall test, and their JOLs are evaluated against their actual memory performance. While age has a negative effect on recall, memory judgements do not seem to differ as a function of age. Tauber and Dunlosky (2012) investigated young and older adults’ ability to evaluate their memory recall using JOLs for positive and negative words.
They found that ageing largely spared metamemory abilities, especially for negatively charged words. This suggests that young and older adults accurately predicted the emotional enhancement effect in the actual recall of emotional information (Tauber & Dunlosky, 2012). This finding is especially relevant, as the COVID-19 pandemic is generally perceived as a negative and traumatic global phenomenon. The similarity between meta and actual memory performance suggests that an examination of metamemory will shed light on the actual memory processing of events during this pandemic.

Political beliefs and COVID-19

Another fascinating aspect of the COVID-19 pandemic is the immense political polarisation that has characterised the responses to this crisis. Whereas the JFK assassination, 9/11, and even the 2016 Presidential election were collectively perceived as significant events by the vast majority of Americans, the COVID-19 pandemic has split along party lines, with conservatives often perceiving the event as less severe than liberals (Painter & Qui, 2020). The politicisation of the COVID-19 response may have resulted in a heightened public mood, especially regarding political beliefs (or party affiliations) and scepticism of information shared by the sources perceived as ‘in the league’ with the opposing party (Kawachi & Berkman, 2000; Rahn et al., 1996). Political beliefs may well inform the perceived realness of the COVID-19 threat. Information processed in relation to survival has a higher retention rate than other encoded information (Nairne et al., 2007). Therefore, political beliefs may affect stress, emotionality, and thus judgment of memory for the various collective experiences associated with COVID-19. Compliance with shelter-in-place orders was also split along party lines.

Painter et al. (2020) used geolocation data to track compliance with COVID-19 restrictions and found that residents in Republican counties are less likely to completely stay at home in compliance with lockdown orders relative to those in Democratic counties. These differences in political behaviour motivate to investigate whether the perceived realness and threat imposed by the SARS-CoV-2 virus predicts emotionality and, subsequently, judgment of memory clarity.

Political beliefs and ageing

Past studies have documented a significant positive relationship between chronological age and political engagement, in that older adults are more likely to show a higher interest in political events (Lupfer & Rosenberg, 1983). This age-related increase in political interest was attributed to variations in the information environment rather than ageing. However, although significant advances have been made in the study of emotion and ageing in the past 20 years, little has been done to investigate the influence of age-related changes in political interests or the emotional and cognitive consequences of such changes. In the present study, we investigated the effects of age and political attitudes on emotionality and judgment of memory for events related to the COVID-19 pandemic by combining theories from ageing, emotion, memory, and political influence. First, following Lupfer & Rosenberg's (1983) findings, we hypothesized that political engagement would increase across the lifespan. Second, building on the SST and metamemory literature, we predicted that memory clarity would increase with chronological age as motivation to remember events should increase with higher political engagement. Third, we explored the basis for any differences in the judgment of memory clarity for pandemic-related events among age groups.

METHODS

Participants

Participants were 181 adults, aged 18 to 72, recruited from the online survey platform Amazon Mechanical Turk (MTurk). They were 66 women (M age = 35.69) and 115 men (M age = 39.06). All participants filled out the survey on 22nd June 2020 and 1st July 2020 and were compensated $1.50 for their participation.

Materials

A survey was designed that included standard demographics questions and measured judgments on emotion and memory for the following commonly experienced COVID-19 related events: 1) shelter-in-place orders, 2) known COVID-19 infections, 3) school closures, 4) grocery shopping experience, and 5) work changes. A 1 to 7 Likert scale was used for all COVID-19 items. Participants’ political attitudes were gauged using questions that measured political engagement and beliefs. Information was also collected regarding the news sources participants trusted and used.
RESULTS

We first examined bivariate correlations among variables related to participants’ self-reported clarity of shelter-in-place memory because this was an event experienced by all participants in our study. As shown in Table 1, participants’ self-reported clarity of this memory was significantly positively correlated with age, the impact that the order had on their lives, perceived realness of COVID-19, the perceived danger of COVID-19, their attitude toward mask usage, and their reported frequency of mask use. We found a significant negative correlation between surprise and emotionality when participants first heard of the shelter-in-place order, but a significant positive correlation between surprise and participants’ ranking on the political spectrum, with higher numbers representing more right-leaning/conservative perspectives. It is important to note that we found a significant positive correlation between age and political engagement, but no significant relationship between age and ranking on the political spectrum (1 = very liberal to 7 = very conservative; see Table 1). An independent samples t-test revealed that participants aged 50 and above were significantly more politically engaged than participants below 50 years of age, t(179) = 2.011, p = .046, d = .40 (Figure 1). We then conducted a multiple linear regression analysis with the judgment of shelter-in-place memory clarity as the dependent variable, and the following variables as predictors: age, emotion when participants first heard about the order, current emotion, surprise feeling when first heard about the order, participants' opinion of the US President before COVID-19, current opinion of the President, the trustworthiness of their primary news outlet, perceived realness of COVID-19, the perceived danger of COVID-19, their attitudes toward mask usage, and mask usage frequency. The model was significant, R(15, 117) = 2.73, p = .001, R² = .51. Age was found to be a significant predictor, b = .03, t = 2.80, p = .006, while attitudes toward mask usage was a marginally significant predictor, b = .28, p = .053. We then subset our database into three age groups to further examine the data: Young (18–30 years old, n = 48), middle group (31–49 years old, n = 102), and older group (over 50 years old, n = 31) and repeated our regression analysis in each age group. Participants’ judgment for shelter-in-place memory clarity differed significantly by age group, R(2, 168) = 3.50, p = .03 (Figure 2). Tukey HSD post hoc tests revealed a significant difference in the judgement of memory clarity between the young and the older groups, p = .03. All predictors mentioned above, except age, collectively predicted clarity of memory judgment for shelter-in-place for the middle group, R(15, 60) = 2.64, p = .004, R² = .63; and the older group, R(15, 10) = 3.05, p = .04, R² = .91.
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*p < 0.05, **p < 0.01
Figure 1
Mean Ratings of Political Engagement in Participants Below and Above 50 years old. Error Bars Represent Standard Errors

Figure 2
Mean Ratings of Shelter-in-Place (SIP) Memory Clarity for Young, Middle, and Older Groups of Participants
We found that for the middle group, attitude toward mask usage significantly predicted their judgment of shelter-in-place memory clarity, \( b = .73, t = 3.08, p = .003 \). However, for the older group, perceived realness and danger of COVID-19 significantly predicted judgment of this memory clarity, \( b = .63, t = 2.86, p = .02; b = -.49, t = -2.66, p = .02 \), respectively. We also examined our data by dividing our participants into three groups based on political beliefs: liberal, moderate, and conservative. We designated responses from 1 to 2 on the 7-point scale as liberal \((n = 70)\), 3 to 5 as moderate \((n = 79)\), and 6 to 7 as conservative \((n = 32)\). We then conducted regression analyses with the variables mentioned above and found that the predictors collectively predicted judgment of memory clarity for moderate participants, \( R^2 = .58, p = .008 \). Specifically, we found perceived realness of COVID-19 as a significant predictor of memory clarity judgment, \( b = .37, t = 3.01, p = .004 \). The other two regression analyses conducted with liberal and conservative participants did not yield significant models. These three groups did not differ in age, \( R^2 = .54, p = .58 \), or judgment in memory clarity, \( R^2 = .236, p = .80 \). Other correlation analyses showed significant negative correlations between emotion and judgement of memory clarity for grocery shopping experience, \( r = -.29, p < .001 \); experience of learning about the diagnosis of COVID-19, \( r = .54, p = .002 \); and work disruption, \( r = -.41, p < .001 \).

**DISCUSSION**

In the present study, we examined the effects of age and political attitudes on participants’ self-reported memory clarity of the shelter-in-place order and several other COVID-19 pandemic-related events. Our results showed a significant positive correlation between age and judgment of memory clarity for the shelter-in-place order, which suggests that judgment of memory clarity increased with chronological age in our sample of adults aged 18–72. We, therefore, divided our sample into three age groups for further analyses: young group \((18–30 years old)\), middle group \((31–49 years old)\), and old age \((over 50 years old)\). In subsequent multiple regression analyses, we found that their attitude toward mask usage significantly predicted our middle group’s judgement of memory clarity. This suggests that participants who believed that masks were essential in preventing the spread of COVID-19 were more likely to report higher judgment of memory clarity for the shelter-in-place order. However, in the older group, perceived realness and danger of COVID-19 were significant predictors of memory clarity judgement.

Interestingly, the more real participants believed COVID-19, the higher their memory clarity rating; but the less dangerous they viewed COVID-19, the higher their memory clarity judgement. Participants who perceived COVID-19 as less dangerous might have found the shelter-in-place order to be more surprising and less consistent with their expected course of action from the government. Evidence points to surprise being a significant mediating factor of emotionality and memory clarity; for example, Chiew et al. (2020) examined participants’ reactions to the 2016 US Presidential election result and found that participants who were more surprised by the outcome (both positively and negatively) showed more robust emotional responses to the event.

Overall, our data suggest that emotionality is an essential factor to consider when examining memory clarity judgment. Past research has shown a robust relationship between emotional valence and metamemory (Hourihan et al., 2017; Tauber & Dunlosky, 2012; Tauber et al., 2016). Tauber and Dunlosky (2012) found that participants rated emotional words as more likely to be remembered in a recall test than neutral words. Similar findings have been found with other stimuli such as images (Tauber et al., 2016). Our study extends these past findings by applying the phenomenon to an applied setting. Although we did not have a control event to compare our memory clarity ratings against, the significant correlations between emotionality and memory clarity judgment for different types of events demonstrate a similar conclusion as the lab-based studies cited above.

Consistent with the literature on metamemory, emotion, and ageing, our results showed a significant positive correlation between the judgment of memory clarity for the shelter-in-place order and age. For example, Tauber and Dunlosky (2012) showed that older adults showed similar judgement of learning for negative words compared to young participants, which was reflective of an emotional enhancement effect, i.e., higher memory rating negative information relative to neutral information. Furthermore, we noticed that age was significantly correlated with political engagement, suggesting that older adults were more likely to find the COVID-19 pandemic, a highly politicised phenomenon, more meaningful. According to the Socioemotional Selectivity Theory (SST), adults are more likely to process and remember meaningful information (Fung et al., 2019; Reed & Carstensen, 2012;). Therefore, our findings can also be explained by the SST framework.
We examined our results based on three age groups, keeping in mind the different cohorts that these adults represent. The youngest group, aged 18–30, did not have any significant predictors for their memory clarity judgment. This could be because of their lower rate of political engagement (see a significant positive correlation between age and political engagement in Table 1). Also, COVID-19 has been described as an illness that affected the older population more than other age groups, especially in the early months of the pandemic. This description could have potentially increased older adults’ anxiety level and attention to the pandemic overall and might have had less of an effect on younger individuals.

We then found that judgment for memory clarity for participants in our middle group, aged 31–49, was mainly driven by their beliefs in mask usage in public. As mask usage is a much more practical behavioural factor than the other factors we examined in this study, this finding suggests that our middle group was the most concerned about practical changes in their lives about their cognitive processing of the pandemic. Although the frequency of mask usage was not a significant predictor, we believe that this was mainly because our study was conducted in late June/early July 2020, slightly before mask usage was strongly encouraged or even required in many cities. Our older group (aged 50 and above) found that the perceived realness and danger of COVID-19 significantly predicted their memory judgment. This finding suggests that older participants were more concerned with the mental representation of the pandemic rather than the practical changes in behaviours.

Normal fear memory consolidation is an essential component of survival that allows people to associate specific environmental cues with physical danger (Johnson et al., 2012). This has obvious survival benefits and given that the pandemic overwhelmingly adversely affects older adults, a possible explanation for the high ratings of memory clarity in older participants emerges: the older group could have experienced more significant fear-memory consolidation compared to younger participants, who might have perceived the pandemic as less threatening. Future studies may be designed to examine the influence that perceived fear of COVID-19 has on metamemory and actual memory recall of pandemic-related events.

We then examined the impact of political beliefs on metamemory and emotion by categorising our sample into three groups: liberals, moderates, and conservatives. It is important to note that the distribution of political beliefs did not differ by age, which means that our database had a good representation of people along the entire political spectrum in each age group. We conducted multiple regression analyses and only found a significant model for moderate participants, where the perceived realness of COVID-19 was a significant predictor of reported memory clarity for the shelter-in-place order. These findings suggest that perhaps judgment of memory clarity was not necessarily driven by the factors examined in this study for liberal and conservative participants. However, Table 1 clearly shows that rank on the political spectrum significantly correlated with many variables. More conservative participants were more surprised about the shelter-in-place order and rated COVID-19 to be more dangerous.

This finding is supported by both the motivated social cognition and negativity bias perspectives, which posit that conservatives are more sensitive to the threat – particularly physical threat (Crawford, 2017; Jost et al., 2003). However, negative correlations suggest that they were less likely to believe COVID-19 to be accurate, acknowledge the importance of mask usage, and wear a public mask. There was, however, not a significant correlation between these variables and judgment of memory for the shelter-in-place order. This suggests that political beliefs may not necessarily directly affect the judgement of pandemic-related memory throughout the age span we examined (ages 18–72).

**CONCLUSION**

Taken together, our results suggest that political beliefs may be less important than age and political engagement in predicting participants’ judgement of memory clarity. Liberal and conservative participants showed similar levels of memory clarity judgement, but older adults who were more politically engaged appeared to display the highest judgement of memory clarity in our participant sample. Our findings also showed that different motivational factors drove metamemory judgements; adults aged 31-49 were more concerned about mask usage, and adults over 50 years old paid more attention to the perceived realness and danger of COVID-19. Future studies should build on these findings by examining the relationship between memory recall performance, emotionality, and metamemory measures. It would also be beneficial to examine further the underlying basis of increased political engagement with age and how this effect might differ based on sociocultural factors such as age, gender, and race.
REFERENCES


Gender differences in happiness in association to cognitive flexibility among adults: An exploratory study

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Happiness is one of the important aspects of an adult’s life in terms of health, productivity, and general well-being. Happiness is defined as ‘people’s evaluations of their lives and encompasses both cognitive judgements of satisfaction and affective appraisals of mood and emotions (Diener et al., 2008). There are gender differences in levels of happiness across cultures. Various factors determine happiness; one of them is cognitive flexibility, i.e., the ability to shift perspectives to adapt to changes in the environment. High cognitive flexibility has been associated with psychological well-being and effective coping, whereas low flexibility, or rigidity, has been linked to several types of psychopathology. Studies indicate that enhanced happiness increases cognitive flexibility (Wang et al., 2017). In this light, the present study explores the gender differences in happiness and cognitive flexibility between males and females. Secondly, the study also examines whether cognitive flexibility is associated with happiness. Participants of both genders (N = 60) were taken as per inclusion criterion, and Oxford Happiness Questionnaire (OHQ) was used to assess the personal level of happiness, and Stroop Test and Trail Making Test (TMT-II) were administered to assess cognitive flexibility. Results indicate the association between cognitive flexibility and happiness. Implications of the study focus on the role of cognitive flexibility as a tool to enhance happiness.

Keywords: cognitive flexibility; gender; happiness; psychopathology; well-being
Happiness is a highly valued component in present-day society. People aim at happiness in their own lives and also care for the happiness of other people. This classic philosophy is not only more accepted these days but even more practicable, owing to many recent views provided by scientific research on the conditions for happiness (Veenhoven, 2004). In a broad sense, the word happiness is often synonymously used with ‘quality of life’ or ‘well-being’. However, the meaning denotes that life is good but does not specify what is good about life. These four qualities include liveability of the environment, life-ability of the person, the utility of life, and satisfaction.

In 1973, ‘Psychology Abstracts International’ began listing happiness as an index term (Diener, 1984). Happiness is the degree to which an individual judge the overall quality of their life-as-a-whole favourably. In other words; how much one likes the life one leads. However, because happiness is a term used widely and frequently, it has various meanings and connotations (Diener, 1984). The construct of happiness is still evolving and a construct that can be empirically evaluated through qualitative and quantitative assessment (Delle Fave et al., 2011). Delle Fave and colleagues (2011) noted that happiness is also an ambiguous term that can have several meanings: (a) A transient emotion (that is synonymous with joy); (b) an experience of fulfilment and accomplishment (characterised by a cognitive evaluation); and (c) long-term process of meaning-making and identity development through achieving one’s potential and the pursuit of subjectively relevant goals.

The word ‘happiness’ is based on three kinds of appraisal: the overall judgement of favourableness described above, and these two other specific appraisals. These specific appraisals are seen as ‘components’ of happiness. The components are referred to as ‘hedonic level of affect’ i.e., the degree to which various affects that someone experiences are pleasant in character, and ‘contentment’ i.e., the degree to which an individual perceives their aspirations are met.

Historically, since the days of Aristotle, happiness was conceptualised as being comprised of at least two aspects – hedonia (or pleasure) and eudaimonia (a sense that life is well-lived) (Kringelbach & Berridge, 2010). Moving forward into the modern era, there have been many other perspectives that makeup theories of happiness. The Affective State Theory of Happiness proposed that happiness is the result of one’s overall emotional state. Bradburn (1969) argues that happiness is made up of two separate components that are quite independent and uncorrelated: positive affect and negative affect. On the other hand, cognitive theories held that happiness is a product of human thinking and reflects discrepancies between perceptions of life-as-it-is and notions of how-life-should-be. Notions of how life should be are assumed to be rooted in collective beliefs and to vary across cultures. The construct of happiness is still evolving, and many more perspectives will add to the present viewpoint.

Generally, gender has been considered one of the weak predictors of happiness (Diener et al. 1999; Hunter & Csikszentmihalyi, 2003), and studies have yielded mixed results. Previous studies reveal that gender is related to subjective well-being and that women tended to report higher happiness than men (Zweig, 2014). Also, Tkach and Lyubomirsky (2006) found that even though men and women are equally happy, gender differences were found in the use of happiness-enhancing strategies.

Even if gender has no direct association with happiness, this does not rule out the possibility that gender might condition the effect of other variables which affect the process of subjective well-being formation is different between males and females. One such variable which determines happiness and may differ in males and females is that of cognitive flexibility. Studies suggest that cognitive differences are evident between men and women (Crose et al., 1992; Van Eeden et al., 2000). Cognitive flexibility is the human ability to adapt cognitive processing strategies to face new and unexpected conditions in the environment (Cañas et al., 2005). The generation of appropriate action depends on the ability to select suitable responses among other competing responses, thereby inhibiting the irrelevant responses. These abilities are generally called ‘cognitive flexibility’ (Rende, 2000). Studies of cognitive flexibility have been investigated with diverse cognitive tasks, including task switching (Druyé, 2014; Woodward et al., 2002;), attention shifting (Wager et al., 2004), and so on. Cognitive flexibility is important for creativity, learning when reward contingencies change, and redirecting our attention (Relojo-Howell, 2020).

Along these lines, one of the important cognitive theories, i.e., the Broaden and Build Theory, suggests that rather than fueling specific action tendencies, positive emotions appear to spark broadened and expansive thought-action tendencies. They affect our thoughts and attention, thereby leading to broadened and expansive attention. Also, positive emotions enhance flexibility and creative thinking, and problem-solving (Relojo et al., 2015). These together accumulate and build psychological, physical, and social resources for individuals in the long run. (Fredrickson, 1998, 2001, 2004).
Recent studies have shown that positive emotion enhances cognitive flexibility. Many studies exhibited that positive emotion reduced response conflict and suppressed competing response (Van der Stigchel et al., 2011). For example, in a Simon or Flanker task, a significant conflict effect was observed in neutral trials, but not in positive trials (Kanske and Kotz, 2011a,b; Xue et al., 2013), indicating that positive emotion reduced response to conflict. Nadler et al. (2010) examined the effect of mood states on cognitive processing by means of a category learning task where participants were asked to classify stimuli by rule-described categories. Music and video clips were used to induce a happy or sad mood. Results indicated that the performance in the happy mood was better than that in the sad mood.

However, there have also been studies that indicate contradictory findings. Studies have indicated positive emotions impair the switching of attention to stimuli that were previously ignored (e.g., Dreisbach & Goschke, 2004). Also, happiness impairs performance in a switching Stroop task (Phillips et al., 2002).

Current studies of gender differences related to happiness and psychological well-being reflect contradictory results and a distinct lack of consensus. Males and females differ in terms of happiness, suggesting that gender might have an effect on cognitive flexibility in relation to happiness. Also, there are major inconsistencies in empirical findings regarding the association between positive emotions or happiness and cognitive flexibility. Inconsistencies may be due to the variability of tasks used in previous studies to measure cognitive flexibility. Also, most studies have studied cognitive flexibility in relation to induced emotions: positive or negative in laboratory situations. Thus, inconsistencies in results might arise as a result of the transitory effect of the emotion. This may have a different effect in comparison to the pervasive level of happiness the individual experiences at a point in time. Considering these potentialities, in the present study, more than one measure of cognitive flexibility has been used with respect to happiness. Thus, the present study primarily aims to study the differences in measures of happiness and cognitive flexibility between males and females. The secondary aim of the study is to explore the association between cognitive flexibility and happiness and how cognitive flexibility affects happiness in both genders.

**METHODS**

**Sample**

Participants of both sexes (N=60) between the ages of 18–55 participated in the study. The sample consisted of 30 males (Mean age = 30.6 years, SD = 8.8) and 30 females (Mean age = 30.87, SD = 11.54). Participants recruited had a formal education at least till class X. Individuals suffering from any chronic physical illness or any other psychiatric illness were excluded from the study.

**Instruments**

An information schedule is covering information on age, sex, education, occupation, information on physical and mental illness (if any), several aspects of happiness.

**Oxford Happiness Questionnaire.** The Oxford Happiness Questionnaire (OHQ) was devised by Hills and Argyle (2002), is a 29- self-report questionnaire that employs a 6-point Likert scale response format from strongly disagree = 1, to strongly agree = 6, with the higher scores corresponding to higher levels of happiness. It contains 12 negatively worded items that require reverse coding before calculating the total happiness score, which is a sum of individual item scores. The OHQ has a good internal consistency, with Cronbach’s alpha at the level of 0.90 and above. (Hills & Argyle, 2002)

**Stroop Test.** The Stroop Test (NIMHANS version) was used to assess cognitive flexibility. The colour names ‘blue’, ‘green’, ‘red’, and ‘yellow’ were printed in capital letters on a paper, and the colour of the words occasionally correspond to the colour designated by the word. The words are printed in 16 rows and 11 columns. The time taken for reading the words column-wise is first noted, followed by the time taken to read the colour the word is printed in, again column-wise. The Stroop Effect is calculated by subtracting the word reading time from the colour reading time (converted to seconds).

**Trail Making Test.** The Trail Making Test (TMT) is a brief paper and neuropsychological pencil test of visual attention and task switching. In the present study, the Trail Making Test was used to assess cognitive flexibility. It consists of two parts: A and B. Errors were pointed out by the examiner as they occur so that the participant can complete the test without errors. The score is only based on the time taken. In general, performance is
considered impaired if scores exceed 40 seconds for part A and 91 seconds for part B. The total time taken to complete the task was considered as the final score. Several errors were not recorded.

Procedure

Participants gave written informed consent and were assured that the individual identity would be kept confidential. They then completed a brief demographic questionnaire. Participants were tested individually for 20 min, and tests were administered in the following fixed order: Oxford Happiness Questionnaire, Stroop Test, and then the Trail Making Test. Complete administration was done in a single session. Necessary precautions were taken so that participants understood the instructions clearly and no questions were left out. Scoring was done by following the respective scoring procedure for each test.

RESULTS

Socio-demographic data (Table 1) reveal the majority of the sample were graduates, both males and females. The mean age for males is 30.6 years and females is 30.87 years respectively. More than half of the sample was unmarried. Most of the female subjects were students. Owing to the time constraint, it was not possible to include more participants.

Table 1
Sociodemographic details of the participants

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<tr>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Student</td>
<td>14</td>
<td>21</td>
</tr>
</tbody>
</table>

Table 2 shows means and standard deviations for all measures in males and females. No significant difference has been found between males and females with respect to happiness and cognitive flexibility. However, females have higher means in happiness as compared to males and lower means in both measures of cognitive flexibility.

Table 2
Mean and standard deviation across three variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Gender</th>
<th>M</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happiness</td>
<td>Female</td>
<td>4.30 ± 0.55</td>
<td>0.47</td>
<td>0.640</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>4.23 ± 0.59</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3 suggests no significant correlation between happiness and cognitive flexibility in the total sample. However, it can be seen that in adults, happiness and performance on TMT has a low negative correlation. In case of males, results indicate a low negative correlation between happiness and performance on TMT and in case of females a negative correlation exists between happiness and performance on Stroop Test.

<table>
<thead>
<tr>
<th></th>
<th>Total (N = 30)</th>
<th>Female (N = 30)</th>
<th>Male (N = 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correlation B/W</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Happiness and TMT</td>
<td>-0.14, 0.460</td>
<td>0.19, 0.497</td>
<td>-0.184, 0.511</td>
</tr>
<tr>
<td>Happiness and Stroop</td>
<td>0.12, 0.527</td>
<td>-0.45, -0.45</td>
<td>0.07, 0.804</td>
</tr>
</tbody>
</table>

DISCUSSION

Perception of happiness differs across gender and is related to cognitive flexibility, which is one of the important factors that determine happiness. High cognitive flexibility has been associated with psychological well-being and effective coping, whereas low flexibility, or rigidity, has been linked to several types of psychopathology. It is well recognised that positive affect leads to greater cognitive flexibility. (Ashby et al., 1999).

The present study did not show any significant differences in measures of happiness between males and females owing to the small sample size and inadequate representation of the population. However, comparing the means has shown that females have higher means of happiness than males and lower means in both cognitive flexibility measures. Males perceive themselves to display greater flexibility in thought which is appropriate to the context, and they focus on problem-solving rather than making value judgements. This suggests the ability to emotionally distance oneself from the context and concentrate on practical elements in a goal-directed manner. This finding may also be reflected in the lower level of happiness obtained by the males in this study. Also, happiness is associated with pleasantness, certainty, and perceived control (Smith & Ellsworth, 1985). Thus, individuals already having a sense of control may not feel the need to establish control, thereby reducing performance in tasks of cognitive flexibility, which has been seen in case of females in the present study.

Findings from the present study have also not found any overall significant association between happiness and cognitive flexibility. However, they suggest an association might exist between happiness and cognitive flexibility. Flexibility is not a unitary concept and whether happiness improves flexibility tends to depend on the type of flexibility. The present study’s findings align with research that suggests that happiness can impair cognitive flexibility in switching tasks such as the Stroop Test (Philips et al., 2002).

The study had several limitations, however. Considering the time constraint, the sample size was small and may not be the very true representation of the population. Also, the participants were mostly drawn from urban localities in Kolkata and had a fair educational background. Taking participants from diverse backgrounds could have given better scope for exploration. Future studies can be done involving a larger sample from diverse backgrounds and segregating the different components of happiness and cognitive flexibility.

CONCLUSION

Among several determinants of happiness, cognitive flexibility is a major one. More precisely, both happiness and cognitive flexibility seem to have mutual influence on each other. Adapting flexibly to our daily environment enhances our happiness and well-being. Regulating ourselves in new and unexpected conditions is an important key to happiness. Thus, cognitive flexibility does influence the perception of happiness in individuals. Interestingly, we can also see that depending on the situational context as well as task in hand,
happiness can enhance one’s flexibility or may also impair it. The present study also put forwards that happiness and cognitive flexibility may be associated. However, it becomes important to consider happiness in terms of the type of flexibility involved in a particular situation, and not just cognitive flexibility as a unitary concept.

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The religiousness-IQ nexus is not a Jensen effect: Evidence from the NLSY79

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A recent study by Dutton et al. (2019) found that the religiousness-IQ nexus is not on g when comparing different groups, with various levels of religiosity, and the non-religious. Rather than attributing the frequent finding of a small negative relationship between IQ and religiosity to ‘general’ intelligence, it was instead suggested that the relationship should be attributed to specialised analytic abilities measured by the IQ test, with the latter indicating an autism-related cognitive profile and predicting atheism. Here we test, at the individual level, whether the religiousness-IQ nexus is on g, using the ASVAB (Armed Services Vocational Aptitude Battery) in the NLSY79 as well as the MIDUS I. We find that, on the NLSY, the relationship with religion is unrelated to the tests’ g-loadings.

Keywords: autism spectrum disorder; intelligence; Jensen effect; religion
Many studies have found a weak negative relationship between religiousness and IQ or between religious participation and IQ. The first studies reporting this finding were published in the 1920s (e.g., Gilkey, 1924; Howells, 1928), and it has been replicated ever since. Meta-analyses have shown that this relationship is in the region of −.2, in the general population, when using ‘religious belief’ as a measure, and −.1 when employing ‘religious attendance’ (e.g., Zuckerman et al., 2013). A recent meta-analysis has, once more, found that the relationship between religious belief and IQ is approximately −.2 (Zuckerman et al., 2020). Similar weak negative correlations are also found between many measures of religiousness and assorted proxies for IQ, such as education level and salary (Meisenberg et al., 2012). Religious groups that are more fundamentalist tend to have lower average IQ than do groups that are more religiously liberal (Nyborg, 2009).

A variety of theories have been developed to explain this consistent relationship such as: (1) Everybody needs the certainty of a consistent worldview and if people are insufficiently intelligent to follow a purely scientific one then they will retreat into religion (Nyborg, 2009). (2) The arguments for God’s existence are illogical, meaning that intelligent people would be better able to see through them (Dutton, 2014). (3) We are adapted to the Savannah, which is ‘evolutionarily familiar’, where we solved problems using instinct and developed religious belief or, at least, belief in a spiritual universe. Moving off the Savannah, we could no longer solve problems using instinct, so had to use intelligence. Thus, intelligent people are attracted to other ‘evolutionarily novel’ ways of thinking, such as atheism (Kanazawa, 2012) (4). A component of problem-solving, and thus intelligence, involves the ability to rise above our instincts, no matter which ecology they have derived from, and test out non-instinctive, superficially odd possibilities in pursuit of solving a problem. Intelligent people will, therefore, be attracted to multiple unusual ways of thinking, including atheism (Dutton & van der Linden, 2017). Proponents of these models reject the idea that secular ideologies are more logical than belief in God. They argue that both involve non-empirical dogmas and an implicit belief in fate, and some also by cautiously defending versions of William James’ ‘pragmatic argument’ for believing in God (Dutton & van der Linden, 2017). But the problem with each of these explanations is that they assume that the nexus really does relate to intelligence; that it is on the highly heritable and core intelligence ability known as g (general intelligence) (Jensen, 1998). They assume that it is not caused by group differences in specialised skills, which weakly correlate with g and which are assessed by tests in the IQ battery, manifesting as intergroup differences in IQ. However, a recent study has provided compelling evidence that the nexus is not on g. The relationship is not a so-called Jensen effect.

Dutton et al. (2019) have analysed two large data sets from the Netherlands, allowing them to compare the IQs of groups with different levels of religiousness, including those who were atheists and agnostics. They found that the religiousness-IQ nexus was not on g, meaning that it related to specialised abilities rather than to general intelligence, the latter being what we usually mean when we refer to ‘intelligence’. This study can be argued to have provided compelling evidence that the relationship is not on g, at least when comparing religious and non-religious samples from the same ethnic group within a particular country. Evidently, the study’s critical limitation is its use of group level data rather than individual data. If Dutton et al.’s findings could be replicated using individual data, then this could be said to more conclusively prove that the negative religiousness-IQ nexus is not on g. Accordingly, in this study, we set out to replicate the findings of Dutton et al. using individual level data.

**METHOD**

**National Longitudinal Study of Youth – 1979**

We employed data from the National Longitudinal Study of Youth (NLSY) of 1979 (National Longitudinal Surveys, 2019). The NLSY79 Cohort is a longitudinal project that tracks the lives of a sample of Americans born between 1957 and 1964. The cohort originally included 12,686 people aged between 14 and 22 when they were first interviewed in 1979. Between 1979 and 1982 they were annually interviewed about church (or other place of worship) attendance. They were not interviewed about extent of religious belief. However, we drew upon the church attendance results, which we averaged across the three years because, as discussed, church attendance is negatively associated with IQ in meta-analyses at least based on US data. The cohort was administered cognitive tests in 1980, specifically the 10 subtests of the ASVAB: (1) science; (2) arithmetic; (3) word knowledge; (4) paragraph comprehension; (5) numerical operations; (6) coding; (7) auto and shop knowledge (meaning a workshop and tools); (8) mathematics knowledge; (9) mechanical comprehension; and (10) electronics info. Scores were residualised for age and standardised. The g-factor was calculated from a principal components analysis of all 10 tests.
RESULTS

The correlations of the 10 subtests with the g factor and with sex differences on the test are summarised in Table 1. We see that the strongly male-biased tests 7, 9, and 10 all have negative relationships with religious attendance. The female-biased tests 3, 4, 5, and 6 all have positive relationships with religious attendance.

Table 1
Subtest Correlations with Religious Attendance (‘Religion’) and with the g Factor (‘g-loading’).

<table>
<thead>
<tr>
<th>Subtest</th>
<th>r with religion</th>
<th>g-loading</th>
<th>Sex difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science</td>
<td>-.010</td>
<td>.887</td>
<td>-.265</td>
</tr>
<tr>
<td>Arithmetic</td>
<td>.018</td>
<td>.873</td>
<td>-.204</td>
</tr>
<tr>
<td>Word knowledge</td>
<td>.008</td>
<td>.890</td>
<td>.032</td>
</tr>
<tr>
<td>Paragraph comprehension</td>
<td>.036</td>
<td>.838</td>
<td>.190</td>
</tr>
<tr>
<td>Numerical operations</td>
<td>.059</td>
<td>.735</td>
<td>.224</td>
</tr>
<tr>
<td>Coding</td>
<td>.063</td>
<td>.672</td>
<td>.417</td>
</tr>
<tr>
<td>Auto and shop knowledge</td>
<td>-.120</td>
<td>.731</td>
<td>-.893</td>
</tr>
<tr>
<td>Mathematics knowledge</td>
<td>.074</td>
<td>.833</td>
<td>-.049</td>
</tr>
<tr>
<td>Mechanical comprehension</td>
<td>-.050</td>
<td>.804</td>
<td>-.628</td>
</tr>
<tr>
<td>Electronics info</td>
<td>-.068</td>
<td>.830</td>
<td>-.602</td>
</tr>
</tbody>
</table>

Table 2 compares the subtest correlations with religious attendance with the subtests’ g-loadings and sex differences. There is no relationship at all between the extent to which subtests correlate with religious attendance and the subtests’ g-loadings. We can also see that there is virtually no relationship between a test’s g-loading and its sex difference, meaning that sex differences are not a Jensen effect and the sex differences cannot be conceptualised as a difference in g.

Table 2
Correlations of the ‘Religious Loadings’ (r with Religious Attendance) of ASVAB Subtests (N = 10) with their g-loadings and Sex Differences (Positive favouring Females), Mixed Male and Female Sample.

<table>
<thead>
<tr>
<th></th>
<th>r with rel. Attendance</th>
<th>g-loading</th>
<th>Sex difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>r with rel. attendance</td>
<td>1</td>
<td>-.023</td>
<td>.923**</td>
</tr>
<tr>
<td>r with g</td>
<td>-.023</td>
<td>1</td>
<td>-.142</td>
</tr>
<tr>
<td>sex difference</td>
<td>.923**</td>
<td>-.142</td>
<td>1</td>
</tr>
</tbody>
</table>

The correlations of sex differences could result from females being more religious than males, as many studies have found (see Dutton, 2014, Ch. 11), and also by their scoring higher or lower on the tests. Therefore, separate analyses were performed for males and females to see whether the observed relationships are valid also within each sex. Results for males only and females only are shown in Table 3.
Table 3
Correlations of the ‘Religious Loadings’ of ASVAB Subtests (N=10) with their g-loadings and Sex Differences (Positive favouring females), Males Above the Diagonal, Females Below. * p < .05; ** p < .01.

<table>
<thead>
<tr>
<th></th>
<th>rw. rel. Attendance</th>
<th>g-loading</th>
<th>Sex difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>r with rel. Attendance</td>
<td>1</td>
<td>-.126</td>
<td>.836*</td>
</tr>
<tr>
<td>g-loading</td>
<td>.247</td>
<td>1</td>
<td>-.282</td>
</tr>
<tr>
<td>sex difference</td>
<td>.753</td>
<td>.101</td>
<td>1</td>
</tr>
</tbody>
</table>

There is no substantial correlation between the subtests’ g-loadings and religious loadings in either sex. However, sex differences favouring females still predict a positive relationship with religious attendance in both males and females. This effect appears to be somewhat attenuated compared to the mixed-sex sample. It should be noted that the relative religious loadings of the subtests are very similar in males and females, but the correlations are generally more positive in males. The correlation of the g factor with religious attendance is +.053 in males and −.025 in females. In other words, higher cognitive test scores tend to raise the religious attendance of males but tend to reduce it in females. Interpretation of this observation is difficult in the absence of measures for religious faith.

There is no relationship between ASVAB subtest g-loadings and the extent to which the subtests have positive or negative relationships with religious attendance. Good performance on those tests on which females usually do better than men are associated with higher church attendance. High marks on those on which men do better than women are associated with lower church attendance. We are dealing here with a rather general masculinity-femininity dimension, such that individuals who are more masculine in their cognitive ability profile are less likely to go to church, and those with a more feminine cognitive ability profile are more likely to go to church. This relationship is observed both among males and females. This finding has been explored in more depth in Dutton and Meisenberg (2021).

DISCUSSION

The NLSY79 has the advantage of having cognitive tests with large sex differences. Our analysis of the NLSY79 further supports the findings of Dutton and his colleagues and, in addition, extends these findings into the realm of individual, rather than group, differences. The method that we have employed to reach this conclusion – the Method of Correlated Vectors (MCV) – has been criticised by some researchers such as Wicherts (2018), who claims that it can yield ‘nonsensical results’. However, te Nijenhuis et al. (2019) have refuted criticisms of the hypothesis in considerable depth, demonstrating that it does not lead to the anomalies that Wicherts claims it does. Thus, as far as we can see, there is no reason to be sceptical of the MCV. Accordingly, we have indeed demonstrated that at the individual level, on a large and representative sample, the negative religiousness-IQ nexus (in this instance with regard to service attendance) is not a Jensen effect. It is not on g.

However, a key point of interest is a masculinity-femininity relationship, which has already been explored in Dutton and Meisenberg (2021). Religiousness predicts scoring better on the subtests that females score better on; and lack of religiousness predicts scoring better on the subtests that males score better on, even in the male-only and female-only subsamples. In other words, the typical IQ profile of females – whether among males or females is associated with religious belief and religious attendance while the IQ profile of males – whether in males or females is associated with atheism and not attending religious services. This finding adds credence to the veracity of the hypothesis cautiously advanced by Dutton and colleagues (Dutton et al., 2019) that the negative religious-IQ nexus is explicable in terms of the association between atheism and Autism Spectrum Disorder (ASD) traits, these being high among males and also predicting atheism.
CONCLUSION

In terms of future research, it would of course be useful to attempt to replicate our finding – that religiousness-IQ nexus is not on g – on as many data sets as possible. It would also be useful to discover if any aspect of religiousness is negatively associated with g by exploring as many measures as possible. From an evolutionary perspective, there is evidence that Europeans were under intense selection for g (Dutton & Woodley of Menie, 2018) and also for religiousness (Blume, 2009) until the Industrial Revolution took hold around 1800 and child mortality dramatically decreased and reliable contraception came to be used widely, among other relevant changes. In most developed countries, g is negatively associated with fertility (Dutton & Woodley of Menie, 2018) but religiousness is positively associated with fertility (Blume, 2009). Only the Scandinavian countries seem to have a small positive correlation between IQ and fertility, at least in males (Kolk & Barclay, 2019). While the heritability of intelligence is usually estimated as .5 to .8 and religiousness is roughly .4 heritable, being ‘born again’ – undergoing a dramatic conversion experience and often focusing your entire life around religious fundamentalism – is approximately .6 heritable (Bradshaw & Ellison, 2008). However, genetic selection is unlikely to play a role in the statistical association between religiousness and intelligence, as long as genetic variants affecting religiousness assort independently from those affecting intelligence. This association more likely is mediated through cognitive styles or educational experiences.

Being part of a born-again, and thus fundamentalist, church is associated with particularly low IQ (Nyborg, 2009); a particularly strong desire for a large family (among ‘fundamentalists’ more broadly) (Hayford & Morgan, 2008); particularly high fertility beyond the general religiousness-fertility correlation (Kaufmann, 2011); and atrophy of the hippocampus, which is itself associated with hyper-religiousity (Owen et al., 2011) and reduced intelligence (Reuben et al., 2011). Religiosity in general, however, is not associated with atrophy of the hippocampus (Owen et al., 2011). Future studies should, therefore, investigate whether there is a Jensen effect when specifically comparing the IQs of born-again fundamentalists to those of controls.

One unexpected incidental observation is that in the NLSY overall, higher cognitive test scores have slightly positive associations with religious attendance in males (+.045, p = .001 with g), but these associations are more negative in females (r = -.017). One possible explanation is that this is related to the lower average religiosity of males. If religiosity is the main motivation for churchgoing in females but social convention is more important for males, and conformity to social convention is favoured by higher IQ while religiosity is favoured by lower IQ, this is exactly the result we would expect.

Acknowledgement

Tables 1 to 3 and components of some of the sections herein were originally published in Personality and Individual Difference by Dutton & Meisenberg (2021) as part of a different analysis of the same data set.

REFERENCES


When the toaster knows what you are up to:
The effect of mentalisation on the uncanny valley effect

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The uncanny valley effect describes an eerie feeling experienced during the interaction with robots that possess a high but imperfect human resemblance. While this phenomenon is mostly researched in terms of visual aspects, current studies suggest a comparable effect through cognitive and emotional similarities. During our study, we researched whether the ability of mentalisation evokes such an effect by comparing the perception of two robots with differing capabilities to understand mental states (N = 220). The results fail to support our hypotheses' full extent but show a significantly creepier perception of robots with highly developed mentalisation capabilities. They also suggest an influence of declarable attitudes towards robots on the effect instead of often discussed deeply rooted mechanisms.

Keywords: artificial intelligence; computer interaction; human likeness; mentalisation; uncanny valley effect
The uncanny valley effect is relevant in practical fields like robotics, animation, and computer-human interaction, as it is disputed in research. Originally brought forth by roboticist Masahiro Mori in 1970, it describes an increasingly positive reaction to robots with developed anthropomorphic features, which turns into a negative uncanny feeling if a certain threshold of human-likeness is reached without the object being human (Mori, 1970, as cited in MacDorman & Kageki, 2012). The shown response is mainly referred to as a feeling of unease rather than fear or contempt. This theory, initially built on Mori's observations that mainly concerned his own robots, extended itself over time to all anthropomorphic objects and is currently discussed in this context. Puppets, mannequins, or stuffed animals can also cause this effect (Yamada et al., 2012).

An example could be a teddy bear with a realistic-looking human denture or a puppet with great facial detail but dull eyes. Furthermore, the effect appears to be linked to human attributes in general and not limited to visual aspects. Gray & Wegner's study (2012) has shown that a computer capable of feeling was perceived more negatively by participants than a normal device without this function. While true electronic emotions are a somewhat distant concept, the simulation of human attributes in human-computer interaction is already present. Common smartphones, AI (artificial intelligence) chat programs, and other voice-controlled systems endeavour to emulate a personality that is tangible to its user. Alan Turing, a cryptologist and main contributor to the decryption of the enigma code, proposed in 1950 the concept of his imitation game, which became later known as the Turing test. This process consists of a human tester who communicates with two interlocutors via text chat, of which one is also human, and the other is an AI. If the tester is unable to identify the AI through questioning correctly, it is attributed to be intellectually indistinguishable from humans.

Some AIs already passed this test; further developments might go far beyond that. It is still in progress but a functional program with full verbal conversations without being detected as artificial, like the Duplex system presented by Google in 2018 (Leviathan & Matias, 2018). In this ongoing humanisation of technology, the question arises of how much human-likeness is accepted in machines and which aspects are affected. In this study, we investigated the perception of robots with the capability of mentalisation. Mentalisation is described as ‘the ability to understand one's own and others' mental states, thereby comprehending one's own and others' intentions and affects’ (American Psychology Association, 2020). It is similar in concept to empathy but requires the combination of general knowledge and situational information to create a predictive model for a mental state instead of just putting oneself in somebody's place. Both constructs are suggested to be strongly linked (Hooker et al., 2008). Mentalisation is an indispensable ability regarding social interaction, self-reflection, and general mental health. Therefore, it is often researched in a clinical context, where it stands as a core for different treatments (Brockman & Kirsch, 2010). It is sometimes argued to be comprehensible in animals (Kasperbauer, 2017) but represents a distinctly human trait in its highly evolved form. There is an argument that algorithms are already capable of performing similar feats by data analysis. Modern algorithms deployed to manage requests are mostly concerned with predicting user-specific behaviour and offering a corresponding course of action. Famous examples include the recommendation system from Netflix (Gomez-Uribe & Hunt, 2015). However, the profile created in the process can be used to infer mental states or motivations depending on its complexity. We, therefore, wanted to explore whether this ability, which is normally essential for a functional social exchange, would be met with a negative reaction when implemented into a robot.

While it is a common design rule to avoid this uncanny degree of human-likeness, the effect seems complicated to replicate in studies. The uncanny valley's shape and existence have been researched with different methods and theoretical assumptions. Some methods include the rating of a picture series showcasing a gradual visual morph between an anthropomorphic object and a human face (MacDorman, 2006) or the usage of pre-rated pictures (Palomäki et al., 2018). The valley itself has been questioned to either be an uncanny cliff (Bartneck et al., 2007), invert itself in certain situations (Cheetham et al., 2014), or not exist at all (Bartneck et al., 2009). It could, in some cases, only be recreated if the unnatural movement were involved (Saygin et al., 2011), a mismatch between visual and auditory factors occurred (Mitchell et al., 2011), or deformities reminiscent of illnesses were formed during the morphing process (Sejyama & Nagayama, 2007).

Furthermore, the concept of uncanny, as seen in different studies, lacks a uniform definition. While our study was not aimed at verifying the valley's shape through gradual comparison, we derived our assumption in favour of Moris's original proposal. A robot with highly human-like attributes would be perceived more negatively by people than a robot without anthropomorphic features. As a measurement for ‘uncanny’, we adopted the procedure used in a meta-study by Palomäki et al. (2018), which split ‘uncanny’ in and individually researched nine different attributes. Our main hypotheses were: (1) Robots with the ascribed ability of mentalisation will be rated significantly lower in positive attributes than robots lacking this ability; (2) Robots with the ascribed ability of mentalisation will be rated significantly higher in negative attributes than robots lacking this ability. To further research if a difference in rating connected to the perceived human-likeness, we created the third hypothesis: (3) Robots with the ascribed ability of mentalisation will be rated
significantly more human-like than robots lacking this ability. The effect underlying the uncanny valley can overall be described as deeply rooted in the human psyche. Evolutionary and cognitive psychology brought forth different explanations for the phenomenon. A shown deviation from the human appearance could be interpreted as sickness and be instinctively avoided (Moosa & Ud-Dean 2010) or remind us of our mortality by blurring the line between living human and dead object (MacDorman, 2005). The blurring itself could also cause the effect because the image cannot be categorised, resulting in unease (Yamada et al., 2012). It may also be a combination of these effects that causes a certain degree of human-likeness to be unsettling. Nevertheless, this effect is not the only contributor to the rating of a robot. Intelligent robots may not be a central part of everyday life but present a popular topic for film and fiction. Films like the Terminator Series, Big Hero 6, or the Stanley Kubrick classic 2001: A Space Odyssey reaches millions of people respectively and offers a strong opinion on human-like computers’ desirability (Young & Carpenter, 2018). Technical development, in general, can often be met with scepticism or unwillingness to adapt, depending on personal factors and the product (Godee & Johansen, 2012). A negative perception can occur merely due to the unfamiliarity and speculated danger potential of a robot. Furthermore, there is a philosophical component to the determination of human likeness.

Whether it is a wish to accept autonomous systems as ‘alive and equal to humans’ or the determination to isolate human attributes from objects strictly or other lifeforms, for that matter, the willingness to ascribe human likeness varies between people (Waytz et al., 2010). It is the difference between a dog whose main purpose consists of entertaining the children and a dog that is part of the family with an emotional life that has to be cared for. To accommodate these variables in the rating of human attributes in robots, we implemented the general attitude towards robots, the commitment to technology, and the individual anthropomorphism as covariates.

METHODS

Participants

Our sample was recruited through the website Survey Circle, which promotes reciprocal participation in studies for researchers and builds up an interest in these studies through different social media outlets. We implemented a listwise exclusion for datasets, which had less than four out of seven correct multiple-choice attention checks or were simply incomplete. From the originally planned nine attention checks, two were excluded due to the distribution of given answers matching random chance. We, therefore, interpreted them to be too difficult and not fit for distinguishing between conscientious and random answers. From 249 participants, 29 were excluded. Our final sample (N = 220) consisted of 142 females (age: mean = 25.65; SD = 6.605; range = 18–59), 0 divers and 68 male (age: mean = 28.46; SD = 9; range = 20–72) participants. We frequently checked for the number of usable datasets during the survey and ended it after achieving the sample size calculated with G*Power to be sufficient for the hypothesis. Our sample showed an above average educational distribution due to the Survey Circle’s main userbase consisting of academics and was limited to German-speaking participants by the study’s language.

Furthermore, the proportional dominance of psychological or sociological research on this site manifested itself in a corresponding gender distribution (Fowler et al., 2018). All participants were compensated with points that increased the leader-board rank of their study, which increased its attractiveness for other participants. They also had the chance to win one of three gift vouchers.

Materials

We conducted an online survey using a standard layout on the Sosci survey from 11th September 2020 to 5th January 2021 with a stated completion time of about 10 minutes. For the dependent variables, we implemented nine attributes concerning uncanniness, of which four were negative (disgusting, scary, repulsive, and creepy) and five were positive (pleasant, trustworthy, approachable, friendly, and nice) – (see Palomäki et al., 2018) – as well as two additional items measuring the extend of human-likeness. As possible covariates, we included the Negative Attitudes Towards Robots Scale (NARS) in its German version (Bartneck, 2019), Short Scale for Technology Commitment (originally called Kurzskala zur Erfassung von Technikbereitschaft), and the Individual Differences in Anthropomorphism Questionnaire (IDAQ). The NARS contains different statements on interactions with, societal changes through, and concerns about robots’ evolution (Syrdal et al., 2009). Statements about technology commitment included the interest in new technology or the expected extent of self-control over the interaction with a product (Neyer et al., 2012). The IDAQ asks for the perceived extent to which different objects and animals could be considered to have free will, consciousness, intention, or emotion (Waytz et al., 2010).
Design

To explore a possible difference in the perception of robots due to the capability of mentalisation, participants were presented with and asked to rate two different robots. The survey started with a cover story inspired by a study from Bernotat & Eyssel (2018) declaring the gage of European interest in Japanese household robots and their market potential as our research intention. Following the introduction, participants were given a detailed description of a household robot, including general information about the production, product measurements, operation and cleaning capability, model-specific functions, and a photo of the robot Olivia from ASORO Social Robotics. Olivia was shown to be perceived as neither uncanny nor sympathetic by humans in a study by Rosenthal-van der Pütten (2014). We, therefore, chose it as a representation of the product to minimise a visual uncanny valley effect on the rating and described it to be only 140 cm tall to limit its potential to be deemed a physical threat. The cover story described the robots as one of the two newest models from a production line focusing on exploring different ways of personalising interaction with customers. Its general function could be described as a combination of smart speaker and vacuum cleaner robot (only a frame of reference, not described this way in the study), capable of wet-and-dry cleaning different surfaces using an advanced visual navigation system and different interchangeable tools. Once adapted to its working environment, it could navigate freely and accept voice commands or inputs on a touchpad embedded in its front. It was described to have a good general understanding of verbal commands and corresponding functions comparable to other modern intelligent speakers.

This general information, as well as the attached photo of Olivia, were identical in both descriptions. Robot A with the name extension Mod and Robot B labelled Dynamic differed only in developing and implementing behavioural patterns independence on their user. While Robot Mod could be moved with different predesigned patterns, Robot Dynamic developed its own by creating a statistical model of its user to change the behaviour according to their predicted needs, wants, and moods. General and model-specific information were visually separated in both descriptions. Participants were randomly assigned to rate either robot A or robot B to minimise a potential order effect. Robot Mod was only able to act according to its defined patterns, selected from its manufacturing company’s website or handcrafted with third-party software.

This could include apologising when a detectable blocking of its users’ intended walk path occurred or asking if its work was satisfactory. It was, therefore, able to show human behaviour with no understanding of a situation’s general context. On the other hand, Robot Dynamic was capable of seeing different emotions via advanced facial recognition software and linking these to immediate previous events. If a change in mood were linked to its action, robot Dynamic would react accordingly. Even if no such link were found, the interaction would still change depending on its user’s mood. It was described to act especially friendly in response to sad emotions or minimise contact while detecting stress. To advance its individualised behaviour, the robot Dynamic collected socioeconomic data about its user, who was also able to complete a personality test on the robot’s display to accelerate the process. This personalisation made it possible to link current moods and behaviours to a broader range of possible factors.

Therefore, the robot dynamic could show human behaviour by comprehending the causality of its user’s behaviour and concluding mood and motivation. All patterns learned this way, and all collected personal information was explicitly stated to be directly accessible and detectable on the robot itself with no backups. This was included to avoid a rating difference due to loss of control over the machine or the fear of data misuse (Stein et al., 2019). After reading the description, participants were asked to imagine the robot in their household. They were given two minutes to think about possible interactions and everyday life with the specific model to subsequently score their agreement with statements on a 7-point Likert scale concerning the robot’s perceived characteristics explained in ‘Materials’ section. These questionnaires included further items like willingness to buy or use at home to uphold the cover story. Participants repeated this procedure with the other robot’s description. All general information was stated to exactly match the ones included in the first description, but participants were asked to reread them to refresh their memories shortly. Following that, they completed the TA, NARS, and IDAQ and nine attention checks to evaluate their responses’ conscientiousness. These checks included three general and six model-specific multiple-choice questions with four options. The survey ended with explaining the truly intended research goal and contact details for further questions or complaints.

RESULTS

Pre-registered analysis to test the effect of different mentalisation levels in robots on ascribed attributes while controlling for attitude towards robots, technology commitment, and differences anthropomorphism, we conducted a repeated-measures MANCOVA. The dependent variables, as mentioned in ‘Materials’, were rated on a seven-point-Likert scale. The Negative Attitudes Towards Robots Scale (Cronbach alpha = .769) and the
Short Scale for technology commitment Individual (Cronbach alpha = .775) were rated on a five-point, while Differences in Anthropomorphism Questionnaire (Cronbach alpha = .825) was rated on a 10-point Likert scale. All of them showed acceptable to good internal consistency and were therefore implemented as covariates. As both stimuli were presented to the participants in a differing order, we also implemented the dummy variable order with 0 for a start with the Mod and 1 for a start with the Dynamic robot as a covariate. The repeated measures MANCOVA shows no significant main effect of the robot model on ascribed attributes in general ($F(1, 215) = .424, p = .515, \text{Wilks' } \Lambda = .998, \text{partial } \eta^2 = .002$) and a strong main effect of the type of attribute ($F(9, 207) = 3.985, p < .05, \text{Wilks' } \Lambda = .852, \text{partial } \eta^2 = .148$). The type of attribute further shows a significant interaction with attitude towards robots ($F(9, 207) = 3.732, p < .05, \text{Wilks' } \Lambda = .860, \text{partial } \eta^2 = .140$) as well as a threefold interaction with order of presentation and model ($F(9, 207) = 9.209, p < .05, \text{Wilks' } \Lambda = .714, \text{partial } \eta^2 = .286$)

Figure 1
Comparison of Marginal Means Between Two Robots

Note: Evaluation of difference in attributes between models with different order of presentation with non-receded variables.

Additional analysis

We implemented three more analyses concerning a general attribute variable, attribute-specific effects, and the perceived human-likeness. Given the previously tested interaction effect between attribute and attitude towards robots and order of presentation, we kept these variables as covariates.

Due to a high internal consistency between the attributes (Cronbach alpha = .862-.864), we recoded all negatively phrased items and formed a general attribute variable. A paired sample t-test showed a significantly higher rating for the Mod robot than the Dynamic ($t(219) = -2.907, p = .004$). Moreover, the type of model showed a significant effect on the general attribute variable in a repeated measures ANOVA ($F(1, 219) = 8.449, p < .05, \text{Wilks' } \Lambda = .963, \text{partial } \eta^2 = .037$). This effect was stable when controlling for the order of presentation ($F(1, 218) = 8.813, p < .05, \text{Wilks' } \Lambda = .961, \text{partial } \eta^2 = .039$), but lost its significance when controlling for the attitude towards robots ($F(1, 218) = 1.969, p = .165, \text{Wilks' } \Lambda = .991, \text{partial } \eta^2 = .009$). We then replicated Palomäki et al.’s approach by running individual repeated-measure ANOVAs for all nine attributes of which
three were significant (creepy, scary, and repulsive) to account for the previously found attribute-specificity of effects. After a Bonferroni correction for multiple comparisons only the type of models effect on creepy was still significant \( F(1, 219) = 11.29, p < .05, \) Wilks’ \( \Lambda = .951, \) partial \( \eta^2 = .049 \). Similarly to the analysis of the general attribute variable the effect was stable when controlling for order of presentation \( F(1, 218) = 3.299, p < .05, \) Wilks’ \( \Lambda = .985, \) partial \( \eta^2 = .048 \) but lost its significance when controlling for attitude towards robots \( F(1, 218) = 4.99, p = .048, \) Wilks’ \( \Lambda = .998, \) partial \( \eta^2 = .002 \). Lastly, we further investigated our third hypothesis about the difference in perceived human likeness between models. A paired sample t-test showed a rating difference between the Mod robot and the Dynamic variant which barely reached significance \( t(219) = -1.979, p = .049, \) while the type of model showed a small but significant effect on human-likeness variable in a repeated measures ANOVA \( F(1, 219) = 3.917, p < .05, \) Wilks’ \( \Lambda = .982, \) partial \( \eta^2 = .018 \). The inclusion of presentation order resulted in an increased main effect \( F(1, 218) = 5.522, p < .05, \) Wilks’ \( \Lambda = .975, \) partial \( \eta^2 = .025 \) as well as a strong interaction \( F(1, 218) = 36.231, p < .05, \) Wilks’ \( \Lambda = .857, \) partial \( \eta^2 = .143 \). However, controlling for attitude towards robots.

Figure 2
Comparison of Marginal Means Between Two Robots

![Comparison of Marginal Means Between Two Robots](image)

Note: Evaluation of difference in perceived human-likeness separated by order of presentation

**DISCUSSION**

Our study presents a derivate of the original uncanny valley theory, and its conclusions have to be treated accordingly. We shifted the focus from a visual to a cognitive level, which most certainly affected certain variables’ impact. While the results may drive forward the understanding of the uncanny valley effect, there are some things they cannot accomplish. Firstly, we researched two distinctive expressions of mentalisation, of which we hypothesised to find the largest difference in perception from our participants. The difference found was significant between a non-existent and a very humanlike capability to mentalise. Due to this method, it is impossible to say whether these two are extreme points or how different mentalisation extents compare. We, therefore, cannot add to the debate about the shape of the uncanny valley. Secondly, the study required the participants to imagine an interaction with a robot capable of correlating different events and understanding current emotional and motivational states. While the imaginary exposition can show a potential outcome based on the person's expectations, and in-vivo interaction might have different results. A difference could occur due to additional stimuli or the gap between self-expected and actual behaviour (Epbley & Dunning, 2000).

A general problem that has to be faced when defining different degrees of human-likeness in a cognitive setting is conveying information regarding the ability. In our case, this problem concerns the technicality of the given explanation. While it would be easier to compare a robot with human emotions to a model without
affective response mechanisms, the result may lack practicality for realistic machine-human interactions. The imitation of human attributes is ever-evolving and will produce hardly different results from the original mechanism, but the process itself is still different. We approached human-like mentalisation in our robot description with specific functions that produced similar results but were openly explained in their technical nature to account for this difference.

An example would be the detection of emotions via facial recognition software instead of just mentioning the ability to recognise emotions. The technical description offers a feasible link between the robot and the human ability. Possible explanations for the uncanny valley like the category-uncertainty-theory mainly focus on the mismatch between the original object and the added attributes.

A direct opposition between robot and recognises emotion may yield a higher effect than a technical description. Another known problem that gained importance near the end of our study was the order effect. While its original implementation as a covariate was a common choice in conjunction with the repeated-measures design, we did not expect the extent of its influence on the human likeness rating. We found a strong interaction between order and model that led to a more human-like rating for the second robot presented. A possible explanation would be that the participants did not have a prior idea about a normal interaction system. Therefore, the first robot might anchor their expectation of typical robot behaviour, while the second robot could be perceived as more humanlike just by differing from the established norm. While we found a significant difference in favour of our hypothesis, human-likeness might not just be a given property. This could be relevant for the uncanny valley effect when considering that a morphed image approach, a series of pictures that show the gradual morph from a non-human to a human face, is often used to test it. This method presupposes that the images are more humanlike with an increasing portion of the human image.

Considering the significant interaction between order and human likeness, this might not be the case. The series often starts with the pure non-human image, which gives an anchor for the following pictures and, in turn, more human. If the participants were presented with the images in a different or random order, the uncanniest picture might not be considered very humanlike. A morphed-image approach is random order, or the usage of pretested but unrelated images might be a more valid way to link human-likeness and uncanniness. The ‘uncanniness’ we could discover was limited to the significantly more human of the dynamic robot. While the original study proposing the nine-item-composition for uncanniness (Palomäki et al., 2018) also only found significant differences for some of them, one relevant difference could be considered a vague indication at best. Sadly, uncanniness is not strictly defined in most studies, and even the original proposal describes this aspect rather abstract as eerie’ (Mori, 1970, as cited in MacDorman & Kageki, 2012, p.99).

Our sample showed high reliability and, in our opinion, good content validity of Palomäki et al.’s scale (2018), which is why we would encourage its usage as an uncanny measurement in further studies. We, therefore, stick to what our data can support. The difference found between the robots can be interpreted in favour of a ‘creepy’ valley that concerns mentalisation. It is a topic that future developments in robotic should take into consideration while marketing similar dynamic interaction systems. The methods of avoiding a cognitive uncanny valley effect might differ from their visual counterpart. Throughout the study, the NARS proved to be a covariate that nullified some significant differences in rating when being accounted for. With items like ‘If robots had emotions, I would be willing to befriend them.’ (Syrdal et al., 2009), overlap with the reception of mentalisation capabilities was foreseeable, but the extent was surprising to us.

The NARS was implemented to capture the salient and verifiable opinions about robots that may have formed based on individual experiences or medial influences. While the different explanations for the uncanny valley vary in their main emphasis, they describe it as a reaction stemming from deeply rooted mechanisms. For the perception of mentalisation this does not seem to be the case. The exclusion of the salient opinion did not lead to a significant instinctual effect, which influenced the robot’s rating beyond declarable reason. We cannot say whether this is a definitive difference between the visual and cognitive uncanniness as we did not find studies concerning the visual aspect which implemented a comparable covariate. However, many other covariates and their effect on the uncanny valley’s sensitivity are researched (MacDorman & Entezari, 2015).

For robotics, this finding might imply that potential adverse reactions to human-like intelligent systems can be avoided by evoking a positive attitude towards robots from the recipient. As for the difference between the uncanny valley based on visual or cognitive attributes, we already mentioned our study to be a derivative of the theory, making it harder to draw direct conclusions and explore and understand the uncanny valley phenomenon. Some of the uncanny valley’s theoretical explanations could also explain the cognitive variant, while other approaches are more difficult to apply. For example, it is feasible that recognising human cognition in a biologically lifeless shell might remind us of our mortality just as much as a stiff or irregular facial expression (Timwellet al., 2011).
The category-uncertainty theory presents a similarly applicable solution for the unease of mismatching cognitive abilities and visuals. To explain both phenomena with the avoidance of pathogens, however, is far more complex. These hints can be considered when deciding which theory explains the uncanny valley to the furthest degree but depends on the relation of the two effects. Future studies should therefore investigate the relationship between visual and cognitive aspects that create an uncanny effect. Related topics would be the ascription of mental capabilities due to physical traits (Talamas et al., 2016), possible interactions between both effects, and the extent to which these effects could be considered the same phenomenon. A starting point could also be to investigate whether the individual attitude towards robots affects the visual uncanny valley similarly.

Another important piece of information for robotics would be the optimal technical description to involve when explaining or marketing a robot's cognitive features. Our data showed the individual attitude towards robots to be the main contributor to ascribing attributes. Therefore, it should be further explored which factors mainly influence it, how stable or changeable it is, and which methods could be deployed to avoid an uncanny perception by recipients. In light of these results, robots could be considered a particular case with a time limit when researching the effect of cognitive similarities to humans. A puppet is neither expected to understand emotions nor asked for the display of complicated mental processes.

On the other hand, robots are heading towards new stages of independent functionality and tend to resemble their creators more with every achieved step. While we were able to show that a process imitating human mentalisation leads to a creepier perception of the robot, future generations might be much less irradiated by this concept. With the evolution of robots and their integration into everyday life, a thinking and feeling tin man might be another daily occurrence.

**CONCLUSION**

Our main hypotheses expected the ability of mentalisation in robots to affect the ascribed attributes uniformly. Although we found an overall effect implying the more positive perception of the robot model without mentalisation capability, the specific attribute differences varied greatly. The only significant effect on the attribute level after implementing the Bonferroni correction was creepy. While a robot with a cognitive ability often assessed to be human-specific is perceived as creepier than a model that only performs predefined behavioural patterns, falls in line with the assumptions of the uncanny valley, it does not confirm the extent of our assumptions. Both the general and the specific effect became non-significant when controlling for the participants' attitude towards robots. The implication of this covariate will be further discussed, but it has to be stated that we did not anticipate its impact on the results. Individual differences in anthropomorphism and technology commitment showed minor effects on the outcome but were not nearly as detrimental to the significance of the results. Our main hypotheses: (1) Robots with the ascribed ability of mentalisation will be rated significantly lower in positive attributes than robots lacking this ability; and (2) Robots with the ascribed ability of mentalisation will be rated significantly higher in negative attributes than robots lacking this ability. Therefore, it cannot be sufficiently supported and have to be falsified. Our secondary hypothesis expected that mentalisation in robots would humanize them in our participants' eyes and result in a higher human-likeness ascription than for the normal variant.

We found a small but significant effect in favour of our hypothesis. The main effect, however, grows when accounting for the order of presentation. A significant interaction between the robot model and order implies a tendency to rate the second robot as more humanlike regardless of its features. While this effect certainly has to be considered when interpreting the results, they showed an overall higher human-likeness rating for the dynamic robot. Our secondary hypothesis: (3) Robots with the ascribed ability of mentalisation will be rated significantly more humanlike than robots lacking this ability. Therefore, it can be verified. The effect, however, is also strongly susceptible to the exclusion of attitude towards robots. Overall, our study showed a strong influence of conscious and declarable opinions on the extent of ascribing specific attributes to robots.

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https://doi.org/10.1371/journal.pone.0148284

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How therapists work with men is related to their views on masculinity, patriarchy, and politics

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Copyright 2021. Psychreg Journal of Psychology
Published by Psychreg Ltd
ISSN: 2515-138X

In recent years, guidelines have been issued encouraging therapists to see masculinity in relation to power, privilege, and other constructs related to patriarchy theory. An exploratory study took a snowball sample of psychological therapists (psychotherapists, clinical psychologists, etc) recruited through professional networks and social media platforms between September and November 2020. This anonymous online survey asked participants how they view masculinity in relation to therapy. A total of 107 therapists met the inclusion criteria, mean ± SD age 47.1 ± 12.5, 66% (71) male, and 12.1 ± 9.9 years in practice. Sixty therapists also described their approach to therapy with men, and content analysis found three categories: male-orientated (i.e., being aware of male-typical preferences for therapy; n = 36); gender-neutral (i.e., treating male and female clients in the same way; n = 20); and anti-patriarchy (i.e., viewing men’s problems as a result of the influence of patriarchy on socialisation into masculinity; n = 4). Chi-square ($\chi^2$) analysis with Fisher’s exact correction found therapists with a male-friendly approach were significantly less likely than other therapists to believe that: the training they received was male-friendly ($\chi^2 = 17.804, p < .01$); patriarchy holds women back ($\chi^2 = 17.542, p < .05$); and masculinity is simply a social construct ($\chi^2 = 17.476, p < .05$). They also identified less as being feminist ($\chi^2 = 16.787, p < .05$) and less as being left-wing politically ($\chi^2 = 15.347, p < .05$). Therapists’ views about masculinity and patriarchy are significantly related to how they report treating male clients.

Keywords: feminism; masculinity; men; patriarchy; therapist
It is a truism that there are ‘more similarities than differences between men and women’ (Hyde, 2005). Despite there being a relatively smaller number of differences, some of these differences are potentially important. For example, in general, men and women deal with stress in different ways (Tamres et al., 2002), have some different preferences for therapy (Liddon et al., 2017), and may even experience different outcomes from therapy (Wright & McLeod, 2016). These differences suggest that men might have different needs than women when it comes to therapy and because men are more likely than women to die by suicide, yet less likely to seek help from a therapist (Kung et al., 2003), there is a compelling case for making sure that men are not being put off seeking help, or drop out of therapy, because they feel their needs are not being met by the therapies that are available.

In this context, a welcome development was the publication of guidelines on therapy for men and boys (American Psychological Association, Boys and Men Guidelines Group, 2018). Some parts of the APA guidelines are evidence-based and of value, especially Guideline 9 which describes male-friendly approaches to therapy that have some degree of supporting evidence. However other parts of the APA guidelines have been widely criticised, especially Guidelines 1 and 3 (Barry et al., 2020). Guideline 1 makes the presumption that masculinity is just a social construct without any influence of biology, but this does not explain why many biologically based sexes’ differences in behaviours and cognitions map closely onto notions of masculinity and femininity (Barry & Owens, 2019). Guideline 3 suggests that masculinity is problematic due to the influence of patriarchy, but this assumption does not explain research findings that masculinity can be good for men’s mental health and relies on vague and unscientific definitions of patriarchy (Seager & Barry, 2019). Because the evidence base for APA Guidelines 1 and 3 is partial and weak, they are of questionable value in the therapeutic context where a sound evidence base for practice is considered important (Barry et al., 2020). Guidelines 1 and 3 appear to elevate gender politics over evidence-based therapy, and the following sections will explore what is already known about how socio-political views of gender shape our views of men, masculinity, and therapy for men.

Brooks (2001) made an astute observation regarding the impact of viewing masculinity as a social construct rather than something shaped by biological or evolutionary forces: ‘When we approach men’s mental health from an essentialist perspective, we are more likely to view the dark side of masculinity as an unfortunate, but the relatively inevitable, outcome of male heritage’ (Brooks 2001, p. 292). It is no surprise then that this approach, like that of the APA guidelines, sees masculinity as a social construction that typically has a negative effect on men’s mental health and other aspects of their lives. The term ‘masculinity’ has been defined (or constructed) in increasingly negative ways in the social sciences, and the term ‘toxic masculinity’ has become popular in the media (Barry et al., 2020). However, there is evidence that this view is out of step with that of the general public. For example, a survey of 203 men and 52 women (mean ± S.D age 46 ±13) found participants thought the term toxic masculinity insulting, probably harmful to boys, and unlikely to help men’s behaviour. Although they were not asked about therapy, most participants said they would be unhappy if their masculinity or femininity were blamed for their work or relationship problems.

**Views on patriarchy**

‘Patriarchy’ means the ‘rule of the father’, describing communities of related families which have a male leader, or ‘patrarchy’ (Oxford English Dictionary, 2020). Although arguably this social structure bears little resemblance to modern Western societies, the term is often used today in the social sciences and popular media to describe modern Western culture as a ‘system of social structures and practices in which men dominate, oppress, and exploit women’, and gives power and privilege to men (Walby, 1990). Referring to the US today, APA’s guidelines suggest that ‘males experience a greater degree of social and economic power than girls and women in a patriarchal society’ (American Psychological Association, Boys and Men Guidelines Group 2018, p. 9). Although in many modern countries women have rights and privileges that men don’t (e.g., preferential access to children and property after family breakdown) and experience some hardships less than men (e.g., most rough sleeping homeless people are male), belief in the systematic oppression of women in the modern West persists (van Creveld, 2013). The impact of these beliefs on therapists, and the consequences for male clients, has not been assessed.

**Patriarchy as a subtext in therapy**

Although patriarchy is not always mentioned specifically when it comes to therapy, sometimes assumptions about power imbalances in relationships are seen as a manifestation of patriarchy. For example, in a book chapter entitled *When Therapy Challenges Patriarchy*, it is suggested that: ‘People, including therapists,
often believe that women and men are equal now and may not recognize how communication patterns tend to remain gendered such that men are less likely to tune into, notice, and accommodate to female partners. Or if they do, masculine gender norms tell them they have given up too much’ (Knudson-Martin 2015, p.16). The definition of power given in this chapter assumes it is male: Among intimate partners, power ‘refers to the ability of one person to influence a relationship toward his own goals, interests, and well-being’ (Mahoney & Knudson-Martin 2009, p. 10). This concept of power would not be shared by many men, especially when the victim of domestic violence from a female partner (Powney & Graham-Kevan, 2019), or when dealing with relationship breakdown (Barry & Liddon, 2020). The idea of patriarchy in relationships is popular, and interventions based on this idea are widely used, invoking a pattern of power and control by men over women (Powney & Graham-Kevan, 2019), despite the fact that they are relatively ineffective compared to more psychology-based interventions, such relationship enhancement (Babcock et al., 2004).

**Feminist and anti-patriarchy views**

A survey found that identifying as a feminist, and especially having anti-patriarchy views, were correlated with more approval of the ‘toxic masculinity’ narrative (Barry et al., 2020). In contrast, supporting equality of opportunity views was not related to approval of the ‘toxic masculinity’ narrative. This contrast emphasises a qualitative difference between ‘equal opportunities’ feminism and ‘anti-patriarchy feminism, and indeed the two constructs were not correlated.

**Applying feminist therapy to men**

Various forms of feminist therapies for men exist, such as gender-aware therapy (Good et al., 1990) and gender role journey therapy (O’Neil, 2015). These models are derived from other models of feminist therapy, such as gender-role analysis (Worell & Remer, 2002). A more recent model, Feminist Multicultural Therapy (FMCT) was devised originally for women and ethnic minorities, but it is suggested by (Wolf et al., 2018) to be more flexible than other feminist approaches. It is claimed that it can be used not only with men who identify as gay or non-White, but also men struggling with gender role conflict and toxic masculinity (phenomena that are ‘so evident in U.S. culture’), and even men who are not aware of their how their power and privilege and how the pressures of hegemonic masculinity and patriarchy create mental health problems for them and others around them (Wolf et al., 2018). FMCT is psychotherapy that emphasises context – mainly power, privilege, and oppression – as contributors to psychological distress. This approach thus introduces politics and ideology into therapeutic environments, though feminists might justify this by recourse to the idea that ‘the personal is political’ (see the section on politics below). FMCT explains men’s mental health problems and lack of help-seeking in therapy as linked to the rigid constraints of masculinity. For example, men seek therapy less because of the masculine rule that seeking help is unacceptably weak (Yousaf et al., 2015).

**How much does feminism impact the views of men**

Various research suggests that women who identify more as feminists than they identify with women as a group are ‘chronically motivated’ to confront what they see as gender stereotypes (van Breen et al., 2018). This includes showing an increased willingness in experiments on moral decision-making to sacrifice men rather than women (van Breen et al., 2018). The impact of this mindset on male clients of feminist therapists has not, to date, been assessed.

**Political views**

Various demographic factors are related to political views. An axiomatic example is that people become more conservative as they grow older (Tilley & Evans, 2014). Left-wing parties tend to be more in favour of women’s issues and less in favour of masculinity (Winter, 2010), and psychologists tend to lean to the left politically (Langbert & Stevens, 2020). Although it is well known that discussing politics risks confrontation, around two-thirds of therapy clients discuss politics with their therapist (Langbert & Stevens, 2020). When political views are congruent between client and therapist this might be expected to improve the therapeutic alliance, which is, in turn, beneficial to the outcome of therapy (Solomonov & Barber, 2018). In therapy, the chances of congruence of political views are good because most psychologists (Langbert & Stevens, 2020) and most therapy clients (Kung et al., 2003) are women. However, the impact on clients whose politics are not to the left is not known. It could be that the lack of congruence might be an impediment to the success of therapy and might lead to dropout and subsequently not taking up therapy in the future.
The present paper aims to find out how much a therapist’s view on gender politics and politics more generally is related to how they conduct their therapy.

**METHODS**

The setting was online, and the questionnaire was designed for the present study. The study was reviewed by an independent expert and followed the BPS code of human research ethics (British Psychological Society, 2014). The survey collection was done via PsyToolkit platform Version 3.3.0 (Stoet, 2010, 2017).

**Participants**

From early October to early December 2020, attitudes towards masculinity were surveyed in a snowball sample of therapists (clinical psychologists, psychotherapists, etc.). Recruitment came through various sites at various times during the recruitment period, including various therapy networks and sharing on social media with various psychology organisations internationally. The snowball sample started with the Male Psychology Network and then spread by word of mouth and social media to other research networks e.g., Therapists Connect and other groups via Twitter and Facebook. Although we were unable to identify all of the networks accumulated in the increasingly diverse and complex snowball sample, the researchers made efforts to include views from a spectrum of perspectives by, for example, tagging the APA’s Division 51 (Psychology of Men and Masculinities) who had created the Guidelines discussed above, the Division of Clinical Psychology of the British Psychological Society and the equivalent in Ireland. In some tweets, we specifically sought to recruit feminist therapists to the study. Participants were excluded if they were under 18 years old, did not complete the consent form, or did not give key information (e.g., age, gender, or attitudes to masculinity). Participants indicated their informed consent to take part by ticking a box that followed an information sheet. The survey was anonymous and confidential, and done in accordance with the ethical guidelines of the British Psychological Society (2014).

**Materials**

Given that this topic has been so little researched, options for research instruments are very limited. For this reason, the team opted to create a questionnaire specifically for this study. Some parts of the questionnaire (the questions regarding feminism) were used previously (Barry et al., 2020). The main part of the questionnaire was developed through discussion within the research team over several months. The research team included expertise in questionnaire design and development (JB), and clinical psychology (MS is a consultant clinical psychologist) and involved consultation with another consultant clinical psychologist not otherwise involved with the study.

**Background variables**

Variables include: age, ethnicity (14 options, plus ‘other’), gender (male, female, or other), occupational status, marital status, sexuality, and country of birth.

**Sociopolitical beliefs**

Participants were asked how much they agreed that the following described their views: liberal, conservative, left-wing, or right-wing. The response options were on a six-point Likert scale from ‘very much agree’ to ‘very much disagree’.

**Feminist attitudes**

There were three items: (a) I am a feminist; (b) Women should have equal opportunities to men, and (c) Patriarchy holds women back. The response options were on a six-point Likert scale from ‘very much agree’ to ‘very much disagree’.

**Professional variables**

Questions about the type of therapy practised, qualifications, experience (years of post-qualification practice), and male-female ratio of clients were assessed with text boxes. There were five trainees, and their ‘years of practice’ were coded as zero.
The questions below had response options on a six-point Likert scale from ‘extremely accurately’ to ‘extremely inaccurately’, or ‘very helpful’ to ‘very unhelpful’, or ‘very much agree’ to ‘very much disagree’.

**Masculinity as a social construct**

Some people say that that: ‘Masculinity is a social construct, with no contribution from biology (e.g., evolution, genetics, testosterone, etc). In other words, masculinity is created by social, cultural, and contextual norms and expectations, and can be reshaped or changed through therapy if needed.’

- How much do you believe this idea is an accurate assessment of masculinity?
- How much does it represent the views of most therapists you know e.g., in the organisation you work for or the professional body you are associated with?

**Helpfulness to therapy of the social constructionist view of masculinity**

‘Masculinity is a social construct, with no contribution from biology (e.g., evolution, genetics, testosterone, etc). In other words, masculinity is created by social, cultural, and contextual norms and expectations, and can be reshaped or changed through therapy if needed.’

To what extent would you find the above idea (masculinity as purely a social construct) helpful in your clinical work in the following scenarios? In reality, these scenarios would involve many variables, but please try to give an approximate answer based on a very generic situation:

There followed several scenarios to be rated on a six-point Likert scale from ‘very helpful’ to ‘very unhelpful’.

- Therapy with men who are having work-related problems
- Therapy with men who are experiencing domestic violence from a female partner
- Helping adult male victims of child sexual abuse from a female perpetrator
- Helping boys who have autism
- Helping boys excluded from school for disruptive behaviour
- Working with traumatised military veterans
- Working with suicidal men
- Working with male rough sleepers
- Building an empathic and collaborative relationship with male clients
- Helping you to improve the self-esteem of vulnerable male clients
- Working with parents of boys with behaviour problems
- Working with fathers who are angry and depressed due to legal problems regarding access to their children
- Male clients accused of domestic violence
- Male clients with a history of harassing women online
- Male clients who feel guilty about having sexist views of women
- Male clients who feel angry that men are portrayed negatively in the media

These 16 items were combined into the variable *Masc_useful_clinically*.

To what extent do you think the idea that masculinity is purely a social construction helps support the following:

- A bio-psycho-social approach to the human condition
- Ethical and legal principle of non-discrimination on grounds of sex or gender
- Evolutionary theory
- Humanistic principles of empathy, warmth, and genuineness
- Evidence-based training for psychological therapists
- Encouraging men to seek therapy
- Improving therapeutic outcomes
- Understanding older male clients

These eight items were combined into the variable *Masculinity_supports_therapeutic_values*.
Patriarchy theory is useful in therapy

Some people say that we live in a patriarchal society where, on average, males experience a greater degree of social and economic power and privilege than females and that psychologists need to keep this in mind when treating male clients

- How much do you think this idea accurately describes the real-world experience of the average male?
- How much do you think your colleagues think this idea accurately describes the real-world experience of the average male?

'Psychologists need to take into account the impact of patriarchy, power, and privilege on boys and men and their relationships with others.'

To what extent would you find the above idea helpful in your clinical work in the following scenarios? In reality, these scenarios would involve many variables, but please try to give an approximate answer based on a very generic situation:

- Therapy with men who are having work-related problems
- Therapy with men who are experiencing domestic violence from a female partner
- Helping adult male victims of child sex abuse from a female perpetrator
- Helping boys who have autism
- Helping boys excluded from school for disruptive behaviour
- Working with traumatised military veterans
- Working with suicidal men
- Working with male rough sleepers
- Building an empathic and collaborative relationship with male clients
- Helping you to improve the self-esteem of vulnerable male clients
- Working with parents of boys with behavioural problems
- Working with fathers who are angry and depressed due to legal problems regarding access to their children
- Male clients accused of domestic violence
- Male clients with a history of harassing women online
- Male clients who feel guilty about having sexist views of women
- Male clients who feel angry that men are portrayed negatively in the media

These 16 items were combined into the variable Patriarchy_useful_clinically

To what extent do you think the idea of patriarchy, power, and privilege in shaping the development of boys and men helps support the following:

- A bio-psycho-social approach to the human condition
- Ethical and legal principle of non-discrimination on grounds of sex or gender
- Evolutionary theory
- Humanistic principles of empathy, warmth, and genuineness
- Evidence-based training for psychological therapists
- Encouraging men to seek therapy
- Improving therapeutic outcomes
- Understanding older male clients

These eight items were combined into the variable Patriarchy_supports_therapeutic_values.

Male-friendly therapy training

How much do you agree that your training:

- Placed more importance on the suffering of males than females [reverse-scored]
- Was equally empathic to the problems of men and women [reverse-scored]
- Blamed men for their problems
- Blamed masculinity for men’s problems
- Blamed masculinity for women’s problems
- Blamed patriarchy for problems experienced by men and women
The six items were combined into the variable *Feminist_training*.

**The therapist’s own experiences and views of best practice**

Based on Mahalik et al. (2012), the following questions were asked: From your own clinical experience, can you give one or more examples of:

- Good ways for working with men or boys
- Unhelpful ways of working with men or boys

From what you have heard from other sources (colleague, peer-reviewed journal, professional training, the media, etc.), can you give one or more example of:

- Good ways for working with men or boys (and identify the source if possible)
- Unhelpful ways of working with men or boys (and identify the source if possible)

**Statistical analyses**

Data were analysed using $\chi^2$ with Fisher’s Exact correction, Spearman’s correlations ($r_s$), and ANOVA. The views of therapists were presented as percentages. ANOVA analysis had a sufficiently large sample size ($N > 50$) to use parametric tests regardless of the shape of the distribution (Hinkle et al., 2003), based on the central limit theorem (Pek et al., 2018). To detect a moderate effect size with 80% statistical power, a minimum of 100 participants was needed for Pearson’s correlations (Cohen, 1988). Effect sizes of Spearman’s rho ($r_s$) correlations followed the convention of .1 = weak, .3 = moderate, .5 = strong.

Free text responses were reviewed and coded using content analysis (Graneheim & Lundman, 2004). The free-text responses were reviewed by the researchers, mainly RW and JB, and recurring themes were tallied and given an appropriate label.

**RESULTS**

142 therapists responded to the survey. Of these, 35 dropped out before completing enough information to be included, or omitted key information such as their age. 107 filled in minimal information for inclusion (completing as far as the questions on masculinity being a social construct), and 60 participants completed all parts of the questionnaire. The final item (other people’s views on best practice) was omitted from the analysis as too few participants answered.

**Demographic and professional characteristics**

The characteristics of the therapists were: mean ± SD age 47.1 ± 12.5; 90% ($n = 96$) Caucasian; 66% (71) male; 64% (66) in stable relationship, 83% (89) heterosexual, and 54% (58) based in the UK. The types of therapies were psychotherapy 34% (36), clinical or counselling psychology 33% (35), counselling 24% (26), other psychological therapy 8% (8), and two trainees (2%). They had a mean ± SD of 12.1 ± 9.9 years in practice (post-qualification), and the ratio of male to female clients was approximately 49:51.

**Correlations between politics, gender views, and masculinity in therapy**

Table 1 shows correlations between the questions on views on politics, feminism, masculinity, patriarchy, and training. For the sake of space, three questions on politics were omitted (Liberal, Conservative, and Right-Wing views) because of the politics variables the left-wing item was the most strongly correlated with other items in the questionnaire.

Table 1 shows that apart from an almost unanimous agreement with equal opportunities, in general, there was little agreement with ideas such as ‘masculinity is a social construct’ and ‘anti-patriarchy is useful clinically’. On the other hand, correlations between the various views tended to be quite strong. For example, having left-wing views was moderate to strongly associated with feminist views ($r_s = .606$), patriarchy theory ($r_s = .538$), and the idea that masculinity being viewed as a social construct, and patriarchy theory, are good in clinical terms ($r_s = .372$ and .445 respectively). Also being more feminist and believing in patriarchy theory were moderate to strongly correlated with the idea that masculinity being viewed as a social construct, and patriarchy theory, are good in clinical terms ($r_s = .600$ and .652 respectively). This was in
contrast to the view that men and women should have equal opportunities, which was not at all correlated with any of those views \((r_s < .1\) in all cases). Those who felt they had feminist training were less likely to be left-wing \((r_s = -.391)\) or identify as feminist \((r_s = -.511)\) or believe patriarchy harms women \((r_s = -.507)\).

**Views on best practice of working with men**

Participants were asked to describe what, in their experience, good practice with men and bad practice with men. Sixty therapists answered this question. The demographic and other characteristics of this subsample were almost identical to those of the parent sample. Their suggestions are grouped by content analysis into types of therapy. Three main groups emerged: male-orientated (e.g., being aware of male-typical preferences for therapy such as being more solution-focused than feelings-focused; \(n = 36\)), gender-neutral (e.g., treating male and female clients in the same way; \(n = 20\)), and anti-patriarchy (i.e., viewing men’s problems as a result of socialisation into masculinity; \(n = 4\)). One-way ANOVA found that age was significantly different in the groups \((F = 6.484; df = 2, 59; p < .003)\), with the mean \pm SD age of the anti-patriarchy group being younger \((28.00 \pm 4.32)\) than the gender-neutral \((52.85 \pm 13.13)\) or male-friendly group \((49.03 \pm 12.95)\). Likewise, one-way ANOVA found that years of experience as a therapist was significantly different in the groups \((F = 2.269; df = 2, 59; p < .113)\), with the mean \pm SD years of experience of the anti-patriarchy group was far less \((2.25 \pm 2.06)\) than the gender-neutral \((14.53 \pm 9.16)\) or male-friendly group \((13.00 \pm 11.65)\). One of each therapist in the anti-patriarchy group was from each of the four main therapy groups (psychotherapy, clinical or counselling psychology, counselling, and other psychological therapy).

There was no significant difference in the number of men and women who practiced male-friendly therapy (Fisher’s exact test \(= 3.355, p < .207\)). Around 60% of men and women opted for male-friendly therapy, and around a third of male therapists and a quarter of female therapists opted for a gender-neutral approach. Although proportionally more female therapists (15.8%, or 3) than male (2.5%, or 1) took an anti-patriarchy approach, the numbers were too small to reach statistical significance, or indeed to be generalised in any meaningful way. There was only one transgender participant and they were included in most analyses, but excluded in analyses by gender, because one participant is too small to analyse as a group, and they did not state whether they were trans male or female.

**Sex difference in views of gender and politics**

Table 2 compares the opinions of male therapists to female therapists.

Table 2. Descriptive statistics and comparison by gender of the views of the 107 therapists in the study. Values are shown as percentages (and the number of therapists) of those who ‘very much’ or ‘moderately’ agreed. Sex differences on the Likert-scaled responses were analysed using \(\chi^2\) with Fisher’s Exact correction.

Table 2 shows there were two statistically significant differences in how male and female therapists’ opinions. Men were significantly more likely than women to agree that Others think masculinity is a social construct (41% vs 31%; \(p < .01\)) and that being “anti-patriarchy supports therapeutic values” (19% vs 11%; \(p < .05\)). It also shows that a minority of male and female therapists agreed that patriarchy holds women back (32% vs 34%) and less than 20% thought it was useful clinically or supported therapeutic values. In contrast, fewer men and women themselves thought masculinity is a social construct (16% vs 6%). A minority of male and female therapists agreed that seeing masculinity as a social construct is useful clinically (27% vs 24%) and supports therapeutic values (20% vs 15%).

**Therapeutic approach and differences in views of gender and politics**

Table 3 shows the opinions of therapists based on their therapeutic approach in relation to being male-friendly or not.

Table 3. Views of the 60 therapists who described their style of therapy. Values are shown as percentages (and a number of therapists) of those who ‘very much’ or ‘moderately’ agreed. The number of participants varies according to how many answered the questions. Sex differences on the Likert-scaled responses were analysed using \(\chi^2\) with Fisher’s Exact correction.
Table 1
Median and Range Scores, and Spearman’s Correlations ($r_s$) Between the Various Views on Masculinity and Other Gender-Related Issues for Whole Sample (N = 107)

<table>
<thead>
<tr>
<th>Views</th>
<th>n</th>
<th>M</th>
<th>Range</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left wing</td>
<td>107</td>
<td>4</td>
<td>1–6</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>I am a feminist</td>
<td>107</td>
<td>4</td>
<td>1–6</td>
<td>.606**</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Support for equal opportunities</td>
<td>107</td>
<td>6</td>
<td>1–6</td>
<td>.189</td>
<td>.053</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Patriarchy holds women back</td>
<td>107</td>
<td>3</td>
<td>1–6</td>
<td>.538**</td>
<td>.738**</td>
<td>.054</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Masculinity is a social construct</td>
<td>107</td>
<td>2</td>
<td>1–6</td>
<td>.344**</td>
<td>.531**</td>
<td>.001</td>
<td>.519**</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Others think masculinity is a social construct</td>
<td>107</td>
<td>4</td>
<td>1–6</td>
<td>-.241</td>
<td>.265**</td>
<td>.058</td>
<td>-.289**</td>
<td>-.034</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>‘Masc. is social construct’ useful clinically</td>
<td>93</td>
<td>2</td>
<td>1–6</td>
<td>.372**</td>
<td>.600**</td>
<td>.042</td>
<td>.581**</td>
<td>.828**</td>
<td>-.079</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>‘Masc. is social construct’ supports therapeutic values</td>
<td>88</td>
<td>2</td>
<td>1–6</td>
<td>.309**</td>
<td>.552**</td>
<td>.010</td>
<td>.537**</td>
<td>.834**</td>
<td>-.134</td>
<td>.913**</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Anti-patriarchy is useful clinically</td>
<td>86</td>
<td>2</td>
<td>1–6</td>
<td>.445**</td>
<td>.652**</td>
<td>.070</td>
<td>.631**</td>
<td>.626**</td>
<td>-.295</td>
<td>.683**</td>
<td>.695**</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Anti-patriarchy supports therapeutic values</td>
<td>85</td>
<td>2</td>
<td>1–6</td>
<td>.449**</td>
<td>.594**</td>
<td>.006</td>
<td>.630**</td>
<td>.551**</td>
<td>-.276</td>
<td>.604**</td>
<td>.670**</td>
<td>.847**</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Feminist training</td>
<td>84</td>
<td>4</td>
<td>1–6</td>
<td>.391**</td>
<td>.511**</td>
<td>.025</td>
<td>.507**</td>
<td>.265</td>
<td>.308**</td>
<td>.331**</td>
<td>.371**</td>
<td>.407**</td>
<td>.366**</td>
<td>–</td>
</tr>
</tbody>
</table>

Note: *p < .05, **p < .01, ***p < .001. The n is lower in the later questions due to attrition. Responses were on a six-point Likert scale from 6 (very much agree), 5 (moderately agree), 4 (slightly agree), 3 (slightly disagree), 2 (moderately disagree), 1 (very much disagree).
Table 2
Descriptive Statistics and Comparison by Gender of the Views of the 107 Therapists in the Study

<table>
<thead>
<tr>
<th>Variable</th>
<th>Men</th>
<th>Women</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left wing politics</td>
<td>30% (21)</td>
<td>40% (14)</td>
<td>3.202</td>
</tr>
<tr>
<td>‘I am a feminist’</td>
<td>28% (20)</td>
<td>37% (13)</td>
<td>6.470</td>
</tr>
<tr>
<td>Support for equal opportunities</td>
<td>95% (67)</td>
<td>95% (33)</td>
<td>3.089</td>
</tr>
<tr>
<td>Patriarchy holds women back</td>
<td>32% (23)</td>
<td>34% (12)</td>
<td>7.244</td>
</tr>
<tr>
<td>Masculinity is a social construct</td>
<td>16% (11)</td>
<td>6% (2)</td>
<td>3.336</td>
</tr>
<tr>
<td>Others think masculinity is a social construct</td>
<td>41% (28)</td>
<td>31% (11)</td>
<td><strong>17.228</strong></td>
</tr>
<tr>
<td>‘Masc is social construct’ useful_clinically</td>
<td>27% (17)</td>
<td>24% (7)</td>
<td>5.699</td>
</tr>
<tr>
<td>‘Masc is social construct’ supports therapeutic values</td>
<td>20% (12)</td>
<td>15% (4)</td>
<td>5.992</td>
</tr>
<tr>
<td>Anti-patriarchy is useful clinically</td>
<td>17% (10)</td>
<td>19% (5)</td>
<td>4.516</td>
</tr>
<tr>
<td>Anti-patriarchy supports therapeutic values</td>
<td>19% (11)</td>
<td>11% (3)</td>
<td>12.112*</td>
</tr>
<tr>
<td>Training not male-friendly</td>
<td>55% (31)</td>
<td>30% (8)</td>
<td>8.551</td>
</tr>
</tbody>
</table>

$p < .05$; $** p < .01$; $*** p < .001$ (two-sided)

Note: Responses were on a six-point Likert scale from 6 (very much agree) to 1 (very much disagree). Only responses 5 and 6 are shown here. Values are shown as percentages (and number of therapists) of those who ‘very much’ or ‘moderately’ agreed. Sex differences on the Likert-scaled responses were analysed using $\chi^2$ with Fisher’s Exact correction.

Table 3
Views of the 60 Therapists Who Described Their Style of Therapy

<table>
<thead>
<tr>
<th>Variable</th>
<th>Anti-</th>
<th>Gender</th>
<th>Male-</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left wing politics</td>
<td>75% (3)</td>
<td>58% (11)</td>
<td>22% (8)</td>
<td>15.347*</td>
</tr>
<tr>
<td>‘I am a feminist’</td>
<td>100% (4)</td>
<td>37% (7)</td>
<td>22% (8)</td>
<td>16.787*</td>
</tr>
<tr>
<td>Support for equal opportunities</td>
<td>100% (4)</td>
<td>95% (18)</td>
<td>92% (33)</td>
<td>6.751</td>
</tr>
<tr>
<td>Patriarchy holds women back</td>
<td>100% (4)</td>
<td>42% (8)</td>
<td>17% (6)</td>
<td>17.542*</td>
</tr>
<tr>
<td>Masculinity is a social construct</td>
<td>100% (4)</td>
<td>26% (5)</td>
<td>17% (6)</td>
<td>17.476*</td>
</tr>
<tr>
<td>Others think masculinity is a social construct</td>
<td>75% (3)</td>
<td>26% (5)</td>
<td>45% (16)</td>
<td>7.179</td>
</tr>
<tr>
<td>‘Masc is social construct’ useful_clinically</td>
<td>50% (2)</td>
<td>32% (6)</td>
<td>22% (8)</td>
<td>11.511</td>
</tr>
<tr>
<td>‘Masc is social construct’ supports therapeutic values</td>
<td>25% (1)</td>
<td>21% (4)</td>
<td>19% (7)</td>
<td>14.515</td>
</tr>
<tr>
<td>Anti-patriarchy is useful clinically</td>
<td>25% (1)</td>
<td>16% (3)</td>
<td>19% (7)</td>
<td>13.050</td>
</tr>
<tr>
<td>Anti-patriarchy supports therapeutic values</td>
<td>50% (2)</td>
<td>16% (3)</td>
<td>19% (7)</td>
<td>11.948</td>
</tr>
<tr>
<td>Training not male-friendly</td>
<td>0% (0)</td>
<td>26% (5)</td>
<td>64% (26)</td>
<td>17.804**</td>
</tr>
</tbody>
</table>

$p < .05$; $** p < .01$; $*** p < .001$ (two-sided)

Note: Responses were on a six-point Likert scale from 6 (very much agree) to 1 (very much disagree). Only responses 5 and 6 are shown here.

Values on Table 3 are shown as percentages (and number of therapists) of those who ‘very much’ or ‘moderately’ agreed. The number of participants varies according to how many answered the questions. Sex differences on the Likert-scaled responses were analysed using $\chi^2$ with Fisher’s exact correction.

Therapists who had a male-friendly approach were significantly less likely to believe that their training was male-friendly ($\chi^2 = 17.804, p < .01$), patriarchy holds women back ($\chi^2 = 17.542, p < .05$); masculinity is a social construct ($\chi^2 = 17.476, p < .05$); identify as being a feminist ($\chi^2 = 16.787, p < .05$); and identify as being left-wing politically ($\chi^2 = 15.347, p < .05$).
Scores on the Question About Whether Masculinity Is Just a Social Construct

Scores (N= 107) on the question about whether masculinity is just a social construct, showing polarisation of views. Responses were on a six-point Likert scale from 6 (very much agree), 5 (moderately agree), 4 (slightly agree), 3 (slightly disagree), 2 (moderately disagree), 1 (very much disagree).

DISCUSSION

This online survey of 107 therapists found opinions about feminism, patriarchy, and the social construction of masculinity were correlated with opinions on therapy for men.

Views on masculinity

Most people appear to have a favourable view of masculinity (Barry et al., 2020). Table 1 shows that, overall, therapists disagreed that masculinity is simply a social construct. Although the median score was 2 in most cases (i.e., ‘moderately disagree’) the wide range of scores (e.g., Figure 1), shows opinion was somewhat divided, and 13% thought it was accurate or extremely accurate to say masculinity is a social construct. This implies that most of the present sample had a favourable view of men if it is true that seeing masculinity as a social construct makes people see bad behaviour by men as less acceptable (Brooks, 2001).

Table 2 shows that 16% of men and 6% of women ‘very much’ or ‘moderately’ agreed that masculinity is a social construct. Interestingly, proportionally more men thought this was the case. Significantly more men than women thought that others see masculinity as a social construct (41% vs 31%, p < .01). Similar proportions of men and women (~22%) thought masculinity as a social construct is a useful concept for therapy and supports therapeutic values.

Interestingly, more therapists thought a social constructionist concept of masculinity is useful for therapy (n = 24, or 22%) than agreed that the concept was accurate (n = 13, or 12%). This might reflect the view that an approach can be useful in therapy even if there is no scientific basis for it. Table 1 shows that more agreement that masculinity is a social construct was very strongly correlated with thinking this concept is useful clinically (r = .828) and supports therapeutic values (r = .834). However, Table 3 shows that even among the four anti-patriarchy therapists, only two thought the concept supports clinical values, and only one thought it clinically useful.

Table 3 shows that the social constructionist view of masculinity was strongest among the anti-patriarchy therapists, and weakest among male-friendly therapists. The same trend was seen regarding the clinical usefulness of the idea, and how much it supports therapeutic values. Less than 20% of male-friendly therapists agreed with these views.
Overall these findings suggest limited support for APA Guideline 1, though male-friendly therapists are adhering to Guideline 9 well.

**Views on patriarchy**

A survey found 15.6% of men and 42.9% of women agreed to some degree that patriarchy holds women back (Barry et al., 2020) and that feminism and belief in patriarchy were strongly correlated ($r = .589$). Similarly, the present study found that feminism and belief in patriarchy were positively correlated ($r = .738$). Some therapists believe that in couples there is typically a power imbalance favouring men (e.g., men not listening sufficiently), which demonstrates patriarchy (Knudsen-Martin 2015). However, patriarchy theory might not be the best approach to resolving relationship issues, as suggested by a meta-analysis which found that interventions for domestic violence based on the concept of patriarchy are about half as effective as interventions based on relationship enhancement (Babcock et al., 2004).

Table 1 shows that on average the therapists slightly disagreed that patriarchy holds women back (median = 3, range 1–6). When it came to therapy, there was a moderate disagreement that anti-patriarchy views could help in therapy or supported therapeutic values (in both cases median = 2, range 1–6). Table 2 shows a minority of male and female therapists agreed that patriarchy holds women back (32% vs 34%) and less than a fifth thought it was useful clinically or supported therapeutic values. Women were significantly less likely than men to agree that the anti-patriarchy concept supports clinical values (19% vs 11%; $p < .05$). The more male-friendly the therapist, the less they agreed that patriarchy holds women back ($p < .05$), though 17% of male-friendly therapists agreed that patriarchy holds women back. The agreement that the patriarchy concept is clinically useful and supportive of therapeutic values was strongly correlated with identifying as a feminist ($r_s = .652$ and .594, respectively). These findings regarding views of patriarchy in therapy suggest limited support for APA Guideline 3.

**The explanation for anti-patriarchy findings**

The findings regarding therapy types can’t be explained by differences in characteristics in the subsample of 60 compared to the full sample of 107, because the characteristics were almost identical. For example, the years in practice (post qualification) in the total sample was mean ± SD of 12.1 ± 9.9 and in the subsample was 12.6 ± 10.7, the ages were 47.1 ± 12.5 and 48.5 ± 13.6 respectively, and the ratio of male to female clients was approximately 49:51 in the larger sample and 51:49 in the smaller sample.

However, there were differences between the therapists when grouped on their approach to therapy, which unfortunately could not be controlled for statistically (Miller & Chapman, 2001). Age was significantly different ($p < .003$), with the mean ± SD age of the anti-patriarchy group being younger (28.00 ± 4.32) than the gender-neutral (52.85 ± 13.13) or male-friendly group (49.03 ± 12.95). The experience was substantially less though non-significantly so in the patriarchy group. It could be they made no difference, though with less experience there might less first-hand experience of the therapeutic needs of men, and perhaps a more idealistic expectation of how much change is possible in therapy. The school of therapy (counselling, psychotherapy, etc) does not explain differences, because all four anti-patriarchy therapists were spread across all four schools.

**Views on politics**

Overall the sample leaned slightly towards left-wing views (median 4, range 1–6) which is unsurprisingly for a sample with so many psychologists (Langbert & Stevens, 2020). In the present study, left-wing views were moderately or strongly associated with the full range of feminist views, patriarchy, and the social construction of masculinity. Table 2 shows that men endorsed left-wing views slightly less than women did. Table 3 shows that regardless of gender, the more male-friendly the therapy was, the less left-wing the views were. The main relevance of these findings is the impact they might have on the therapeutic alliance, where some clients with right-leaning views might feel uncomfortable raising them with a left-leaning therapist.

**Views of training**

Men were more likely than women to think their training was not male-friendly (55% vs 30%). Interestingly, Table 2 shows there was a significant negative trend between how male-friendly a therapist’s approach was and how male-friendly a therapist thought their training was ($r^2 = 17.804, p < .01$), and a significant positive
trend between how much a therapist identified as being feminist and how male-friendly a therapist thought their training was ($\chi^2 = 16.787; p < .05$). One explanation is that these correlations reflect perceptions of training rather than differences in training and that all training shows a similar attitude to men, which is acceptable to feminists but not to male-friendly therapists. This topic needs further research.

**Prevalence of feminism in this sample**

28% of male and 37% of female therapists strongly or moderately agreed they were feminists. This is similar to women in the UK general population (34%) but higher for men (18%) (YouGov, 2018), suggesting that male therapists are more feminist than men in the general population. Szymanski et al. (2002) suggest that male feminist therapists may be particularly helpful with male clients because ‘they can use their male privilege to enact change’ (Wolf et al, 2017, p.448). Mintz and Tager (2012) suggest that feminist therapy is necessary for male clients to reach their full potential. On the other hand, Wolf et al. (2017) acknowledge that many people have a problem with feminism and realise that identifying the therapy as feminist could put men off. This is probably why none of the eight feminist therapists interviewed in Wolf et al (2017) stated explicitly (e.g., in advertising) that they are feminists. Four said they would use CBT with a man who was not receptive to feminism rather than overtly feminist therapy, though three of the four said they would continue ‘conceptualizing the client from a feminist multicultural worldview’ throughout therapy (Wolf et al 2017, p.449). The definition of feminism is relevant to this issue, as shown in Table 1 (columns headed ‘2’ and ‘3’) by the contrast between identification as feminist and agreement with equal opportunities, similar to (Barry et al., 2020).

**Impact on the therapeutic alliance**

Research has found that regardless of the therapeutic approach taken, the therapeutic alliance is moderately correlated (Pearson’s $r = -.3$) with the success of therapy (Del Re et al., 2012). Given that men are less likely to seek psychological help than are women, it makes sense to avoid adopting practices that will undermine the therapeutic alliance. For example, unless a man explicitly rejects traditional masculinity and sees patriarchy as a problem, it is difficult to see how an anti-patriarchy therapy might appeal to him. Psychologically vulnerable men might be distressed at the suggestion that their problems are caused by their gender or privilege. Most therapies in some way help clients by helping them to have more control over their thoughts and feelings. Asking the client to focus on the source of their problems as things that are outside their control – their sex, or the culture they were raised in, or their gender identity as a man are questionable departures from this model.

**Implications for co-existence of APA Guidelines 1, 3, and 9**

The present study suggests that therapists who take a male-friendly approach have different views about masculinity and patriarchy than those who take an anti-patriarchy approach. The APA guidelines appear to see no contradiction in advocating these opposite approaches (Guidelines 1 and 3 vs 9), and they might consider this anomaly when reviewing their guidelines. In the meantime, therapists should note that the APA says “these guidelines are not definitive and are designed to respect the decision-making judgment of individual professional psychologists” (American Psychological Association, Boys and Men Guidelines Group 2018, p.2).

**Are male-friendly therapies better for men?**

Research on this key question is needed. However, the male-friendly approach seems more likely to appeal to male clients than ones influenced by patriarchy theory, such as in the US (APA), UK (PTMF), and Australia (APS).

**Limitations**

Although there was sufficient power in most tests, for the comparisons in Table 3 ($n = 60$) statistical power was slightly low, meaning that some relevant findings might not have been detected as significant. Also, the group of four anti-patriarchy therapists was too small to power statistical analyses. These relatively small sample sizes mean that the results of this study should be seen as provisional.

Because of snowball sampling, this study probably over-represents therapists of a male-friendly orientation. Proportionally more therapists likely take a gender-neutral approach to therapy.
though it is unknown how many take an anti-patriarchy approach. However, the relatively young age of the four anti-patriarchy participants could indicate that there is a new generation of therapists coming through, inspired by the APA and similar guidelines.

**Future research**

Future studies should recruit more therapists, especially those who practice anti-patriarchy therapy. Given the exploratory nature of this research, future research teams must replicate this study. Except for the questions about feminism (which replicated fairly well the findings of Barry et al., 2020), the survey has not been used previously. Future replications could be done in various ways, for example, using similar methods and measures to test the reliability or using different sampling methods e.g. recruiting different types of participants (e.g., specifically feminist therapists to specifically non-feminist therapists) to test for known groups validity. Future directions for research might include comparing the appeal of different therapeutic approaches to men and women, and the safety, efficacy, and dropout from these therapies. The actual techniques and behaviours of the therapist, as well as therapists’ self-reports of their techniques and behaviours, might also be measured to test the correspondence between the two. Perhaps most importantly, future research should test the degree to which the views of the therapist are related to the outcomes of therapy. This will help ensure that future teaching and training of psychologists, counsellors, and therapists can be based on a scientific foundation. A challenge to researching the contentious issue of bias is to do so while minimising the impact of one’s own biases. Awareness of this should be an ongoing effort, with the overarching goal of improving the quality of therapy delivered.

**CONCLUSION**

Guidelines on therapy should be evidence-based rather than ideology-based. The present survey raises questions about key assumptions about therapy for men. Given that men die by suicide more than women do yet seek help from psychological therapists less than women do, there is an urgent need for the provision of safe and effective help for men. Also, service providers should make it possible for men to choose therapies that do not conflict with their beliefs or their sense of themselves as a man.

**Acknowledgement**

We would like to sincerely thank all of the therapists who participated.

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Can we experience relationship jealousy online? The effect of rival attractiveness

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Previous research reported that gender differences in patterns of romantic jealousy responses intensified when a rival was described as being attractive. The current study extends these findings and investigates whether jealousy responses to attractive rivals also applies in an online situation. A 2 (infidelity context: offline/online) X 2 (participant gender) X 2 (rival attractiveness: attractive/unattractive) X 2 (infidelity type: emotional/sexual) design was employed. Participants were 104 undergraduate students who responded to online and offline scenarios in terms of jealousy, hurt, anger, and disgust. More anger was reported when participants were told of a partner being unfaithful with an attractive rival, and also more anger and hurt was reported when the scenarios featured attractive rivals in the online condition compared to the offline condition. This study has implications for our understanding of emotional reactions to jealousy in romantic interactions online.

Keywords: jealousy; online infidelity; relationship jealousy; rival attractiveness; romantic interaction
Jealousy within a romantic relationship may occur as a consequence of a rival attempting to gain the attention of one partner without the approval of the other (Sheets et al., 1997) or a result of real or imagined infidelity (unfaithful behaviour) (Sharpentier, 1995). In addition to sexual intercourse, infidelity may also include behaviour such as kissing, flirting and petting with another (Roscoe et al., 1988). These researchers also found that the respondents in their study reported other emotional transgressions such as dating and spending time with a different partner to be judged as unfaithful behaviour in an emotional sense. Furthermore, Yarab et al. (1998) suggested that what has been termed mental exclusivity is often judged to be as important as sexual exclusivity in a relationship. Within the range of possible definitions of unfaithful behaviour, very clear gender differences have been noted in terms of jealousy responses to infidelity, with males reporting being more jealous to a situation involving sexual infidelity and females reporting more jealousy to a situation involving emotional infidelity (Buss et al., 1992; Shackleford & Buss, 1996).

Online infidelity

The internet is now used widely for relationship initiation and relationship maintenance, although it has also created a further avenue for individuals to engage in unfaithful behaviour, with online infidelity commonly cited in divorce proceedings (Attwood, 2005). Accordingly, online infidelity has forced a re-examination of the nature of infidelity and its effect on romantic jealousy.

Schneider (2003) noted that females whose partners were Internet addicts considered online sexual activities in the same way they considered real-life infidelity. Furthermore, Whitty (2003) found that both online and offline unfaithful behaviour was judged to be equally serious when participants were asked to rate their perceptions of different acts of online and conventional infidelity. For example, cybersex and hot chatting were perceived as unfaithful behaviour despite no physical contact taking place (Relojio-Howell, 2020). Furthermore, online emotional disclosure was also perceived as unfaithful behaviour. By contrast, Mileham (2007) found that 83% of respondents in chat rooms tended to rationalise online sexual acts as acceptable and harmless, possibly because there is no physical contact involved, suggesting that online liaisons are not perceived as unfaithful behaviour. While these studies have examined how people judge online infidelity, they do not examine individual emotional responses to infidelity, which is typically measured by assessing degrees of jealousy and other emotional responses.

In terms of gender differences and the consequences of online infidelity, Parker and Wampler (2003) reported that females perceive online sexual activities as more serious than males, and Whitty (2005) found that females experience more adverse reactions to online infidelity than males, and are more likely to report that they would end a relationship as a result of this. In terms of gender differences and infidelity type, Guadagno and Sagarin (2010) noted that online and offline infidelity elicited the same gender differences in jealousy as found by Buss et al. (1992), with females reporting more jealousy to scenarios involving emotional infidelity and males reporting more jealousy to scenarios involving sexual infidelity in both online and offline conditions.

Emotional responses

Besides jealousy, research has also investigated the degree of hurt, anger and disgust reported in response to emotional and sexual infidelity (Becker et al., 2004). In addition to the gender differences in jealousy noted above, Becker et al. (2004) found that both males and females reported experiencing more disgust and anger to sexual infidelity and more hurt to emotional infidelity. Earlier, Maheu and Subotnik (2001) reported that people experience an equal amount of the emotions anger, hurt and betrayal to online and offline infidelity.

Rival attractiveness

Levels of jealousy reported are also related to rival attractiveness, with gender differences also evident here. For example, Dijkstra and Buunk (1998) found that attractive rivals triggered more jealousy in females than males. Furthermore, when the level of jealousy is analysed according to infidelity type (sexual and emotional), the salience of physical attractiveness is again gender-specific. For females, a rival’s physical attractiveness evokes greater feelings of jealousy in scenarios involving emotional infidelity, whereas, for males, a rival’s physical attractiveness evokes greater feelings of jealousy in scenarios involving sexual infidelity. The primary female jealousy perception being a threat, and the primary male jealousy perception being betrayal resulting in anger (Buunk & Dijkstra, 2004). Supporting this, Wade and Fowler (2006) found that females were more upset by their partner’s emotional infidelity with another attractive female than with an unattractive female, whereas, for sexual infidelity, rival attractiveness was less important.
In summary, this study attempts firstly to assess the conditions under which rival attractiveness becomes salient. It is predicted that more jealousy, anger, hurt and disgust will be reported at a partner being unfaithful with an attractive rival than an unattractive rival. Furthermore, Guadagno and Sagarin (2010) found specific differences online and offline, and it is suggested that rival attractiveness will influence judgements of emotional responses differentially online and offline. If online infidelity is perceived as real in a relationship threatening sense, then judgements of jealousy will be heightened when a rival is described as attractive. However, if online infidelity is not perceived as real, then rival attractiveness will not be relevant in the online condition. Buunk and Dijkstra (2004) noted that specific gender differences in patterns of jealousy are evident when a rival is described as attractive. Therefore, for females, a rival’s physical attractiveness should evoke greater feelings of jealousy in an emotional infidelity condition, whereas, for males, a rival’s physical attractiveness should evoke greater feelings of jealousy in a sexual infidelity condition.

Consistent with Buss et al. (1992), it is predicted that female jealousy will be primarily triggered by emotional infidelity, whereas male jealousy will be triggered by sexual infidelity, and that this effect will also be evident online (Guadagno & Sagarin, 2010). Furthermore, as Becker et al. (2004) found, males and females will report more anger and disgust to sexual infidelity and more hurt to emotional infidelity.

**METHODS**

**Participants**

The participants in this study were 104 undergraduate students (54 males, 50 females). They were students at a provincial university in the UK, with a mean age of 21.13 (SD 3.13).

**Scenarios**

Four different variations of scenarios based around the following were employed. An offline liaison with a physically attractive rival, an online liaison with physically unattractive rival, an online liaison with a physically attractive rival, and an online liaison with a physically unattractive rival. The offline version featured descriptions of the partner sharing emotional intimacy with a rival, forming a deep emotional connection with a rival, and flirting, kissing and having sexual intercourse with a rival. The online version featured descriptions of the partner sharing emotional intimacy with a rival online, forming a deep emotional connection with a rival online, and engaging in hot chat and cybersex. Responses to the scenarios were on a seven-point scale in terms of how jealous, angry, hurt or disgusted participants would be to each scenario. All variations of the scenarios featured both sexual and emotional infidelity.

**Procedures**

The design employed in this study was a 2 (infidelity context: offline/online) × 2 (participant gender) × 2 (rival attractiveness: attractive/unattractive) × 2 (infidelity type: emotional/sexual) design. Infidelity context, participant gender and rival attractiveness were between-participant factors, and infidelity type was a within-participant factor. The dependent variables were ratings to each scenario in terms of jealousy, anger, hurt and disgust. Participants were given one of the four variations of the scenarios described above (online attractive, online unattractive, offline attractive or online unattractive).

**RESULTS**

The data were analysed using a mixed design MANOVA, with gender (male responses female responses), rival attractiveness (attractive, unattractive) and infidelity context (online, offline) as between-participant factors, and infidelity type (sexual, emotional) as a within-participant factor. The dependent variables were participant ratings of jealousy, anger, hurt and disgust. Mean ratings of jealousy, anger, hurt and disgust for the attractive condition are shown in Table 1 and mean ratings for these variables for the unattractive condition are outlined in Table 2.
Table 1
Attractive Rival

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<thead>
<tr>
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<th>Male Responses</th>
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<th>Female Responses</th>
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<tr>
<td></td>
<td>Sexual</td>
<td>Emotional</td>
<td>Sexual</td>
<td>Emotional</td>
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<tr>
<td></td>
<td>Online</td>
<td>Offline</td>
<td>Online</td>
<td>Offline</td>
</tr>
<tr>
<td>Jealousy</td>
<td>13.60</td>
<td>12.53</td>
<td>13.46</td>
<td>11.61</td>
</tr>
<tr>
<td>Anger</td>
<td>16.73</td>
<td>15.15</td>
<td>13.26</td>
<td>12.15</td>
</tr>
<tr>
<td>Hurt</td>
<td>14.93</td>
<td>13.92</td>
<td>13.26</td>
<td>12.15</td>
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</table>

Table 2
Unattractive Rival

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<th>Male Responses</th>
<th></th>
<th>Female Responses</th>
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<tbody>
<tr>
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<td>Sexual</td>
<td>Emotional</td>
<td>Sexual</td>
<td>Emotional</td>
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<tr>
<td></td>
<td>Online</td>
<td>Offline</td>
<td>Online</td>
<td>Offline</td>
</tr>
<tr>
<td>Jealousy</td>
<td>10.93</td>
<td>13.72</td>
<td>10.13</td>
<td>13.09</td>
</tr>
<tr>
<td>Hurt</td>
<td>11.86</td>
<td>15.18</td>
<td>10.13</td>
<td>13.63</td>
</tr>
<tr>
<td>Disgust</td>
<td>12.00</td>
<td>15.27</td>
<td>9.80</td>
<td>13.81</td>
</tr>
</tbody>
</table>

Rival attractiveness

The main effect for rival attractiveness collapsing across all other conditions was significant for the emotion anger only, $F(1, 96) = 4.96, p = 0.02$, with participants reporting more anger at a partner being unfaithful with an attractive rival than an unattractive one (unattractive, $M = 13.61$; attractive, $M = 15.21$). There were no significant effects for jealousy, hurt or disgust. No significant main effects for infidelity context (online/offline) were observed, suggesting that participant responses to online and offline infidelity are similar; however, the following interactions were observed between rival attractiveness and infidelity context.

Rival attractiveness and infidelity context

For the emotions, anger, hurt and disgust, significant two-way interactions were observed between rival attractiveness and infidelity context (online/offline). For anger $F(1, 96) = 4.29, p = 0.04$, with participants reporting more anger from attractive rivals in the online condition (attractive, $M = 16.02$ unattractive, $M = 12.93$) whereas there was little difference in anger scores between attractive and unattractive in the offline condition (attractive, $M = 14.39$; unattractive, $M = 14.28$). Similarly, for hurt, $F(1, 96) = 4.64, p = 0.03$, participants reported more hurt from attractive rivals in the online condition (attractive, $M = 15.44$; unattractive, $M = 13.20$) whereas there was little difference between attractive and unattractive for hurt levels reported in the offline condition (attractive, $M = 14.61$; unattractive, $M = 15.22$). Finally, there was a significant interaction for disgust, $F(1, 96) = 7.21, p = 0.01$, with participants reporting more disgust from attractive rivals in the online condition (attractive, $M = 15.85$; unattractive, $M = 13.10$) and conversely reported more disgust from unattractive rivals in the offline condition (attractive, $M = 14.35$; unattractive, $M = 15.21$). An effect approaching significance was observed for jealousy $F(1, 96) = 3.04, p = 0.08$, where participants reported more jealousy from attractive rivals in the online condition (attractive, $M = 14.80$; unattractive, $M = 12.89$) with very little difference being evident offline (attractive, $M = 13.91$; unattractive, $M = 14.51$).

No interactions were observed for rival attractiveness and gender or rival attractiveness and infidelity type for any of the emotions.

Gender

The main effects for gender collapsing across all other conditions for all emotions are as follows. For jealousy, $F(1, 96) = 20.84, p = 0.001$, (male, $M = 12.38$; female $M = 15.67$), for anger, $F(1, 96) = 8.71, p = 0.004$ (male, $M = 13.35$; female, $M = 15.46$), for hurt, $F(1, 96) = 19.94, p = 0.001$ (male, $M = 13.13$; female, $M = 16.10$) and for disgust, $F(1, 96) = 15.01, p = 0.001$ (male, $M = 13.32$; female, $M = 15.93$). These results indicate that females
compared to males report stronger emotions for jealousy, anger, hurt and disgust at the thought of their partner being unfaithful.

**Infidelity type**

For infidelity type (emotional or sexual), the main effects of collapsing across the other conditions were as follows. For anger, $r(1, 96) = 51.45, p = 0.001$, (emotional, $M = 13.36$; sexual, $M = 15.45$), for hurt, $r(1, 96) = 20.08, p = 0.001$, (emotional, $M=13.94$; sexual, $M=15.29$) and for disgust, $F(1, 96) = 28.05, p = 0.001$ (emotional, $M = 13.81$; sexual, $M = 15.45$). There was no significant main effect for jealousy for infidelity type. These findings indicate that significantly more anger, hurt and disgust, but not more jealousy, is reported when respondents considered a partner being sexually unfaithful as compared to a partner being emotionally unfaithful.

**Gender and infidelity type**

Only one significant interaction was observed between the factors gender and infidelity type (sexual/emotional), which was for the emotion anger, $r(1, 96) = 3.86, p = 0.05$. The mean anger response increased significantly more for males in the sexual condition (emotional, $M = 12.01$, sexual, $M = 14.62$) than for the females (emotional, $M = 14.71$; sexual, $M = 16.22$).

No three- or four-way interactions were observed for rival attractiveness, participant gender, infidelity type or infidelity context, with the study having insufficient power to detect these interactions.

**DISCUSSION**

This study aimed to investigate jealousy, anger, hurt, and disgust in response to rival attractiveness, infidelity type, and infidelity context (offline, online). Firstly, for rival attractiveness, it was found that participants reported more anger, but not more jealousy, hurt or disgust, at a partner being unfaithful with an attractive rival than an unattractive one. This fails to replicate Dijkstra and Buunk (1998) findings which found that rival attractiveness triggered more jealousy, at least for females.

For the emotions, anger, hurt and disgust, significant two-way interactions were observed between rival attractiveness and infidelity context. In terms of rival attractiveness, participants reported more anger and hurt from attractive rivals in the online condition, whereas there was little difference in the amount of anger and hurt reported in the offline condition. For disgust, participants reported more disgust from attractive rivals in the online condition and conversely reported more disgust from unattractive rivals in the offline condition. So why is there an effect for rival attractiveness in the online condition and not in the offline condition? Two further hypotheses are proposed. Firstly, there might be a higher imagined threat effect in the online condition. Secondly, participants might experience a heightened sensitivity to the description online, but not offline. Furthermore, people may believe that individuals do not always believe that online affairs will be confined to an online context and progress into a face-to-face relationship. In addition, the fact that participants reported significantly higher levels of disgust in response to the prospect of their partners forming close emotional attachments online may be due to the secrecy, relative anonymity, and convenience that online relationship formation affords.

For gender overall, collapsing across other conditions, it was found that females were more jealous, angry, hurt and disgusted than males. These findings are consistent with the previous research of Sheppard et al. (1995), who found that males report being more accepting of infidelity than females and Parker and Wampler (2003), who noted that females judge online sexual activities to be more serious than males.

The main effect for infidelity type collapsed across conditions showed that respondents reported more anger, hurt and disgust to sexual infidelity than to emotional infidelity, but not more jealousy. However, an interaction was observed between gender and infidelity type. In other words, there was a greater difference in the male responses between the emotional and sexual conditions than there was for the female responses. This is consistent with the evolutionary explanation of gender differences in emotional responses to infidelity. In both contexts, males reported more distress than females at the prospect of their partners being sexually unfaithful than when their partners were emotionally unfaithful. Alternatively, the finding that females were more jealous at the thought of their partners forming an emotional attachment in both infidelity contexts is perhaps unsurprising because an emotional attachment formed online may be just as threatening to parental investment as one formed offline.
CONCLUSION

The study has several limitations. One of which is that participants were asked to respond to scenarios, which might be considered artificial to some extent and not really a clear indication of how individuals might respond to jealousy provoking situations. Furthermore, a manipulation check on participants’ understanding of jealousy, anger, hurt and disgust might have given a clearer baseline for how they might behave.

Nevertheless, the findings have implications for our increased understanding of jealousy resulting from relationship transgressions online. As mentioned above, the internet is now routinely employed for the purpose of relationship initiation, relationship maintenance and even for monitoring the behaviour of ex partners. Accordingly, a continued understanding of how jealousy occurs online is necessary for relationship counsellors and therapists, as well as those working in a legal capacity.

Overall, this study goes some way to increasing an understanding of jealousy, anger, hurt and disgust in online romantic interactions. In terms of methodology, this study measured participants’ judgements of infidelity scenarios, and therefore future research could incorporate additional methods to ascertain further assessments of jealousy. However, the results provide insight into an understanding of the emotional responses to infidelity in an online context.

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Athletic identity: The role of race and gender in the athletic identification of British basketball players

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This study examines the role of race and gender on athletic identification of elite-level basketball players competing within the UK national leagues. In investigating this intersection, the study aims to broaden the cultural scope of the few previous studies that have examined the role of race and athletic identity; these studies have exclusively examined US student-athlete populations. Furthermore, the study aims to improve understanding of genders relationship with athletic identity in contemporary Western society. One hundred and four participants provided demographic information and completed questionnaires relating to athletic identity (Athletic Identity Measurement Scale) and racial identity (Multidimensional Measure of Black Identity). Race and gender were found to have no significant effect on athletic identification. These non-significant findings are discussed within the framework of the somewhat contrasting findings of the preceding literature. Results revealed a statistically significant effect of race on levels of racial identification, in contrast with previous studies within team sports, but supporting non-sporting literature suggesting ethnic minority individuals have higher racial identification than non-minority individuals. It is suggested that differences in societal demographics and sports economies between the UK and US may explain the null-effect of race, while with regards to gender, shifting societal perceptions of sportswomen may explain results. This paper represents the first known study that has examined the influence of race on athletic identity within the UK. Accordingly, suggestions for future enquiry into the influence of individual demographic characteristics on athletic identity are presented.

Keywords: athletics; athletic identity; gender; racial identity; sport psychology
Although everchanging, stereotypes and prejudices of race and gender are prominent in both societal and sporting cultures. Issues of race and gender in sports have received wide media coverage in recent years, and feature commonly in social discourse (Kian, 2019; Lambert, 2016). Examples such as Colin Kaepernick, and subsequently, many other NFL and NBA athletes taking a knee during pre-game national anthems in protest of racial injustice (Coombs et al., 2019) exemplifies that issues of race in sports and society are not mutually exclusive. Researchers have provided a strong case for studying issues of race and gender in sport (Harrison & Moore, 2007). Despite this, few have considered the influence being of a particular race or gender has on athletic identity, with no known studies have examined the interaction of these variables in a UK population sample. The overwhelming majority of studies have examined US student-athletes.

Athletic identity can be defined as ‘the degree to which an individual identifies with the athlete role, within the framework of a multidimensional self-concept’ (Brewer et al., 1993, p. 237). Brewer et al. (1993) first measured athletic identity via the Athletic Identity Measurement Scale (AIMS), a self-report questionnaire comprised of three dimensions; social identity, negative affectivity, and exclusivity. Notable positive outcomes associated with a strong athletic identity include superior athletic performance, a confident mindset and enhanced body image (Horton & Mack 2000; Miller & Hoffman, 2009). However, strong athletic identification may also have negative consequences, including social isolation (Horton & Mack 2000), severe identity depression (Webb et al., 1998), psychosocial difficulties in dealing with injuries or participation termination (Miller & Kerr, 2003), poor academic self-concept (Fuller et al., 2017; Yopyk & Prentice, 2005) and hindrance of career development (Hodge et al., 2008a; Melendez, 2006). Improved understanding of how factors, such as race and gender, may mediate athletic identity will aid sports practitioners in preventing and alleviating the aforementioned negative consequences of high athletic identity.

The limited research examining the intersection of race and athletic identity is surprising considering that in the US Black males are underrepresented in upward socioeconomic venues, yet in sports such as American football and basketball, they are significantly overrepresented (Kelly & Dixon, 2014; Sellers et al., 2002). While only 13.4% of the US population are Black (United States Census Bureau, 2018), in American football, Black males constitute 45% of student-athletes and 67% of professionals. For basketball, Black athletes represent 59% of student-athletes and 75% of professionals (Lapchick, 2013). The same trend is seen for females; 59.4% of female Division 1 NCAA (National Collegiate Athletic Association) basketball players are Black (Harper et al., 2013). Although less divergent, UK statistics show a similar trend. While only 1% of the male population participates in basketball, 4% of Black males do. For females, statistics are 1% and 3% respectively (Sport England, 2000). Researchers suggest this representation bias may promote internalisation of the athletic role in Black youths, resulting in higher athletic identity (Bimper & Harrison, 2011; Harrison et al., 1999; Harrison et al., 2011), which may consequently disrupt career development since less than 2% of student-athletes reach professional ranks (Murdock et al., 2016).

One pertinent issue regarding race in sports is the stereotypical belief that Black athletes are inherently suited to athletic endeavours. This stereotype is observable both historically through advertising representations (Dufur, 1997) and in contemporary society through studies of prejudice (Peeters & van Sterkenburg, 2017; Sheldon et al., 2007). Furthermore, it is held commonly by both Black and White people (Burden et al., 2004) in the US and the UK (Peeters & van Sterkenburg, 2017; Sheldon et al., 2007). In basketball commentary, up to 92% of positive comments regarding physical ability are directed at Black male student-athletes (Rada & Wulfemeyer, 2005). Nevertheless, scientific enquiry has failed to confirm these stereotypes, with much of the anthropological and biological scientific community discrediting race as a meaningful biological concept due to the vast gene flow seen between human populations (Hirschman, 2004). Black American populations show greater genetic ethnic diversity than White American populations (Genetics Working Group, 2005). Though scientific enquiry has found genetic explanations of Black athlete over-representation to be dubious (Hunter, 1996) scholars suggest the presence of these beliefs in public opinion and consciousness may further contribute to increased athletic role internalisation in Black athletes (Bimper & Harrison, 2011; Hodge et al. 2008).

The few studies to consider the effect of race on athletic identity have been equivocal in their outcomes. One study of Division 1 NCAA American football athletes found Black student-athletes had significantly higher athletic identification in comparison to their White counterparts. Individual AIMS item analysis revealed Black athletes scored significantly higher for internal focus on sports, beliefs that others perceive them only as athletes and seeing sport as their primary life focal point (Harrison et al., 2011). In another study, Steinfeldt et al. (2010) examined athletic identity in Black American football athletes at Predominantly White Institutions (PWI’s) and Historically Black Colleges and Universities (HBCUs). Athletes at PWI’s reported significantly higher levels of athletic identification than those at HBCUs. The authors argued PWI attendance invokes heightened minority status, and consequently, a more prominent social perception of these individuals as
archetypal African American football or basketball players’ (Simons et al., 2007, p. 267) resulting in greater internalisation of this role. In contrast to the above findings, one recently published study found no significant differences in athletic identity between races (Huml et al., 2019). Others have found higher athletic identity scores in White Division 1 student-athletes than their Black counterparts (Brown et al., 2003; Melendez, 2009) and finally, one reported that although Black athletes had significantly higher aspirations for becoming professional athletes, they had lower athletic identities (Wiechman & Williams, 1997). These findings may be explained through the attenuation of athletic identity levels in Black individuals due to high racial identity salience (Frank, 2018; Melendez, 2009). Alternatively, Melendez (2009) suggests for many Black student-athletes, sports serve a functional purpose, acting as a mechanism by which they can achieve upwards social mobility via university scholarships. Therefore, these individuals may have a lesser intrinsic desire for adhering to the athletic role, resulting in a lesser athletic identity.

Other literatures have examined the effect of racial identity levels, rather than racial categorisation, on athletic identification. Racial identity can be defined as the meaning an individual ascribes to being a member of a particular ethnic group (e.g., Thomas et al., 2009). This literature presents differing conclusions, some literature suggests negative association (Jackson et al., 2002; Melendez, 2009; Melton & Cunningham, 2012). Brown et al. (2003) proposed this occurs because goal-oriented team interaction generates ‘the ultimate in-group’ (p. 165), resulting in reduced racial group attachment. In contrast, others have found a positive association (Anthony & Swank, 2018; Bimper & Harrison, 2011) which may be contingent upon the partaken sport being one in which Black athletes are overrepresented, such as basketball or American football (Harrison et al., 2002). Association may also be contingent upon race. In one study, within Black student-athletes, high athletic identity was associated with low racial identification; for White student-athletes, the opposite was true (Brown et al., 2003). However, the above literature is limited by its scope. Almost all studies exploring racial identification and athletic identity have used Black student-athlete populations. Only two known studies have also examined White athletes (Brown et al., 2003; Jackson et al., 2002). Furthermore, in these two studies, racial identification was assessed using only a single item taken from the centrality scale of the Multidimensional Measure of Black Identity (MMBI), ‘in general, belonging to my ethnic/racial group is an important part of my self-image’ (Sellers, 2013, p.2). Although most relevant to racial identification, the centrality scale ordinarily consists of eight items. The validity and reliability of using this single item to measure racial identity are questionable (Cokley & Helm, 2001).

An enriched understanding of the interaction between race and athletic identity is appropriate in light of emerging literature suggesting race and the pursuit of athletic endeavours may interact to explain the relative academic underperformance of Black student-athletes (Cooper & Hall, 2016; Cooper & Hawkins, 2014). Athletic role engulfment (Harrison et al., 2002), excessive emphasis on athletic achievement (Harrison et al., 2011; Nite, 2012) and insufficient academic support (Kelly & Dixon, 2014) are thought to play a role in this. Student-athletes underperform in cognitive tasks when primed for athletic identity (Yopyk & Prentice, 2005), however, this effect is significantly more negative in Black student-athletes. In this study, White participants primed for athletic identity averaged 41% on a verbal reasoning task; equally academically engaged Black student-athletes averaged 24% (Stone et al., 2012) This may be due to Black athletes holding stronger athletic identities. Interestingly, in the athletic domain, the race has a contrasting effect. Recently, Howard and Borgella (2018) showed that when primed for the race, Black female athletes performed significantly better in a basketball free-throw task in comparison to control (age-primed) and negative (gender-primed) groups. This adds to previous literature finding Black males perform significantly better than White males in sports tasks framed as being diagnostic of natural athletic ability (Stone et al., 1999). Furthermore, research suggests that highly racially identified Black individuals are more susceptible to the performance-enhancing effects of racial priming than those less-identified (Davis III et al., 2006; Steele, 2011).

The secondary objective of the present study was to assess the effect of gender on athletic identity. Early research suggests greater athletic identity in males than females (Brewer et al., 1993; Murphy et al., 1996; Tasiemski et al., 2004; Wiechman & Williams, 1997) and endorsement of masculine gender roles in those with high athletic identity (Lantz & Schroeder, 1999). However, in early research, samples consisted primarily of non-athletes or low-performance athletes. Furthermore, one study published during this period discovered diminished gender differences in elite athlete populations (Murphy et al., 1996). Furthermore, the above research may now be outdated as gender differences are less discernible in current literature and most studies find no differences (Anthony & Swank, 2018; Fraser et al., 2008; Groff & Zabriskie, 2006; Hoiness et al., 2008; Huml et al., 2019; Proios et al., 2012). Decreased sexualisation, increased financial viability of sporting careers, and increased positive characterisation of athletic qualities in sportswomen may explain this change (Dashper, 2012; Sherry et al., 2016). However, proclamations of diminished gender differences in athletic identity are not yet conclusive as some research still implies association. For example, identity foreclosure, which indicates athletic role engulfment, was recently found in male, but not female athletes (Anthony & Swank, 2018). Furthermore, Sturm et al. (2011), somewhat recently, cited gender differences in athletic identity.
Interestingly, one study discovered female athletes at NCAA women’s colleges exhibit higher athletic identity than those attending coeducational colleges (Mignano et al., 2006). Possibly due to a similar dynamic discussed previously race suggesting Black athletes at PWIs display higher athletic identity than those at HBCUs due to amplified minority status, resulting in greater internalisation of the naturally gifted Black athlete stereotype (Steinfeld et al., 2010). Through a similar dynamic, women at co-educational colleges may experience greater gender-based sporting stigmatisation due to heightened female identity status, and therefore, more greatly internalise the non-athletic female stereotype.

Despite the prevalence of sporting racial issues, little research has considered the intersection of race and athletic identity. In total, five known studies have examined athletic identity differences between racial groups, all of which were performed on student-athletes in the US (i.e., Brown et al., 2003; Harrison et al., 2011; Huml et al., 2019; Melendez, 2009; Wiechman & Williams, 1997). Others have considered racial identifications effect on athletic identity within Black populations but disregarded White populations. Outcomes of this literature are contradictory and inconclusive, with no consensus having been reached. This study aims to examine this intersection, adding to the extant literature, whilst broadening its cultural scope from US student-athletes to include UK elite basketball players. Furthermore, given the historical bias seen in gender research outcomes, further investigation is warranted. With this in mind, the current study aimed to further enlighten the understanding of genders effect on athletic identity in contemporary Western society. Based on previous literature, two hypotheses were formed. Firstly, there will be a significant difference in athletic identity between White and Black/mixed-race participants. Finally, there will be no significant effect of gender on athletic identification.

Studies examining athletic identity have generally used the AIMS (Brewer et al., 1993), a measure of athletic identity centrality. This was also the case in the current study, due to its compatibility with the MMBI centrality scale, which was used to measure racial identity. In identity literature, centrality refers to the extent to which an individual defines a core aspect of their self-concept with a particular role or status (Stryker & Serpe, 1994). The MMBI centrality scale was selected as it looks directly at the significance of race in an individual’s self-definition; other MMBI scales look at the qualitative meaning individuals ascribe to race (Sellers, 2013). Finally, the MMBI was used as it can be easily adapted to measure racial identity in White individuals.

### METHODS

#### Design

An independent measures design was used. The independent variables were gender (male or female) and race (White or Black/mixed-race). The dependent variables were athletic identification measured on the AIMS and racial identification measured on the MMBI.

#### Participants

124 online questionnaires were returned, of these, nine were removed due to being incomplete; 11 others were removed due to racial group underrepresentation. Participants were professional, semi-professional and non-professional basketball players, competing in elite national leagues. The mean age of the sample was 20.83 years (range = 10 years, SD = 2.27). There were 34 non-university students (21 male and 13 female); 58 undergraduate students (31 male and 27 female); and 11 postgraduate students (6 male and 11 female). From this point onwards, ‘mixed-race’ refers to participants with one White and one Black parent. During data analyses, Black and mixed-race participants were grouped. The rationale for this was that studies show both Black and White adults tend to categorise mixed-race individuals as Black even when parent race is known and mixed-race category options are given (Ho et al., 2015; Krosch & Amudio, 2014; Krosch et al., 2013; Peery & Bodenhausen, 2008). Furthermore, combining Black and mixed-raced groups resulted in a group comparable in size to the White group. The racial demographics of the final sample were 26 White males; 31 Black/mixed-race males; 35 White females; and 12 Black/mixed-race females.

#### Measures

Athletic Identity (AIMS): The Athletic Identity Measurement Scale (AIMS; Brewer et al., 1993) was used to measure athletic identity. This is a 10-item instrument on which response choices range from ‘strongly agree’ (1) to ‘strongly disagree’ (7) on a seven-point Likert scale. High scores indicate a strong athletic identity. The AIMS includes items such as: ‘I have many goals related to sport,’ and ‘I feel bad about myself when I play poorly in practice or competition.’ The AIMS has demonstrated good internal consistency in various studies, Cronbach’s alphas range from .76 to .93 (Martin et al., 1997; Steinfeld et al., 2010). Cross-cultural reliability has also been shown (Proios, 2012; Visek et al., 2008). The positive correlation of athletic identity with athletic
performance in previous studies demonstrates construct validity (Brewer et al., 1993; Cornelius, 1995). Discriminant validity has also been demonstrated using the Self-Role Scale (Curry & Weiss, 1989; Martin et al., 1997). Furthermore, Brewer et al. (1993) reported adequate convergent validity through analysis of instruments that assess both competitiveness and perceived importance of sports competence.

Racial Identity (MMBI): Racial identity was measured using a modified version of the Centrality Scale, taken from the Multidimensional Measure of Black Identity (MMBI), a 56-item self-report questionnaire (Sellers, 2013). The Centrality Scale comprises eight items measuring the extent to which being Black is central to the participants’ definition of themselves. Items include: ‘In general, being Black is an important part of my self-image,’ and ‘I have a strong sense of belonging to Black people.’ Response choices range from ‘strongly disagree’ (1) to ‘strongly agree’ (7) on a seven-point Likert scale. A high score indicates high racial identification. Cronbach’s alphas of the MMBI range from .70 to .85 (Cokley & Helm, 2001; Sellers et al., 1998; Shelton & Sellers, 2000). Although originally designed for use in Black samples, here, the centrality scale was adapted to examine racial identification in White participants by replacing ‘Black’ with ‘White’ at any point it was used.

**Procedure**

Participants were recruited through contact with coaches and representatives of 14 English basketball teams. Questionnaires were distributed via team meetings and social media and completed online. Background demographics were gathered through a series of questions at the beginning of the questionnaire, soliciting information regarding age, gender, racial group and education status. Full ethical approval was obtained via the Loughborough University Ethical Approval Committee before initiation of data collection. Full consent was obtained from each participant before participation.

**RESULTS**

Sharipo-Wilk tests of normality were run for the MMBI in both White and Black/mixed-race groups. The MMBI had normal distribution in both White ($p = .404$) and Black/mixed-race ($p = .313$) groups. Therefore, a two-way independent measures ANOVA was conducted to examine the effects of race and gender on racial identification (MMBI score). A statistically significant effect of race on racial identification was found $F(1, 100) = 162.343, p < .001$. Black/mixed-race participants scored higher on the MMBI ($M = 32.95, SD = 4.78$) than White participants ($M = 18.28, SD = 5.86$) suggesting race is a more central component of their identity. No statistically significant effect of gender on racial identification was found $F(1, 100) = .664, p = .417$. Means and standard deviations for racial identification for males and females are shown in Table 1. No significant interaction effect of gender and race upon racial identification was found $F(1, 100) = .214, p = .645$.

**Table 1**
Mean and Standard Deviations for MMBI Centrality Scale Scores in Males and Females

<table>
<thead>
<tr>
<th>Gender</th>
<th>White (SD)</th>
<th>Black/mixed-race (SD)</th>
<th>Total mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>17.42 (6.4)</td>
<td>32.84 (4.9)</td>
<td>25.13</td>
</tr>
<tr>
<td>Female</td>
<td>18.91 (5.7)</td>
<td>33.25 (4.6)</td>
<td>26.08</td>
</tr>
<tr>
<td>Total mean</td>
<td>18.17</td>
<td>33.05</td>
<td></td>
</tr>
</tbody>
</table>

Sharipo-Wilk tests of normality were run for AIMs scores in both White and Black/mixed race groups. AIMs scores were non-normally distributed in the White group ($p = .034$) but normally distributed in the Black/mixed-race group ($p = .344$). Therefore, a Mann-Whitney U was conducted to examine the effect of race upon athletic identity. There was no statistically significant effect of race on athletic identity $U = 1250, p = 0.685$. A Mann-Whitney U test was conducted to examine the effect gender upon athletic identity. There was no statistically significant effect of gender on AIMs scores $U = 1333, p = 0.96$. The medians and inter-quartile ranges for AIMs scores for each group are shown in Table 2.
Table 2
Median and Interquartile ranges for Athletic Identity Measurement Scale scores

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Median</th>
<th>IQR</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>74.00</td>
<td>17.50</td>
<td>57</td>
</tr>
<tr>
<td>Female</td>
<td>75.00</td>
<td>20.00</td>
<td>47</td>
</tr>
<tr>
<td>White</td>
<td>75.00</td>
<td>19.50</td>
<td>61</td>
</tr>
<tr>
<td>Black/Mixed-race</td>
<td>74.00</td>
<td>17.00</td>
<td>43</td>
</tr>
</tbody>
</table>

IQR: Inter quartile range

**DISCUSSION**

The primary aim of this study was to examine the effect of race on athletic identity. Contrary to previous literature, and predictions made in the current study, results showed no effect of race upon athletic identity. Regarding the secondary objective of examining possible gender differences in athletic identity levels, no significant differences were found, in concordance with the majority of recent literature and the predictions made here. Additionally, although not a direct study aims, results revealed Black/mixed-race participants exhibited significantly higher racial identification than White participants. These findings and their practical implications are discussed below regarding study limitations and suggested future research areas.

Differences in US and UK racial demographics may somewhat explain the null effect of race on athletic identity in this study that conflicts with previous literature suggesting an effect. Scholars suggest that for Black children and adolescents in the US, professional Black athletes are especially influential in developing high athletic identification (Bimper & Harrison, 2011). However, Black people constitute 13.4% of the US population (United States Census Bureau, 2018) but only 3.3% of the UK population (Sport England, 2000). These figures may also be reflected in professional sports, resulting in fewer Black athlete role models for the UK’s Black youth. Cross-cultural economic differences should also be considered. Scholars suggest Black communities in the US overvalue athletics due to the perceived opportunity for university scholarships, financial gains, and social mobility (Bimper & Harrison, 2011). While Black communities experience socioeconomic deprivation in both the US (Doet al., 2019) and UK (Furegato et al., 2016) sporting economies differ considerably between the two countries. The NBA is the highest paid sports league in the world with players earning an average of $6.2 million during the 2016–2017 season (Sigler & Compton, 2018). Comparatively, the BBL (British Basketball League) only recently implemented a minimum player salary level (British Basketball, 2017).

Future research may consider the role of race in athletic identity in revenue-building sports within the UK, such as football (Relajo, 2018). Identity development models may also provide insight into the non-significant effect of race on athletic identity. Researchers suggest experience is shaped primarily by the identity individuals associate themselves with most closely (Markus & Sentis, 1982; Stets & Burke, 2000; Stryker & Serpe, 1994). However, foreclosure or high salience of racial identity may result in attenuation of athletic identity (Frank, 2018; Melendez, 2009). Without simultaneous salience in racial and athletic identities, the interaction between them is unlikely.

In line with the majority of recent literature, no significant differences in athletic identity were found between genders; decreased sexualisation, increased financial viability of sporting careers and positive characterisation of sportswomen’s athletic qualities are commonly cited as reasons for this (Dashper, 2012; Sherry et al., 2016). However, researchers should also note that recent surveys show the primary motivation for university selection in student-athletes of both genders is the athletic prestige of the institution (Huml et al., 2019). In the current study, a significant number of participants were enrolled at Loughborough University, an institution known for its high sporting prestige. Having selected Loughborough University, this population may represent only the most highly athletically identified athletes; possibly removing gender effects since both males and females select universities for the same reason: athletics. The finding that both males and females in the study identified equally with the athletic role may have important implications for sports funding, policy, and governance. Currently, the equal athletic identity levels between genders are not reflected in equal opportunity for elite sports participation, both with regards to salary (Traugutt et al., 2018) and sporting provisions such as clubs, funding, and facilities (Davis et al., 2019). National governing bodies, such as England Basketball, should consider addressing this issue.
Additionally, the study found significantly higher racial identification in Black/mixed-race participants in comparison to White participants, opposing prior theories that suggest athletic participation results in diminished racial self-concept (Bimper & Harrison, 2011; Brown et al., 2003). Brown et al. (2003) hypothesised this “sport-induced gracelessness” (p. 176), occurs via interracial goal-oriented collaboration within a team sport. This seems plausible since sports teams represent the ultimate in-group (Brawley et al., 1993; Carron, 1982; Murrell & Gaertner, 1992; Williams & Widmeyer, 1991), and athletes are socialised to perceive only opponents and teammates, not racially distinct individuals (Brawley et al., 1993; Bruner et al., 2014). However, outside of sporting research, non-athlete minority group members have been shown to exhibit significantly higher racial and ethnic identification (Carter, 2017; Carter et al., 2019; Utsey et al., 2002). Social identity theory (Tajfel, 1979) explains this through a self-esteem maintenance model, suggesting in-group members identify highly with their minority status to buffer discriminatory experiences. With recent publications indicating the continued existence of racial discrimination within UK sports (Bradbury et al., 2018; van Sterkenburg et al., 2019), this model may also be applicable in sports.

This study was not without limitations and in generalising these findings researchers should consider the following issues. Firstly, although sensible due to different racial dynamics and demographics across sports in the UK (Sport England, 2009), this study sampled basketball players exclusively, meaning generalising these findings to other sports is problematic. Furthermore, exclusive recruitment of basketball players proved challenging and a final sample size of 104 participants may have contributed to the non-normality of White participants’ AIMS scores and lack of significance in the effect of gender and race on athletic identity. Secondly, university-students were overrepresented in the sample; 69 participants were students while only 34 were non-students. Although more representative of the general population than previous literature that has examined student-athletes almost exclusively, researchers should be cognisant of this bias and may consider addressing this in future studies. Thirdly, during analysis, Black and mixed-race participants were grouped. Although this decision was underpinned by literature (Ho et al., 2015; Korsch & Amadio, 2014; Korsch et al., 2013; Peery & Bodenhausen, 2008), Black and mixed-race populations cannot be considered parallel. Current research is providing insight into the differential in the racial experience of Black and mixed-race populations in society (Liebler et al., 2017). Finally, this study employed a cross-sectional approach due to time constraints, however, the longitudinal methodology may be desirable in future studies since athletic identity is influenced by season stage (Brewer et al., 1999), and both athletic and racial identities are shaped over time (Sellers, 2013) and influenced by social context (Shelton & Sellers, 2000). Sellers et al. (1998) found mixed methods approaches applying quantitative and qualitative analysis particularly beneficial in examining racial identity; future research examining racial and athletic identity may profit from using these methods.

The vast majority of athletic identity research has used adult populations; however, childhood and adolescent periods are of great importance to identity development (Sokol, 2009). Future research may consider focusing on these developmental periods. In particular, research may examine the role of race and gender in the athletic identity development of adolescents enrolled at elite sports academies. These academies provide the opportunity for progression to professional ranks, however, only a minority of attendees acquire contracts with chances of becoming a professional football player estimated to be between 0.04% to 0.4% (Haugaasen & Jordet, 2012; Malina, 2010). Some suggest an intense focus on sport at these academies may promote identity foreclosure (Good et al., 1993; Manley et al., 2016) which may hinder non-sporting career development (Stambulova et al., 2015) and leave attendees at risk of psychosocial issues following sports participation termination (Carapinha et al., 2019; Sanders & Stevinson, 2017). Improved understanding of athletic identity formation in youth academies may aid sports practitioners in facilitating healthy identity development and mitigating the navigate psychosocial impacts sports career termination may invoke. Moreover, understanding adolescent athletic identity may provide insight into the lesser athletic participation rates of adolescent females (Kang et al., 2017). With regards to gender generally, meta-analysis or systematic review of athletic identity literature may help determine whether gender differences in athletic identity have reduced over time, as is suggested by the current study and recent literature (Anthony & Swank, 2018; Huml et al., 2018; Proios et al., 2012). Future studies of gender may consider investigating the possible differential in athletic identity levels between males and females in sports stereotyped as being especially masculine or feminine. For example, by looking at male and female rugby players competing at equivalent levels; or similarly, by investigating athletic identity levels of sports players of one gender across multiple sports of differing masculine or feminine connotation.

In the review of the current literature, no studies were found to have examined the effect of race on athletic identity outside of Black and White ethnic groups. Previous research focuses mainly on Black athletes’ overrepresentation in US revenue-building sports and the effect of this on athletic identity. In the UK however, other noteworthy examples of overrepresentation exist. For example, in England, 7.6% of South Asian report playing cricket regularly in comparison to 1.5% of White males (Sport England, 2009). South Asians are stereotyped as being good at cricket but are often negatively stereotyped for football ability (Burdsey, 2006;
Fleming, 1994). It would be interesting to investigate whether the athletic identity of South Asians in cricket and football differs as a result of these stereotypes. Finally, no known studies have examined the effect of race on athletic identification in individual sports such as athletics. Brown et al. (2003) suggested interracial team membership is pivotal in reducing racial identification through sport. Future studies of racial identity and athletic identity in individual sports may help to prove or disprove this.

CONCLUSION

In conclusion, and contrary to previous literature, race and gender showed no significant influence on athletic identity in elite UK basketball players. Differences in societal demographics and sports economies between the UK and US may explain the null-effect of race; while with regards to gender, it is suggested that shifting societal treatment of sportwomen may explain results. Furthermore, Black/mixed-race participants exhibited significantly higher racial identification than their White counterparts. Although contradicting prior suggestions that team-sport participation diminishes racial identification resulting in ‘sport-induced gracelessness’ (Brown et al., 2003, p. 176), the findings resonate with non-athlete study results (Carter, 2017; Carter et al., 2019; Utsey et al., 2002) and the social identity theory self-esteem model (Tajfel, 1979). These findings represent the first known study to examine the influence of race and gender on athletic identity in the UK. Based on current literature, future research should consider extending enquiry into non-White/Black ethnic groups, childhood and adolescent populations and those preforming in non-team sports or sports with substantial gender stereotypes. Furthermore, since basketball holds a relatively small stake in the UK sports economy in comparison to the US, future research in the UK may benefit from examining revenue-building sports, such as football, to better understand economic influences. The absence of athletic identity differential between genders in this study points towards a need for national governing bodies, such as England Basketball, to provide equal provision for sport across genders. Scientific enquiry investigating the influence of an individual’s demographic characteristics on athletic role identification is scarce in the UK. If sport is to achieve a future in which there exists a level playing field, a greater empirical understanding of athlete’s experiences is necessary.

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Educator preparation programmes (or EPPs) can apply a modification of a new Gestalt psychological approach to teacher education. If Gestalt is about patterns and recognition of the role of the patterns in how students learn, then teacher education in an EPP can emphasize the importance of interdisciplinary training in teacher education. Previous works have argued for the importance of fostering interdisciplinary teams for higher education. Gestalt psychology can be a part of the answer to the call for more interdisciplinary approaches to knowledge construction when considering the importance of identifying and evaluating patterns generally and within the context of assessment. Gestalt psychology itself has come in and out of fashion in the United States, for example, as its principles have been adapted and referred to by other names, not least of which was because of the increasingly complicated debates over behaviourist approaches to education. This paper adds to this discussion on the importance of interdisciplinarity for new approaches to Gestalt psychology as it might be applied to the teaching of interdisciplinary test design theory in an EPP.

Keywords: education; gestalt psychology; knowledge; principles; teacher education
Educator preparation programmes (or EPPs) can apply a modification of a new Gestalt psychological approach to teacher education. If Gestalt is about patterns and recognition of the role of the patterns in how students learn, then teacher education in an EPP can emphasize the importance of interdisciplinary training in teacher education. Roncaglia (2019) argued for the importance of fostering interdisciplinary teams for higher education can be important for accelerating student learning (Roncaglia, 2019). Also, according to Spelt et al. (2009), ‘Interdisciplinarity can help to address today’s complex issues since it is believed that a cross-disciplinary approach facilitates a comprehensive understanding’ (p. 366). The emphasis on cross-disciplinary approaches over interdisciplinary approaches has occurred in a pattern over the decades (Newell, 1992). Meanwhile, Gestalt psychology itself has come in and out of fashion in the United States as its principles have been adapted and referred to by other names, not least of which was because of the increasingly complicated debates over behaviourist approaches to education (Abramson, 2013; Sokal, 1984; Wagemans et al., 2012). This paper adds to this discussion on the importance of interdisciplinary for new approaches to Gestalt psychology as it might be applied to the study of the interdisciplinary teaching of test design theory in an EPP to emphasize problem-solving skills with the edTPA. In the United States, the edTPA (or educational Teacher Performance Assessment) is a standardised evaluation of preservice teacher performance in their full-time teaching internship. A teacher candidate’s final edTPA is assessed by external evaluators. Passing the edTPA is one of the final steps in the teacher licensure process in the states that have the edTPA.

**Gestalt psychology in context**

The mention of Gestalt psychology might also evoke the context of behaviourist approaches to educational psychology that have been somewhat on the defensive in the past couple of decades (Wagemans et al., 2012). This is in part due to the ostensible popularity of constructivist approaches to differentiation that have partially eclipsed some of the strategies more firmly rooted in behaviourism. As Abramson (2013) observed, there has been a tendency to overemphasize the most recent research over the research from 25 years ago. However, as noted by Abramson, it is problematic to overemphasize recent research over older research in educational psychology because ‘Such insistence will further detach the student from a body of literature, and a scientific perspective, that still has much to recommend it’ (p. 67). Indeed, there is much scientific value in older behaviourist research studies and conceptual essays, not least of which are the principles of Gestalt psychology. For example, Gestalt principles can be applied in the design process of an interdisciplinary assessment involving the visual arts and social studies. Gestalt psychological theory should still have an important role in current discussions on assessment theory. Designing tests have roots in interdisciplinary approaches to determine student achievement. If student achievement at a point in time is foundational to K-12 test design, then tests can be aligned to standards-based models of assessment (Muñoz & Guskey, 2015). The question, then, is how do teachers encourage students to study for tests? This is, in part, a behaviourist issue in having effective stimuli to encourage students to want to prepare for tests. The factors that affect student motivation are interdisciplinary and, as such, the teaching of test design theory should likewise be interdisciplinary with the discussion of psychological concepts that have overlap with behaviourism.

**Standardised testing in the context**

Standardised testing may be defined as ‘guessing games on the one hand and as definitive standards for educational excellence and accountability on the other’ (Hopkins et al., 1985, p. 177). In this paper, the definition of testing methodology will be used in relation to what will be called ‘modern standardised testing’—with a time frame limited to 1900 to the present. Modern test design procedures, as explained by Chappuis and Stiggins (2016), suggest that while formative and summative assessment is rooted in a standardized paradigm, assessment of learning should be systematically embedded in assessment for learning that is differentiated for the needs of specific learner profiles and learner groups to achieve proficiency goals. Nevertheless, there is a distinction between assessment for learning and evaluation of learning, and it is this distinction where tests become essential for objectivity in the evaluation of learning (Brown, 2019).

This review covers perspectives in the literature from 1923 to the present. The reason that articles before the personal computer age (post-1985) are cited is that a historical perspective is necessary by the precedent of several psychological researchers who cite sometimes decades-old studies in the introductory paragraphs of their primary studies and textbooks (Hopkins et al., 1985; Forbes & Cottle, 1953; Gettenger & White, 1979; Petrosko, 1978; Rocklin & O’Donnell, 1987; Sackett et al., 2009). Older studies still have considerable value when discussing assessment theory, especially when considering the importance of patterns in determining when the curriculum should be modified.

What is the correlation of modern standardised testing (also known as standardised achievement testing) vis-à-vis non-standardised or ‘self-adapted testing’ in assessing students’ cognition? Gestalt psychological principles can provide an answer. In other words, when a pattern of scores is evaluated, then a pattern (or lack
thereof) can provide an answer to how instruction might be modified based on the identification of where test-takers score in any given standardised assessment.

The issue of concurrent validity coefficients is important for the discussion of testing methodology as it relates to underlying student cognition because this factor seems to support standardised testing as a valid assessment tool (Hopkins et al., 1985). According to Hopkins et al. (1985), there has been a relatively strong correlation between standardised test scores and student ranks based on teacher judgments. Based on their sample, only the reading subtest score did not closely correlate test score with teachers' assessment of students’ class rank based on grades. A study from a century ago conducted by Wallin (1923) suggested that teachers’ judgments vis-à-vis standardised testing results have long correlated with some types of group tests suggesting the validity and reliability of standardised tests. Unlike Hopkins et al. (1985), Wallin (1923) considered standardised tests to be less than always reliable because the teacher-standardised test correlation depended on the type of test used for the context. The Binet and Myers tests, for example, rate students most accurately, while the Detroit is decidedly the most inaccurate, and ‘the teacher’s judgement is superior to the Pressey and Detroit.’ The exact nuances of the tests noted by Wallin (1923) are not necessary for this paper except to say that they have a likeness to the more recent Direct Instruction model. In other words, the various standardised tests of the first half of the twentieth century were considered a reliable measure to evaluate student learning, and such standardised tests faced little contemporary criticism. Wallin (1923) even went so far as to declare those correlations are ‘fictitiously high’ with the Binet test because it tends to rate students higher than ‘group tests’ (p. 236). The top and bottom quartile do tend to align in standardised test-taking ability at nearly every level because the majority of student’s scores polarize (Wallin, 1923, p. 240-241). Hopkins et al., 1985 surveyed tests across five disciplines and thus their research appears more broadly based than Wallin's sample-based on subjects alone. But Wallin (1923) noted more testing types; therefore, the comparison between the 1923 study with the one published in 1985 suggest notable correlations for the concurrent validity of standardised testing in general.

The most recent study of standardised testing and their predictive capacities of student academic achievement seem to support the validity of standardised testing with relatively few outside variables. Sackett et al. (2009) concluded that the meta-analytic mean in their study suggested a close correlation of test score to course grade – even when controlling for socioeconomic factors, which only changes the 'meta-analytic mean test-grade correlation' by a statistically negligible amount (p. 17). Earlier research suggested other factors. For example, the literacy question was posited by researchers regarding the role of students’ comprehension of written instructions on subtests. Test scores may be based on the issue of the students’ reading ability, Forbes and Cottle (1953) concluded that ‘standardised tests were easily within the range of reading difficulty of those for whom the tests were designed’ (p. 190). Rodríguez Bou and Stovall (1950) asserted that ‘standardised objective tests of various kinds should be utilized as a screening device’ for several reasons not least of which is ‘reading proficiency’ (p. 319). The non-standardised assessment had created chaotic college admissions screening because a top grade at one school may not have equated to the quality that a top grade another school indicated (Rodríguez Bou & Stovall, 1950, p. 317). With this background, the movement for mass standardization may be seen in its infancy.

According to Hopkins et al. (1985), ‘in general, standardised achievement tests have substantial validity’ or assessing student cognition because the data support that ‘students are attaining the curricular objectives and skills’ in correlation with teacher evaluations (p. 181). However, in a more recent study, Rocklin et al., (1995) note that the data from their experiments suggest that individualized self-adapted testing significantly lessened student anxiety. Therefore, students’ self-concept of cognitive ability increased when the test was individualized. Self-adapted testing specifically increased students’ estimated ability because they attempted to answer more questions than they did on the standardised test (Rocklin et al., 1995, p. 107). Butterfield and Belmont (1971) note that ‘recall speed varies with the presentation position’ of multiple-choice test items (p. 320). This suggests that standardised tests do not necessarily assess student’s academic long-term knowledge, but rather, their ability to recognise patterns that improve their knowledge recall short-term. This is an important skill to be sure, but if modern standardised tests are supposed to quantifiably assess general academic achievement, then short-term recall alone is not enough. Self-adapted testing may solve this issue because the research suggests that individualised tests align with students’ particular subject interests more directly. Rocklin and O’Donnell (1987) note that each of the participants who took the self-adapted test could select the items to answer and, thus, were less anxious. Their ‘higher estimates of ability were not attributable to students’ choice of items’ because the students who took the self-adapted test chose items indistinguishable in difficulty from those chosen by students who took the hard test (Rocklin & O’Donnell, 1987, p. 318). This may counter the suggestion of Butterfield and Belmont (1971) and Butterfield et al. (1971) because self-adapted testing appears to correspond more closely with long-term and short-term recall simultaneously, while standardised testing creates a focus only on short-term recall.
Standardised tests as tools for formative assessment

A lower level of anxiety triggered by the individualised testing model allows for greater student achievement across subjects. Perhaps the most significant of the data from Lang et al. (2008) is the correlation between math scores and adapted testing conditions. The adaptive testing model “had an overall positive impact on students’ mathematics scores. The students who took the standardised test had an aggregate math achievement score of 656.28 while the students who took the self-adapted test had a score of 668.56 (Lang et al., 2008, p. 116). Gettinger and White (1979) examined mathematics concepts and computation within the context of ‘time to learn’ or TTL, which is defined as allowing students more time to complete a test based on the empirical data of the number of trials to criterion on single units of material. This was correlated with standardised test scores. The results were promising for student performance when more time was allowed to take the standardised test. Petrosko (1978) observed in a study of mathematics tests that the standardised items did not necessarily correlate with higher student achievement. An irony may exist in Petrosko’s (1978) study that mathematics test authors did not adhere to concurrent and predictive validity. Instead, according to Petrosko (1978), the standardised test in Mathematics that was observed in that case study sometimes veered away from the educational objective of the test. If the test authors do not agree on how best to standardize then self-adapted testing seems the logical alternative.

There does not need to be an either-or dichotomy. Standardised tests are not the problem per se, but rather, the components of the tests—such as the time allowed for students to take the tests—need periodic review. Such reviews are similar to a combinational form of standardised testing and self-adapted testing. According to Gettinger and White (1979), ‘These data support the notion of individual differences in rates of learning,’ (p. 405) and predictive conclusions may be correlated with standardised tests scores. Time to learn (or TTL) methodology has shown a high correlation with achievement scores because tests may be administered to students who need 2 or 3 times more time to demonstrate mastery. Lang et al. (2008) approached the issue of student cognition vis-à-vis self-adapted testing from a different angle. The results of their study indicated that ‘testing accommodations appeared to have a positive effect [in] both reading and math,’ and the students had ‘positive perceptions of testing accommodations’ (Lang et al., 2008, p. 115). Self-adapted testing, in other words, tended to be perceived as a beneficial concept by both groups of students in the study control groups. Self-adapted testing is a component of formative assessment rather than high-stakes summative evaluation. As Brown (2019) noted, assessment for learning (or AFL) helps to foster an environment of learning. ‘However, it [AFL] does so by being a curricular and pedagogical practice, not an assessment process’ (p. 6). The implication being that evaluation of learning should be as much of an objective measure based on the learning targets and standards as possible, though getting to that point can and in many ways should be through formative assessment for learning that has objective evaluations along the way.

Ultimately, standardised testing has been supported by some research because of its correlation to student academic achievement patterns (Hopkins et al., 1985; Sackett et al., 2009). However, other research has suggested negative conclusions regarding standardised testing as a measurement of students’ applied cognition or long-term academic achievement also based on apparent patterns (Lang et al., 2008; Rocklin et al., 1995; Rocklin & O’Donnell, 1987). And other research has suggested inconclusive results that may or may not correlate high academic achievement with high standardised test scores. The correlations may depend on how the test was customized—perhaps an irony that raises questions about standardised testing as a predictive indicator of achievement (Butterfield & Belmont, 1971; Butterfield et al., 1971; Petrosko, 1978; Rocklin & O’Donnell, 1987; Wallin, 1923).

Assessment and the edTPA rubrics in the US

The edTPA Task 3 ‘Assessing Student Learning’ emphasises formative and summative assessment skills of teacher candidates. Designed by the Stanford Center for Assessment, Learning, and Equity (2019), the Task 3 rubrics include Rubric 11 ‘Analysis of Student Learning’, Rubric 12 ‘Providing Feedback to Guide Further Learning’, Rubric 13 ‘Student Use of Feedback’, Rubric 14 ‘Analyzing Students’ Language Use and Literacy Learning’, and Rubric 15 ‘Using Assessment to Inform Instruction’. With five of the fifteen edTPA rubrics focused on assessment, teacher candidates must receive substantial instruction in assessment design in their EPP through an assessment course. When reading the edTPA rubrics, there appears to be support for formative assessment and teacher reflection on how the assessment may inform their teaching and assessment design practice. Considering the encouragement of both formative and summative assessment that is both of learning and for learning, the next item to address may be the design of teaching assessment theory and practice to preserve teachers. Assessment is a process that builds on preceding instructional units, and the edTPA
suggests the importance of backwards-design so that instruction directly links to the assessment of and for student learning to form a positive instructional and learning loop for both the students and the teacher in which both inform each other for mutual growth. These rubrics further provide support for standards-based grading in that the goal of formative assessment is, in one interpretation, to ideally get all students to achieve proficiency in meeting the learning targets. Standards-based grading is not antithetical to Gestalt psychological principles or even to behaviourism broadly speaking, as part of the goal of standards-based grading is for achieving proficiency of all learning targets. Rubrics 11-13 are essentially observing student response to the formative assessment (stimuli) and adjusting accordingly to help ensure that students achieve proficiency on the summative assessment.

CONCLUSION

Summative tests tend to emphasize knowledge learning targets, but tests can also assess for reasoning, too. There can be an emphasis on problem-solving in formative and summative tests. The edTPA Rubrics 11-15 motivate to design formative elements as part of summative assessments. The patterns, or Gestals, that might be identified through analysis of data from standardised tests over time can be correlated with individual classroom assessments as long as both instruments remain unchanged for enough time so that data can be collected over years to reliably identify any patterns. Perhaps ideally, if standardised tests would remain unchanged for at least five years and classroom assessments were consistent during that time, far more could be determined by a Gestalt analysis of the data of those test scores within any given content area across at least five years. Nevertheless, even with tests modified every couple of years, there is substantially important data that is gathered. Interdisciplinary collaboration would benefit test design and the analysis of test data for the teaching of test construction for maximizing the reliability of tests for measuring student achievement and for how those results can then inform instruction. With consistent test data then, perhaps the potential benefits of Gestalt psychology about a potential collaboration with behaviourist theories of education could be re-evaluated for greater inclusion in educator preparation programmes.

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This generation has to overturn Freud's iceberg

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Contrary to Hancock's (2018) statement on the unconsciousness, I believe instead, that human society is deeply troubled by the vast amount of information that is granted to us through technology. We, as a result of this information overload, choose to stay within the privilege comforts of hedonistic society. We are largely conscious than we are unconscious. This development can be seen in the schools of psychology, each as a reaction to the former: functionalism to structuralism; behaviourism to psychoanalysis; humanism to behaviourism; and cognitive behaviourism to humanism. This development may also be blatant in social psychology as it progresses from the 60s to where we acclaim ourselves now with critical social psychology. How we rejected experimentalism, rather I believe its discoveries, and turn towards illusionary social constructivism, which asserts that all things existentially matter, if not at all still within ambiguous identity-alienation (Jourard, 1996; Sloan, 1996).

Keywords: alienation; experimentalism; hedonistic society; social constructivism; social psychology
Graham Hancock (2018) once said on *Fingerprints of the Gods*: ‘I believe we are a species with amnesia, I think we have forgotten our roots and our origins. I think we are quite lost in many ways. And we live in a society that invests huge amounts of money and vast quantities of energy in ensuring that we all stay lost. A society that invests in creating unconsciousness, which invests in keeping people asleep so that we are just passive consumers or products and not asking any of the questions.’

Social psychology is defined as the normative study of people in groups, their behaviours and interactions with other people. How we think and therefore communicate is partial to the domain of social psychology. Our cultures and beliefs in association with the group’s levies into this; further still is what is discriminated upon as abnormal, or outside society. Its possible mechanisms and lauded causes grants insights in experimental psychology, the likes of which include the Milgram study and the Stanford Prison Experiment. Critical social psychology would form in the latter years and break away from mainstream ‘American’ social psychology. Psychology surmises the mind and thus its conceptions through behaviour (Singh, 2019). As humans, we have the gift of reflection and choice. Our varied experiences in line with our backgrounds and characteristics make for this volatile spectrum of perspectives. To illustrate such a point, I shall use Freud’s unconscious theory (Wollheim & Goutallier, 1971) to support my claim. Freud asserts, while describing the iceberg: that the unconscious is the larger and unseen portion beneath the waves; whereas the subconscious occupy a partial position beneath and above the surface; and the consciousness containing the least of portions, floating right above the surface. According to Freud, the unconsciousness governs most of our repressed memories and experiences, whereas the subconscious governs important circumstantial information, and the consciousness the data that would freely be accessed and retrieved (Wollheim & Goutallier, 1971).

To put things into perspective, we may draw that the unconscious is related to the past and the consciousness to the present. Where Freud’s model would have work in his time, the context now is drastically different. The past is largely irrelevant, we think little of it in our current time. Information is pumped out into overdrive with technology, the media and society. Tod Sloan (1996) in his book the Damaged Life listed an account for the main problems people think about in modern life. It reports the pace of change, for which things are moving far too quickly; the decline of certainty and belief, where there are now numerous perspectives on a matter; unfulfilled expectations, that draw upon feelings of helplessness and victimisation (Acharya & Relojo, 2017); the decay of morality, that feeds upon a nihilistic stance of life which follows; meaninglessness, an apparent empty or boring life.

Consciousness surrounds wakening society (Relojo, 2018). Sloan in his report (1996) surmises this apparent dissonance with the mechanistic world that humanity is inclined into. Freud’s iceberg has been overturned. The consciousness is now much broader, in part due to the information overload from the media and technology, a crippling cultural foundation (Habermas, 1970), and the lack of self-initiative through dependency on an authority. The unconscious that we may assume resonate from a time once of plentiful reflection has been shredded away, occupying but a portion of the now dominant and surface consciousness. A sense of alienation (Jaeggi & Smith, 2014) defers from the loss of personal integrity to that which is expropriated and exploited to perceived powers beyond the individual (e.g., Gagani et al., 2016).

Sloan (1996, p.10) himself relates this: ‘...the striking thing about modern confusion is that its locus is personal identity’. If we were to give further thought to Freud’s id, ego, and superego, we would see that the societal narrative is driven by the superego’s adherence to normative structures, sought by the hedonistic principle of comfort than pain – what is thus egoistically celebrated normatively, is also aggressively acceptable for the Id. Where the foundations of culture and tradition have been uprooted, we have presented a dissonance of conflicting roles; one towards the expectations of society and the latter towards our self-integrity. In line with the works of McDougall and William James (Rogers, 2011), the person that is at war to become the leviathan, finds himself a player among others on the board. A figurative chess piece that is socially constructed to the determinants not even to themselves who lord it, as all who believe it are made redundant as a result of it.

Perhaps nothing may illuminate this concept of depersonalization more than the experiments run by Milgram (McLeod, 2017) and Zimbardo (McLeod, 2018). Where Milgram sought to understand why people were so willing to obey authority, Zimbardo sought to investigate the tortures that follow a prison in Abu Ghrabl. Supported by Asch’s conformity studies, Milgram uncovered that many people would relegate their moral obligations to authority figures, despite the steady increase of voltage for shocking the unbeknownst confederate. Alternatively, Zimbardo discovered the power of the situation, the context in extension to role perception. The students who participated were depersonalised of their identities and followed their assigned roles of being prison guards or prisoners; an echo to the Cave Robbers experiment where two groups acted of Adler’s inferiority and superiority complexes, a dichotomous complex of victim and aggressor that runs akin to Zimbardo’s prison experiment. The idea of such estranged situations need not be truly realised. The foregone conclusion is constructed from fiction, as we pull in our memories and experiences and apply it to
our worldview. The concept thus I’m referring to refer to is Adler’s fictional finalism (Mitchell, 2015). Both the Second World War and the Iraq war were recent incidences. It could be said that such tools of validity or ethics were not available then, though it could also be argued that it was never necessary, to begin with. Returning to Sloan (1996), the constant theme of modern problems resides in our identity. These experiments highlight our role-confusion and depersonalization in suiting to the norm. The superego is thus the largest muscle, enforcing what is pleasurably attractive, and diverting our aggression through sublimation or displacement. Freudian defence mechanisms that entails us to show aggression acceptably as is the state of war or self-harm. Do I believe that we have developed from the past? That the theories are a product of the times? Is it not too complicated to say? Would it not altogether rob the experiments of its message? Or perhaps rightly so, the experiments are an artificial bubble to a life we can’t ever hope to comprehend?

There is a famous story. A group of people are backed facing into the depths of the cave, the light shining from their back from its entrance. They see on the walls an illustration of shadows they think to be of themselves. They were later bewildered when the shadow takes another form. Our need for meaning contrives perception. The allegory is of Plato’s Cave (), a priori that ask of our senses if what we sensed is indeed so, is that what we are taught has transformed what we claim to initially know. It suggests the need to be partial, explicit to the perceived world.

In relating to Freud’s iceberg, our awareness of what we sense has made us more critical of the information we receive (Journal Psyche, 2018). What we may grasp out of all of this is possibly the ways we have decided to excavate, as archaeologists do – the falling remnants of late capital. We are moved more by discomfort than we are comforted. The cause for many personality assessments and thus its interest, its relative extremes in psychopathy and abnormal psychology, in relating to social constructionism which takes the account of subject place and time, sees this development towards a reclaimed self, a move to reclaim our fractured identities and to build upon a solid foundation that we realise was lost to us (Sloan, 1996). Development is indeed slow, yet it may also be that as we grow to be more aware of something we can no longer, and thus become critical thinkers of conscious society. - the more we truly begin to realise where our priorities lie.

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Predictors of irrational beliefs and behaviours: A critical perspective

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The purpose of this paper is to review the key individual and social predictors of irrational beliefs and behaviours. Initially, the definition of logic and irrationality was attempted, and the various approaches that exist in this regard, philosophical and psychological. Rational Emotional Behaviour Therapy (REBT) has dealt extensively with the causes and consequences of irrational beliefs. The review highlighted some individual predictors, such as anger, hostility, and demandingness. At the same time, irrational beliefs are systematically associated with mental difficulties and disorders such as posttraumatic stress, addictions, and anxiety disorders. Social factors do not seem to have been adequately studied or are only briefly referenced. Also, the important role of emotions and the possible positive effects of some irrational beliefs were highlighted. The results of the review are discussed based on a more complete understanding of the causes and consequences of irrational beliefs and behaviours.

Keywords: behaviours; irrational beliefs; mental disorders; perspective; rational emotional behaviour therapy
Logic and irrationality are not easy to define, and in trying to define them, different theorists often set different criteria. If we consider logic an attempt at understanding, we understand that this involves many subjective and interpretive elements. According to Weber (1947), any attempt at interpretive understanding involves two elements: the emotional and the rational one. In this case, the objectives of understanding are either logical or mathematical sentences, or actions involving identifiable ends and means (Toth, 2013).

According to the methodological approach, logic is the basic principle and condition for any explanation and interpretation. As long as they are intentional, all actions are logical. Logic is the beginning behind all theoretical and interpretive models (e.g., Dow & Mises, 1958; Popper, 1985, p. 357). According to the same approach, irrationality results from a lack of data and information or precisely because this data and information are not relevant to understanding these phenomena (e.g., Boudon, 2003; Gibbs & Coleman, 1990; Weber, 1947). For the ontological approach, on the other hand, the criteria of logic are set each time by the standards set by the experts to assess the appropriateness of the actions or beliefs. (e.g., Stewart & Pareto, 1964). Ignorance, therefore, is a characteristic that has meaning for actions, beliefs, cultures, or various social categories. Irrationality exists as a distinct feature of the human psyche, and universal criteria can be defined for separating actions and beliefs into logical and irrational. Phenomena such as pious desires, weak will, and self-deception can be considered illogical (Davidson, 2004; Elster, 1983).

Most of the psychological approaches to irrationality are part of this ontological approach. In early childhood, people develop certain beliefs about themselves, other people, and their world. People’s most central or core beliefs are perceptions so fundamental and profound that they often do not even express themselves. These ideas are treated by the individual as absolute truths and as the way things ‘are’. There are several levels of cognitive structures. Core beliefs are the most fundamental level of belief and are spherical, rigid, and supernatural. Automatic thoughts, words, or images that pass through a person’s mind are associated with a particular situation and can be considered an additional superficial level of knowledge. There is the category of intermediate beliefs between these two levels of knowledge, which often consist of unexpressed attitudes, rules, and assumptions. These beliefs affect how a person sees a situation, affecting how he thinks, feels, and behaves (Beck, 2010).

Rational emotional behaviour therapy (REBT) theory is known for irrational beliefs as the root cause of our psychological problems (Ellis et al., 2009). The theory was first introduced as rational therapy (RT) until later; the significance of the effects on emotions was recognised and took its final form when irrational beliefs were considered the root causes of dysfunctional emotions and concussions. This theory significantly contributed to the formation of the popular CBT and was its forerunner. Beliefs, according to Ellis, fall into four main categories: (a) demands, beliefs that represent events, situations; (b) and their consequences as terrible and awful; (c) beliefs that suggest low tolerance for frustration; (d) and beliefs that are suggestive of the value and acceptance of ourselves (David et al., 2010).

The roots of all cognitive therapies are also found in ancient philosophers, mainly Epictetus, who proclaimed that ‘men are not disturbed by things, but by the view which they take of them’. Although irrational beliefs and thoughts have been repeatedly linked to negative emotions, the mechanism by which this happens has not been fully understood. (Turner, 2016; Visla et al., 2016). In recent literatures (e.g., Collard et al., 2016; Gagani et al., 2016), there are references to the possible positive consequences of certain irrational beliefs. The basic idea is not new (Taylor & Brown, 1988). The main argument is that positive illusions do not always lead to feelings of subjective discomfort but may sometimes be associated with the development of adaptive mechanisms at the behavioural, cognitive, and emotional levels. There are similar reports of negative and irrational feelings, such as anger and fear, which can be logical if we understand the purpose they perform as an appropriate reaction to a corresponding stimulus (Piaxx et al., 2016; Reijing, 2015).

This article aims to attempt a review of the key individual and social predictors of irrational behaviours and beliefs. In addition, the article aims to capture the relationship between irrational beliefs and behaviours with mental health difficulties.

**Predictive factors of irrational behaviours and thoughts**

A literature review shows that there are more theoretical and research references to irrational beliefs than to irrational behaviours. There is also a plethora of references to individual factors while social factors are under-represented or reported in addition or covertly. An additional observation concerns the plethora of studies relating to the association of specific mental disorders and irrational beliefs. With regard to individual factors, anger and hostility combined with irrational beliefs, such as intolerance of rules frustration, intolerance of work frustration, demands fairness, and self-downing, have been linked to direct and
indirect aggressive behaviour in adolescents. Studies like this shed light on the relationship between cognition and behaviour and emotions and behaviour (Fives et al., 2011).

Recent research links the level of rational beliefs with self-doubt (Balkis & Duru, 2018). In particular, the results show that both self-downing and rational beliefs have a direct and interactive effect on self-doubt. Self-doubt also mediates the relationship between self-downing and procrastination. More specifically, it is suggested that the indirect effect of self-downing on procrastination via self-doubt mediation may vary depending on the level of rational beliefs. Results specifically confirm the theoretical link between self-downing, self-doubt, and procrastination (Ellis & Knaus, 1977; Ferrari et al., 1995).

A different but interesting perspective presents a study proposing an evolutionary explanation for irrational behaviour. In the context of a simple binary choice model, it shows that irrational attitudes are necessary for evolution in stochastic environments. In addition, it seems that there is a respectable degree of irrationality in humans, which also depends on the randomness of the population. In this process, mutation provides the important link between rational and irrational attitudes and the diversity in evolution (Brennan et al., 2018). In this context, it is emphasised that because the definition of ‘rationality’ depends on a particular environment, rational attitudes could change when the environment changes. As a result, irrational behaviour is necessary to provide robustness for population growth. Furthermore, it has been shown that there is an evolutionarily determined degree of irrationality in the whole population. More unstable environments imply more irrational attitudes in the population and more new entries over time (e.g., McKenzie et al., 2004).

The relationship between worry and irrational beliefs has been supported by Lorcher (2003), while emphasising the importance of feeling loved, acknowledged, the importance of the past as a determining factor for the present, and the fact that we tend to get upset when things do not go the way we want them to. These findings support the cognitive model of Kelly and Miller (1999) and confirm even earlier studies that supported the positive correlation of irrational beliefs with unpleasant experiences.

A meta-analysis of the relationship between irrational beliefs and psychological distress (Oltean & David, 2018) revealed that the association between rational beliefs and distress is robust for a wide range of emotional problems. Therefore, rational beliefs can act as protective factors against distress. The findings confirm that the type of rational beliefs is an important factor and suggests that treatment needs to emphasise unconditional acceptance and self-acceptance. The results also seem to have intercultural power, in that the fact that the country is not a significant moderator points out that the relationship between rational beliefs and distress does not vary by culture. However, the generalisation of the result is narrowed because almost all studies were conducted in western countries. Moreover, data showed that the association between rational beliefs and psychological distress is not moderated by age, gender, clinical status, or the participants’ irrational beliefs. These might mean that rational beliefs act as a protective factor against psychological disturbances both for males and females, young and old persons, and people affected by mental disorders and those without a mental health diagnosis.

**Irrational beliefs and specific mental health difficulties**

Regarding specific forms of psychopathology, previous studies by young people experiencing difficulties related to substance abuse or delinquent behaviour show that avoidance and control of emotions collectively suggest a pattern of distorted thinking, ineffective management, or secondary appraisal of situations (Bernard & Joyce, 1984; Lazarus & Folkman, 1984). As avoidance indicates the individual’s tendency to shun difficult situations, avoidance tendencies could influence possible coping options. By maintaining the conviction that it is best not to work through difficult situations, adolescents who adhere to beliefs about avoidance would probably be induced to consider retreat as a solution to difficult family situations. Control of emotions involves the fatalistic belief that one is unable to control unwanted feelings. It follows that adolescents who hold beliefs about avoidance and the inability to control emotions would be likely to perceive themselves as unable to negotiate or manage situations appraised as difficult (Denny, 1987).

Further studies have linked irrational beliefs to psychopathology. In the context of investigating the effectiveness of REBT, Hyland et al. (2015) suggest that the presence of general-level irrational beliefs (demandingness beliefs, catastrophising beliefs, low frustration tolerance beliefs, and depression beliefs) within an individual’s cognitive architecture is an important cognitive vulnerability factor for the development of posttraumatic stress reactions, while the more context-specific variants of these cognitive processes – associated with a person’s traumatic experiences – appear to be a stronger
predictor of such psychopathological manifestations. Therefore, no direct effect is usually observed between general-level irrationality and posttraumatic stress symptomatology, but additional factors related to personal experience or emotion that may predict the onset of posttraumatic symptoms are likely to be involved.

In the same context, demandingness beliefs are viewed as the primary irrational belief process and are predicted to give rise to a set of secondary irrational appraisal beliefs that are extreme. These include catastrophising beliefs, which describe the process of evaluating an event in the most extremely negative manner possible, low frustration tolerance beliefs, which involve a person terriﬁcally underestimating their own ability to tolerate or cope with the distress of not having their demand met, and depreciation beliefs, which involve a person making overgeneralised, global negative evaluations of the self, others and the world. REBT theory is explicit in claims that demandingness beliefs should affect various states of psychopathology indirectly through catastrophising, low frustration, tolerance, and/or depreciation beliefs (David et al., 2010; Ellis, 1994).

Regarding the above, a study (Hyland et al., 2014) was interested in identifying the organisation of irrational beliefs by investigating the indirect pathways between demandingness beliefs and the various symptom clusters of PTSD. Multiple indirect effects were observed, from demandingness beliefs to intrusions, avoidance, dysphoria, and hyperarousal. In the case of relationships between demandingness beliefs and the intrusions and hyperarousal symptom clusters, respectively, indirect effects were observed for all three secondary irrational belief processes. While in the relationship between demandingness, beliefs, and avoidance symptoms, indirect effects were observed for catastrophising and depreciation beliefs, and in the relationship between demandingness beliefs and dysphoria symptoms, indirect effects were observed for low frustration tolerance and depreciation beliefs. These results are consistent with the predictions of REBT theory (David et al., 2010; Ellis, 1994; Walen et al., 1992) and are generally in line with previous research and studies.

Although the role of irrational beliefs in the development and maintenance of obsessive-compulsive disorder (OCD) has been sufﬁciently investigated, its exact mechanism or further dimensions are not sufﬁciently known. Cognitive-behavioural models for OCD suggest that misconceptions about the importance and need to control thoughts lead people with OCD to use overly dysfunctional thought control strategies such as worry and self-punishment. These strategies are thought to back, leading to obsessional symptoms. Jacoby et al. (2016) supports that the use of punishment (but not worry) as a thought control tactic mediated the relationship between dysfunctional beliefs about the importance/control of thoughts and unacceptable obsessions.

We should not omit the psychotic disorders characterised by certain irrational thoughts and taste processes, such as paranoia and hallucinations. Clinical experience often conﬁrms the diagnostic criteria. The existence of these irrational beliefs has been investigated, and while it is ﬁrst observed (e.g., Owen et al., 2007), it does not seem to be conﬁrmed to the expected degree. Speciﬁcally, results suggest that rational thinking is more normal in patients with schizophrenia than usually assumed (Revsbech et al., 2015) and that patients with schizophrenia, despite psychosis, do not perform qualitatively diﬀerently from controls in syllogism tests of rationality. However, results may indicate that the observed rationality deﬁcits in schizophrenia (Guttman, 2017), to some extent, reﬂect deﬁcits in cognitive and neuropsychological functions. However, pre-existing irrational thoughts can lead to paranoid thoughts and more negative perceptions of others than rational beliefs, according to the ABC model. These irrational thoughts seem to persist even after the control of paranoid thoughts. (Sofau & David, 2019). Research such as the above also highlights the need to functionally deﬁne concepts such as irrational beliefs and further demonstrates the importance of appropriate diagnostic tests.

The important role of emotion is highlighted by research highlighting emotional intelligence as a stronger predictor of psychopathology than mindfulness and irrational beliefs combined (Petrides et al., 2016). Emotional perceptions stemming from the emotional intelligence trait were stronger predictors of psychopathology than mindfulness and irrational beliefs in a clinical adult sample. The authors suggest that negative emotional self-perceptions are perhaps more fundamental than irrational thinking or lack of awareness in the development of psychopathology. It seems that such self-perceptions lead to psychopathology both directly, but also indirectly, through clouding awareness and fuelling irrational thinking.

Finally, the role of positive irrational beliefs (e.g., positive illusions) has been controversial in the scientiﬁc community. In addition to being recorded as symptoms by dominant psychiatry, positive
irrational beliefs are occasionally associated with subjective well-being. The correlation does not appear to be strong but is worth further investigation (Collard et al., 2016).

CONCLUSION

The initial aim of this review was to find the individual and social predictors of irrational beliefs and behaviours. Important individual factors emerged, but insufficient social ones were found. In addition, we found a plethora of findings linking irrational beliefs (and much fewer behaviours) to specific mental disorders.

Regarding the latter finding, most studies show a significant link between irrational beliefs and mental disorders, but it is impossible to know whether irrational beliefs are the cause or effect of mental disorder. As stated in most studies, we can assume that irrational beliefs are the cause or one of the causes of mental disorders. On the contrary, mental illnesses can be considered predictors of irrational beliefs, but this possibility needs to be further investigated. In addition, we can point out that in certain mental states such as e.g. Addictions, irrational beliefs and behaviours are more often presented as possible causes, although of course, they could also be a result. The work has highlighted some personality traits that seem to be systematically linked to or shaped by irrational beliefs, such as anger, hostility, and demandingness (e.g., Fives et al., 2011). What needs to be further explored is whether different irrational beliefs are associated with different personality traits or different forms of difficulties or disorders. Furthermore, the pivotal role of emotions and their association with irrational beliefs have been confirmed, although it is not clear whether emotion precedes or follows irrational belief (Bernard & Joyce, 1984; David et al., 2010; Fives et al., 2011; Lazarus & Folkman, 1984).

It is important to note the potentially positive role of irrational beliefs in some cases. Further investigation of these cases and emphasis on subjective personal experiences will give us a better picture of the potential positive impact of some irrational beliefs (Collard et al., 2016). It is also worth dwelling on the slight reference to social predictors or social causes of irrational beliefs and behaviours. If, however, irrational beliefs are systematically linked to mental illness (e.g., Hyland et al., 2014; Jacoby et al., 2016), it seems, we cannot ignore the role of social causes, such as gender and socioeconomic status in the occurrence of mental disorders. We have seen the intercultural power of the relationship between irrational beliefs and psychological discomfort. This element is important in terms of psychological causes; however, possible intercultural differences could be studied in more detail. It would also be interesting to study beliefs where the rational-irrational dipole does not have as clear characteristics as in Western societies.

In conclusion, it seems that some personality traits and behaviours associated with irrational beliefs have emerged, and extensive mental health difficulties and disorders are systematically associated with irrational beliefs and behaviours. The possibility of certain social situations such as financial and health crises favouring the development of irrational beliefs and behaviours needs to be systematically investigated. In this context, it is important to develop methods to prevent and deal with irrational beliefs through existing cognitive behavioural therapies or contribute to fields such as positive psychology.

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Research has highlighted that individuals who are defined as vulnerable come into regular contact with the criminal justice system (Burton et al., 2006; King & Murphy, 2014). Certain vulnerabilities, such as mental disabilities, can impact how the individual is perceived within the criminal justice system (Wainwright & Mojtahedi, 2020). Moreover, these vulnerabilities could impact an individual's ability to participate fully in a trial, affecting their ability to give evidence; therefore, the use of special adaptations or measures within the criminal justice system is imperative to reduce the levels of stress experienced by a witness, while preserving the quality of the evidence they can give (Lindsey, 2019). Therefore, there must be adaptations put in place in order to facilitate a trial.

Keywords: autism spectrum disorder; court trial; criminal justice; English courts; legal psychology
The importance of using adaptations within the courts is paramount, and legal professionals have highlighted the importance of adaptations and research has suggested that lawyers and barristers who have questioned vulnerable individuals (those with a diagnosis of autism spectrum disorder) found the process difficult, concluding that the use of adaptations to be a positive experience overall (Maras et al., 2017).

Research has suggested that individuals with autism spectrum disorder (ASD) might be more likely to come into contact with the criminal justice system as either a witness or a defendant due to the characteristics associated with their diagnosis (King & Murphy, 2014). Therefore, it is important to understand what adaptations and support are in place to access a fair trial and understand their experiences with the courts.

The current commentary aims to give an overview of how the English courts define vulnerability and the current adaptations within the court. It will also look briefly at some of the research that has been conducted into their efficacy and the attitudes towards them. Finally, this summary will aim to explore the experience of individuals with ASD within the criminal justice system and highlight any gaps in the literature regarding courtroom adaptations.

**Defining vulnerable individuals and the special measures available**

Within the English courts, any witness under the age of 18 is automatically considered a vulnerable witness. Those over the age of 18 are defined as vulnerable if they have a diagnosed mental health disorder (as defined within the Mental Health Act 1983), a physical disability, or if they have a significant deficit with their social communication or intelligence that would significantly impair the quality of the evidence they can give (Burton et al., 2006; House of Commons, 2018; National Autistic Society, 2011). Witnesses who are considered to be at risk of intimidation from the defendant or their associates are also defined as vulnerable and can access special measures within the court (Burton et al., 2006).

Following a Home Office report ‘Speaking up for Justice’, which focused on the treatment of vulnerable and intimidated witnesses, a number of special measures to support vulnerable witnesses were introduced with the Youth Justice and Criminal Evidence Act, 1999 (Burton et al., 2006; Cooper & Mattison, 2017; Ellison & Munro 2014; House of Commons, 2018). These adaptations are: (a) use of screens to shield the witness from the view of the defendant; (b) technology to allow the witness to give evidence from outside the court via a live video link; (c) allowing the witness to give evidence in private (the press and public are excluded from court); (d) removal of wigs and gowns worn by legal professionals within the court; (e) using a pre-recorded video interview rather than giving evidence in person; (f) use of an intermediary to support communication between the witness and the legal professionals; (g) use of communication aids such as a communicator, interpreter, or a communication aid.

The court ultimately decides which adaptation, if any, will be used in a trial. This is taken on a case-by-case basis and is dependent on the needs of the individual (House of Commons, 2018). Within the available literature and relevant legislation, it appears that these special measures were originally intended for and are used most frequently for vulnerable witnesses and victims of crime (House of Commons, 2018). However, the courts can allow vulnerable defendants to have access to an intermediary to facilitate a fair trial if it is deemed to be needed (House of Commons, 2018). More recently, vulnerable defendants have also had access to a live video link to give their testimony (Fairclough, 2017).

In relation to individuals with ASD, there has been some sharing of knowledge and understanding for those working with individuals with ASD by the National Autistic Society (2011), and Government legislation has sought to improve the experience of individuals with ASD in the courtroom through the introduction of special measures or adaptations (House of Commons, 2018). Similarly, Alley (2015) highlighted that the Advocacy Training Council and Legal Education Foundation provided a toolkit for legal professionals to support working with an individual with ASD. However, there is a gap in the literature looking at what evidence or teaching is provided to the jury during a trial or the effectiveness of such information-sharing.

**Examination of the special measures**

Within the current literature, there appears to be a focus on the use of special measures for vulnerable witnesses (Ellison & Munro, 2014); however, despite the wide range of adaptations set out for use, the research focuses mainly on the witness intermediary scheme and the use of live links and pre-recorded interviews (Burrows & Powell 2014; Ellison & Munro, 2014). This may be explained by these being the most frequently used adaptations or the adaptations that have caused the most concern regarding the impact on conviction or jury decision-making.
**Screens within the court**

Burton et al. (2006) highlighted that screens were predominately used for vulnerable and intimidated adult witnesses rather than children. These were usually applied for the day of the trial and varied between the courtroom regarding whether the witness was obscured from the defendant during their entire time in court or just while in the witness box.

Legal professionals felt that screens often gave confidence to the witnesses who used them (Burton et al., 2006). The Crown prosecution service highlighted that judges often preferred screens over live link videos for witnesses to give evidence as they held a preference for people giving evidence in court (Burton et al., 2006).

Burton et al. (2006) also highlighted some confusion within the criminal justice system regarding who can use a screen, with many professionals reporting they felt that screens were only for use in cases where there was a victim of sexual assault or abuse rather than for witnesses with other vulnerabilities (for example intellectual disability or ASD) who could benefit from the use of a screen (Burton et al., 2006).

**Live link video**

A live video link uses a video link between the courtroom and another separate room where the witness can give live evidence and interact with the court without being in the courtroom (Burton et al., 2006). This measure was reported as being perceived as ‘effective’ or ‘very effective’ by legal professionals surveyed (Burton et al., 2006). This was attributed to the perceived levels of confidence and reduced levels of fear or intimidation afforded to the witnesses by not having to enter the courtroom (Burton et al., 2006). On the other hand, Burton et al. (2006) highlighted difficulty using a live link with a child witness. Within their research, the legal professionals who took part suggested that as children can sit low in relation to the camera key body language indicators, the jury may determine credibility could potentially be lost (Burton et al., 2006). Fairclough (2017) reported that a live link was accessible for use by a vulnerable defendant within the criminal justice system; however, this was reported to be used very rarely.

**Pre-recorded evidence**

The use of pre-recorded evidence is also referred to as evidence-in-chief and is reported to be used mainly for child witnesses (Burton et al., 2006). Several shortcomings regarding the use of evidence-in-chief have been highlighted within the literature (Burton et al., 2006). This included technical difficulties resulting in poor sound quality or video quality within the courtroom and the witness being underprepared for cross-examination resulting in concerns regarding undermining their credibility (Burton et al., 2006).

Research exploring the use of evidence-in-chief with child witness interviews in the New Zealand criminal justice system has shown similar concerns to those reported in Burton et al. (2006) (Burrows & Powell, 2014). Legal professionals felt positives about using evidence-in-chief in relation to child witnesses due to the more complete and cohesive evidence gathered compared to written statements. This research also highlighted concerns regarding technical issues with the quality of the recordings used, and it was reported that using pre-recorded interviews reduced the juror engagement with the witness compared to giving live evidence, reducing the sense of the formality of the evidence and resulted in the child witnesses being less prepared for cross-examination and often presenting as more anxious (Burrows & Powell, 2014).

Although these different measures have been described in more detail above, Ellison and Munro (2014) explored the impact of three different adaptations on verdicts of guilt. They highlighted the mixed research evidence on adults’ perception of children’s testimony, with some showing an impact on conviction rates and others showing no effect. Using screens, live links, and pre-recorded interviews, Ellison and Munro (2014) found no clear or consistent patterns in impact on verdicts given in a mock jury scenario. Similar findings were presented by Taylor and Joudo (2005), who found that jury perception of credibility did not differ between individuals who gave evidence in the court via live video link or video evidence.

**Removal of wigs and gowns**

The removal of wigs and gowns within the court was initially designed to be used for those witnesses who found the court context confusing and therefore impact their ability to testify, for example, those with an Intellectual disability or ASD (Burton et al., 2006). The use of this measure is reported to be used at the presiding judge’s discretion (Burton et al., 2006).
There is limited research regarding the use of this measure; however, Burton et al. (2006) highlighted that this measure is nearly always refused when offered to child witnesses, and it has been suggested by legal professionals to be an ineffective measure. This, therefore, suggests that it is a rarely used adaptation.

**Giving evidence in a closed court**

Giving evidence within a closed court gives the judge the power to exclude individuals from the courtroom while a witness gives evidence (Burton et al., 2006).

There is limited research evidence regarding this measure; however, those included in Burton et al. (2006) highlighted that although there could be merits for using this measure, especially in cases of sexual assault or when intimidation is a significant issue, there were concerns that this measure could conflict with the principle of open justice (Burton et al., 2006).

**Witness intermediary scheme**

The witness intermediary scheme provides a registered intermediary to vulnerable witnesses. The Intermediary is a trained, impartial professional who facilitates the communication between the justice system and the vulnerable witness. It is aimed to support witnesses and victims of crime, whose quality of evidence would be adversely affected by their additional needs (Cooper & Mattison, 2017; House of Commons, 2018; Maras et al., 2017; National Autistic Society, 2011). The role of an intermediary includes assessing an individual’s communication needs and recommending specific strategies and recommendations to support the legal professionals in communicating and questioning the witness and preparing them for the various criminal justice procedures. They also recommend using appropriate communication devices, and finally, they monitor and manage associated anxiety and its impact on their ability to communicate within the court (House of Commons, 2018).

Maras et al. (2017) explored the experiences of adjustments and adaptations in court. They found that over half of the legal professionals responded that the witness intermediary scheme was helpful; however, only a third of solicitors and barristers and half of the judges felt comfortable working with an intermediary (Maras et al., 2017). Despite there being some research into the use of intermediaries, Cooper and Mattison (2017) highlighted a lack of empirical research that impacts the ability to evaluate the role fully.

**Liaison and diversion**

In England and Wales, liaison and diversion services have been developed to support individuals present within the criminal justice system with suspected vulnerabilities (Chaplin et al., 2017). Once an individual has arrived at court, they would often be assessed by a Liaison and Diversion team (Chaplin et al., 2017). As part of this assessment, the Liaison and Diversion team will often provide a pre-sentencing report to support risk management and a detailed sentence plan.

**Other adaptations**

Although not an adaptation set out in legislation, Maras et al. (2017) noted that strategies, such as pre-court visits, practice interviews, detailed explanations, and clear communication, were all highlighted as helpful to those with ASD. In contrast, a lack of these, especially regarding communication, caused more distress.

**The experience of individuals with autism spectrum disorder within the court**

There is a limited amount of research that aims to explore the experience of individuals with Autism Spectrum Disorder in the criminal justice system (Chaplin et al., 2017; Helverschou et al., 2018); research has been more focused on looking at the prevalence and exploring the characteristics that can impact on their offending behaviour (Freckleton 2013; King & Murphy 2004). Allen et al. (2008) highlighted that due to the vulnerabilities associated with ASD, individuals with a diagnosis often struggle to navigate the criminal justice system, suggesting that research focusing on additional support and adaptations is vital.

Individuals with ASD who had the experience of the criminal justice system reported that very few were offered adaptations during their appearances in court (25% screens, 11% give evidence via video link, 7% removal of wigs and gowns). Maras et al. (2017). Likewise, both individuals with ASD and parents of children with ASD who had experienced court reported that there were a number of challenges, the most common was the lack of proper understanding from the legal professionals regarding ASD, especially regarding understanding the difficulties individuals with ASD face when trying to give a narrative account and difficulties
with remembering (Maras et al., 2017). Similar reports were found by Burton et al. (2007), who reported that many witnesses were not provided with the support they felt would help them.

Despite research highlighting that legal professionals reported satisfaction with their encounters with individuals with ASD in a professional context, less than a fifth of those within the autism community reported satisfaction with their dealings with the criminal justice system (Maras et al., 2017). Therefore, this suggests that despite access to adaptions, these are not perceived as a positive experience for those classed as vulnerable. However, it is worth noting that the limited access to adaptions could have resulted in individuals’ low satisfaction; therefore, further research into this is needed.

As with most of the empirical research looking at the impact of special measures or the experience of vulnerable individuals in the criminal justice system, most of the research has focused on vulnerable witnesses. Helverschou et al. (2018) interviewed a small number of offenders with ASD to understand their experience of their arrest, trial, and time in prison. The participants reported that although they had access to a defence lawyer, they often felt that their case had not been fully represented (Helverschou et al., 2018). Participants also described mixed experiences of understanding the trial, with some stating that although they understood what was going on, they felt that they had not had enough time to explain their behaviour. The others reported that the trial was stressful and challenging (Helverschou et al., 2018). One participant explained that the expectation they spoke was more challenging for them as they express themselves better through writing (Helverschou et al., 2018). Helverschou et al. (2018) also highlighted that individuals with ASD remained confused throughout the process, and none felt that their lawyer truly understood them.

Although there is the option for vulnerable defendants to give their testimony through a live link, this is rarely taken up (Fairclough, 2017). This could have an adverse effect on the defendant to give evidence poorly through lack of support, which in turn could influence the jury decision (Fairclough, 2017). This research highlighted a lack of knowledge from legal professionals that vulnerable defendants could meet the criteria to use a live link, therefore suggesting that further education is needed to ensure vulnerable defendants with ASD have access to adequate adaptions (Fairclough 2017).

Browning and Caulfield (2011) highlighted the lack of training and understanding of legal professionals working with those with an ASD diagnosis. This impacts an individual’s experience within the criminal justice system and could have a negative impact on the outcome of their trial. Browning and Caulfield (2011) propose that this negative experience can be reduced somewhat with access to a legal team with adequate knowledge or an appropriate adult.

Evaluations of the special measures currently used within the courts further highlighted that legal professionals were either unaware that certain adaptions could be used with individuals with ASD (screens) or put little merit in the adaptions that could be most beneficial to individuals with ASD (removal of wigs and gowns) (Burton et al., 2006). This, therefore, suggests that individuals with ASD could not be getting access to necessary adaptions that could help them within a court setting.

**Directions for future research and investigation**

Research has shown that vulnerable witnesses can provide reliable and accurate evidence when the correct provisions are put in place (Gilbert & Mojtahedi, 2019), highlighting the importance of research into improving the adaptions put in place for vulnerable individuals within forensic and legal settings. The literature on adaptions in court focuses on their use with vulnerable witnesses (Burton et al., 2006; Ellison & Munro, 2014). There appears to be a gap within the literature looking at their use with vulnerable defendants. Although the guidance focuses on their use with vulnerable witnesses, there is guidance that some adaptions can be used with vulnerable defendants at the discretion of the court (House of Commons, 2018). Within the European Convention on Human Rights, a defendant is entitled to “informed promptly and in detail, in a language which the defendant understands, of the nature and cause of the accusation that has been made”; however it is still commonplace that vulnerable defendants do not have adequate access to appropriate special measures, (Chaplin et al., 2017). This is also highlighted by Hoyano (2015), who reported that a vulnerable defendant should have access to the same special measures as vulnerable witnesses.

A systemic review undertaken by King and Murphy (2014) suggested that the prevalence of ASD within an offending population varied between 3 and 27%, which is significantly higher than the prevalence rate found within the general population. Frecelton (2013) highlighted the increase in requests for professional reports to be provided to the courts and jury for individuals with ASD who have been convicted of a criminal offence. This would suggest that there is an increasing need to provide an understanding for the criminal justice system regarding vulnerabilities a defendant has in order to contextualise their behaviour or provide relevant
additional information. Therefore, it could be argued that if a professional understanding is needed for the 
court, the defendants with a vulnerability could present in a way that would make it beneficial for them to 
have access to adaptations to facilitate their participation in the trial. However, there is currently a gap in the 
research exploring this.

It appears that within the currently available literature, the focus has been on an adult's perception of 
children's testimony (Burrows & Powell 2014). This could be because all children who are witnesses or victims 
are automatically considered vulnerable and have access to a range of special measures, whereas adults have 
to apply and prove that they fall within a defined category (Burton et al., 2006). Therefore, there is a lack of 
evidence of perceptions of adults who use special measures in the court and whether this impacts on verdicts 
given or jury decision making.

Despite a growing body of research into the impact of using special measures within the criminal justice 
system, Lindsay (2019) highlighted that there is still a need for further research into the perception of using 
special measures. Especially on jury decision-making and verdicts.

CONCLUSION

There is clear legislation and guidance regarding the need for appropriate adaptations for individuals who are 
considered vulnerable witnesses (Burton et al., 2006; House of Commons, 2018). However, this appears to be 
lacking for defendants who have similar vulnerabilities (Fairclough, 2017). Although there is some evidence 
exploring the impact of these, it is clear that more is needed to fully understand the effectiveness or impact of 
using these in a trial scenario. This brief overview has highlighted some of the experiences that individuals 
with ASD could experience when involved with the criminal justice system; however, it has also highlighted 
the lack of research focused on this area. Further research is needed to fully understand the experience of 
individuals with ASD in the courts and the impact of any special adaptations or measures afforded to them.

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Emotional intelligence: Theoretical analysis of the conceptual framework

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In this article, a contemporary problem for our current society is approached: emotional intelligence. Emotional intelligence is currently enjoying great acceptance in society and different fields of activity. Based on the exploitation of scientific literature, this article presents a theoretical analysis according to emotional intelligence. It is realised that the analysis of the morphological genesis of the emotional intelligence concept. This analysis is aimed at the concretisation and configuration of genesis, definition, factors, characteristics, situations of developing emotional intelligence, as well as the main ancestors which collaborated for its development, which will represent a premise for further investigations of this psychological construct and will allow the elaboration and implementation of a training programme oriented towards developing emotional intelligence at pre-teensagers, according to the social situation of development (SSD). The concept of emotional intelligence shows a stronger interest in the last years for researchers, becoming a subject of major scientific interest due to its resemblance with people's success, both personally and professionally, no matter the requirements and tensions of their environment. Addressing this topic is of great importance both nationally and internationally.

Keywords: contemporary problems; emotions; emotional intelligence; field of activity; society
The purpose of presenting the history, definition and presentation of a few concepts and introductory notions of emotional intelligence represents a good approach and even an incentive to operationalise with this vastly studied subject, adding the personal interest in relation to developing emotional intelligence at the preteenager age according to the social situation of development (Bautista et al., 2018). By studying this altruistic problem, we concluded that scientific studies argue that the origin of adults' problems has its roots in childhood, which encourages to focus attention on preteenager age, because ‘prepuberty is the beginning of future orientation.’ (Creu, 2011, p. 292). Prepuberty represents one of the most challenging periods of development. It is a period of the emotional and intellectual resemblance of the personality, described as an unpleasant period, difficult for the preteenagers and the ones in contact with them. The preteenager life is illustrated by the environmental influence they grow (family, community, and society). Emotional quotient (EQ) development is a natural imperative of the preteenager and a natural acquisition, permanently oriented toward correct solving issues imposed by the exterior world. In the absence of EQ development, and antisocial deviation will intervene in the wrong way on which the preteenager is in this period subject to temptation.

Over the years, specific visions and perspectives of understanding emotional intelligence were outlined. This raised multiple approaches both in theory and practice. Researchers in the emotional intelligence domain has created a succession of patterns that expose the basis and determine emotional intelligence factors. This paper, therefore, sets out to analyse the historical evolution of the concept to present a theoretical analysis of the conceptual framework of emotional intelligence. It has been concluded that the vast majority of research, regardless of issuing the concept and detailing its components, consider that emotional intelligence is based on emotion identification and understanding, emotional control, and interpersonal relationships management. The term 'emotional intelligence' suggests that there are other ways of being intelligent rather than the ones presented by standard intelligence tests, that an individual can develop these abilities and that they can have good mental and physical health, a positive vision over life, positive social interactions, an ideal functioning of familial relations, success in professional relationships, becoming a leader in further activity (Relajo, 2018). Etymologically, the concept of intelligence comes from the Latin ‘intelligere’, which means to have relationships, to organise or from ‘interfere’, which entails establishing human relationships.

Within the Romanian context, this term is defined as ‘the capacity to understand phenomena, facts, events easily, to notice the essential relations between things, to solve new problems using previous experience; the set of mental functions through which conceptual and rational knowledge is realised; cleverness, ingenuity’ or ‘the ability to adapt in a situation, to choose concerning circumstances, to make sense of a thing etc.’ (Dictionarul explicativ ilustrat al Limbii Române, p. 918).

Intelligence represents a complex term with multiple analysis, interpretations, paradigms. It can be seen as a personality function, as an individual skill, to react to a social situation (Santos & Relojo-Howell, 2020). There are two types of elements intelligence contains cognitive elements (intellectual factors) and non-cognitive elements (social, emotional, and personal factors). Intelligence is a complete 'uniform' of mental abilities (Acharya & Relojo, 2017). Emotional intelligence represents the ability to recognise, generate and access emotions, assist your thoughts, understand emotions and emotional information, and control your emotions and promote intellectual and emotional development (Mayer et al., 2004). Emotional intelligence has its roots in the concept of 'social intelligence', being for the first time identified by Edward Thorndike, at the end of 30s, which defined this concept as: ‘Social intelligence represents the capacity to understand and manage men and women, boys and girls, to act wisely in interpersonal relationships’ (Thorndike & Stein, 1937, p. 275); in other words, to be capable of getting along with a variety of people and react wisely in human relations. Since 1940, David Wechsler suggests that there are effective components of intelligence, which can be essential in succeeding in life, that ‘the adaptation of the individual in their living environment is achieved both through cognitive elements and non-cognitive ones’ (Frânia, 1998, p. 276). A stimulating environment that assures emotional support leads to the full intellectual development of individuals (Birch, et al., 2000; Relojo-Howell, 2019). David Wechsler defines intelligence: ‘The global capacity of the individual to act in order to achieve a goal, to think rationally and to adapt to their living environment efficiently’ (Rotaru, 2016). Meanwhile, R. W. Leeper, an American researcher, promoted in 1948 the idea of ‘emotional thought’, which was thought to contribute to ‘logical thought’. In 1955, Albert Ellis started to examine what would next become ‘rational, emotional therapy’. ‘This therapy proposed that people would learn to control their emotions logically (Pilao et al., 2017). In 1950, Abraham Maslow, an American humanist psychologist, describes how people can build emotional connections starting from human needs, love and association, friendship, family, respect, etc. He describes how people organise their relationships and build emotional connections, pointing out that the appeal to emotions represents a basic component in influencing and forming attitudes towards people’ (Goleman, 2007, p. 376).
Meanwhile, Maslow (1981, p. 348), in his book *Motivation and Personality*, suggests that ‘emotional self-awareness has an important role in developing a healthy personality, arguing that there is no motivation and perseverance without emotions’. In 1975, Howard Gardner used the concept of ‘multiple intelligences’ in the paper *The Shattered Mind*, arguing that there is not only one type of intelligence but more. According to Gardner’s theory about multiple intelligences, humans have multiple ways of processing information, and these ways are co-dependent. Gardner’s theory regarding multiple intelligences can be seen as a starting point and a continuation of last century’s work on human intelligence. Gardner identified seven types of intelligence: linguistic, logical-mathematical, spatial, musical, kinaesthetic, as well as interpersonal intelligence, with regards to the capacity of evaluating others’ states of mind, to understand them, to know what motivates and makes people cooperate. Interpersonal intelligence, consisting of the ability to correctly see one’s person, a good self-evaluation, self-judgement and emotional adjustment (Bukowski et al., 1993). The two types of intelligence, intrapersonal and interpersonal, combined represent what we know today as emotional intelligence. The first who used the term ‘emotional intelligence’ was Wayne Leon Payne, in 1985, in his paper ‘A study of emotion: Developing emotional intelligence; self-integration; relating to fear; pain and desire’. The term ‘emotional intelligence’ was used in a wide area, proving that emotional awareness is a defining component of children’s development. The author clarifies for the first time the concept of emotional intelligence as a part of general intelligence, but also as its concept. As a result, the first definition appears: ‘Emotional intelligence is an ability which implies a creative liaison with feelings of anxiety, pain and desire’ (Mayer et al., 2004, p. 139). In 1990, two American professors, Peter Salovey and John Mayer, published articles in the academic journal *Imagination, Cognition and Personality*. Mayer and Salovey are generally seen as the founders of emotional intelligence. They coordinated the research regarding emotional intelligence, which set the direction in this domain and the ones that own the model of emotional intelligence capabilities. For them, emotional intelligence combines feelings with thinking and thinking with feelings (Kuha et al., 2018; Salovey & Mayer, 1990). They discovered that some people are more skilled at identifying their feelings, of others’ feelings and determining emotional problems, being of the opinion that emotional intelligence entails perceiving and expressing emotions in the fairest manner. Thus, emotional intelligence is defined as a ‘form of intelligence that implies the ability to observe feelings, their own emotions, and others’, facilitating the discrimination between these and using the information to control some situations or actions’. Through this definition, the authors wanted to highlight the positive inter-conditions between emotion and thinking. Together, they have developed The Mayer-Salovey Caruso Emotional Intelligence Test (MSCEIT), as well as an innovative system of emotional intelligence named ‘Systems Framework for Personality Psychology’ (Salovey & Mayer, 1990, p.189).

The interest in studying emotional intelligence is also seen at Albert Mehrabian (1993), known for his research in various communication psychology and educational sciences. In his opinion, emotions represent an efficient form of communication. Their power of influencing the way we attract or are attracted by others, getting closer to each other, earning or losing trust, fighting and making up should not be underestimated. Mehrabian believes that a high level of EQ is always associated with the existence of solid relationships with others, on whom we can count when dealing with issues that involve their cooperation (family, work, teamwork, etc.) (Plandeafacere, 2008).

While Salovey and Mayer created the term ‘emotional intelligence’, Daniel Goleman, a writer from New York, published the book *Emotional Intelligence*, which became an international bestseller. He spread the term through his work and books at the beginning of 1995. Goleman’s work introduced millions of people to the idea and concept of emotional intelligence. In this book, the author puts together the existing theories with respect to a different kind of intelligence, aside from the pure rational one of type Q1 and explains its characteristics and importance in great detail. His name is most often associated with the term ‘emotional intelligence’. Starting with this year, emotional intelligence has become one of the most disputed subjects. It has grown worldwide after the publication of this book. In his book, Daniel Goleman presents references that rose interest in relation to the brain, emotions, and behaviour (Pinto-Coelho & Relojo, 2017). The writer’s contribution was to gather previous research and transform them into an intelligible and attractive manner. By combining his research with the ones of other researchers in the area, Goleman specifies in the book that there are two brains or two minds: the rational and the emotional one. Likewise, he mentions that emotional intelligence drives the individual capacity to assimilate basic utilitarian skills through five components: self-knowledge, self-motivation, self-control, social conscience, and social abilities. According to him, emotional intelligence designates a control and self-control capacity of stress and negative emotions, a meta-ability, which determines and influences the efficiency with which we can use our other capacities and abilities, which we own, including educational intelligence. Goleman defines emotional intelligence as ‘the capacity to recognise our own and others’ emotions in order to motivate ourselves, to control our emotions our relationships with others’ (Goleman, 2007, p. 376).
Daniel Goleman enumerates the active components of prevention programmes, namely (Consortium W. T. Grant), The Programme of Self Science, as follows: Active components of the prevention programs (Consortium W. T. Grant): (1) Emotional capacities (identification and labelling feelings, expressing feelings, the evaluation of feelings' intensity, control, postponement of reward, urges control, stress reduction, understanding the difference between feelings and actions); (2) Cognitive capacities (talks with ourselves, reading and interpretation of social signals (Reloj et al., 2016) using steps in problem-solving, understanding different perspective, understanding behaviour norms, a positive attitude with regards to life, self-awareness); and (3) Behavioural capacities which encompass non-verbal and verbal. Whereas Self-Sciences Programme has its main components: Self-awareness, making personal decisions, feelings management, stress management, empathy, communication, self-disclosure, perspective, self-acceptance, personal liability, affirmation, group dynamic, conflict resolution.

Theoretically and practically, Goleman's book, which travelled the world, tried to place this concept of 'emotional intelligence in relation to the education system, especially with success in contemporary society. In other words, emotions can become a helpful instrument in guiding our choices and decisions which we make, and any person can raise their intelligence degree through education and exercises. Carolyn Saarni, the developmental psychologist, is considered a pillar in the emotional intelligence domain and known for the revolutionary development in relation to the development of emotional intelligence and emotional management in children. While Daniel Goleman was dedicating his time to his research on mediation, Carolyn Saarni performed important work in emotions, outlining the important socialising role. In 1999, she published the paper ‘Developing emotional competence’, where she describes emotional competence as including eight factors: emotional self-awareness, the ability to understand others' emotions, the ability to use the vocabulary of emotion and expression, empathic involvement, the ability to differentiate the subjective emotional experience from external emotion expression, to adapt to aversive emotions and painful circumstances, being aware of emotional communication concerning relationships and the capacity of emotional self-efficacy (Saarni, 2019). Meanwhile, Hein (1996) defines emotional intelligence by making use of some concepts which support the idea of being aware of your and other feelings, as well as knowing how to act, to see the difference between what is good for you and bad, and how to move from bad to good, to have emotional awareness, sensitivity and leading capacity which helps to maximise your happiness and survival long-term. He considers that emotional intelligence represents our innate potential (Caleb & Reloj-Howell, 2019). The potential of being intelligent has four components: emotional sensitivity, memory sensitivity, processing information and learning (Bolitvetts & Reloj, 2019). Hein believes that to form, develop, and train emotional intelligence. ‘We need to go through several stages: identifying our own emotions, taking responsibility for them, understanding compassion and empathy, and applying them in our day-to-day life.’ (Fodor, 2009, p. 64; Reloj & Gagani, 2016). Another name in the area of emotional intelligence is David Carusso. He has continued the research started by Salovey and Mayer. On the same side, Carusso suggests that QE is the proper form of intelligence.

Bar-On, the doctor at Tel Aviv University, was involved in the conceptualisation, research and application of emotional intelligence since 1980, and he is known as one of the most influential theorists, researchers and practitioners in this area. Bar-On defines emotional intelligence as being: ‘a set of capacities, competencies, and non-cognitive abilities that influence a person's ability to cope successfully to the general needs and pressures arising from adapting to the environment’ (Plandearfacere, 2008) He introduced the term ‘EQ’ (emotional quotient”) in 1985 in order to describe his approach in evaluating emotional and social intelligence. The Bar-On model defines the notion of ‘emotional-social intelligence’, describing a series of emotional, social and personality traits that are co-dependent and well established, interacting together on the individual to overstep the daily demands. Bar-On developed the first available commercial instrument to measure emotional intelligence (Bar-On, 1997). While he elaborated on other measuring instruments (interviews, quizzes and other versions of these instruments). When it comes to research, the most used test is the Emotional Inventory of the coefficient (Bar-On, 1997), an emotional intelligence test that contains 133 short sentences. His studies (since 1980) are one of the most significant achievements in the area of emotional intelligence. His interest in this domain was triggered by a series of basic questions: ‘Why do some people have a better state of mind? Why some people succeed easier in life? Why people with superior intellectual capacities appear not to obtain their wanted success, while others, less gifted, succeed better?’ (Stein & Book, 2011, p.2). As a result, R. Bar-On defined it as a ‘range of non-cognitive skills, competence and qualities, which can influence one's capacity to cope with pressures and demands of the environment’ (Stein & Book, 2011, p.14). Reuven Bar-On identified five factors that determine intelligence: intrapersonal aspect, interpersonal aspect, adaptability, stress control and disposition. He created the emotional coefficient (EQ), declaring that a person with a high score of the coefficient reaches success in life.
Segal presented a few opinions related to emotions in his book, *Developing Emotional Intelligence* which can be appreciated as ‘preconceived ideas with regards to emotional intelligence’. He affirms that emotions are inferior to rationality, dangerous, harmful and helpful emotions, that self-control comes from repressing emotions, arguing that ‘self-control does not come from controlling emotions, but through living them’, and that ‘emotions darken our judgement’ (Segal, 2000, p.29–30). In 1935, the American psychologist Edgar Doll published his first instrument to measure intelligent social behaviour in young children. He elaborated the social maturity scale of Vineland in order to measure social competence. Segal (2000) outlined four components of emotional intelligence: (1) emotional consciousness – an authentic experience of all emotions; (2) acceptance – which refers to accepting conscious emotions/assuming responsibility for our emotional states; (3) active emotional awareness – living in the present, not the past; and (4) empathy – our answer for others’ feelings and wants without giving away our own emotional experience (Roco, 2004). Stein and Book define emotional intelligence as a set of skills that allows the person to cope in a complex world. Rationality is supported by analysis which proved that for good cognitive intelligence and in order to adapt it, we need, first of all, good emotional intelligence. Why? ‘Because no matter how smart we are, if we push others through aggressive behaviour, if we do not pay attention to the way we introduce ourselves and do not have enough stress resistance, no one will be around us to see our high IQ’ (Stein & Book, 2011, p.5). Floyd (2011) gives another definition of emotional intelligence in *Interpersonal Communication*, which is classified as one’s competence to understand and express emotions appropriately and use them to favour thinking and emotion management for developing emotional intelligence. John Gottman (American researcher and psychologist) has devoted almost 20 years to studying children’s psychologic development domain and emotional life. In his research regarding the relationship between child and parent and emotional development, it is shown that ‘children will be more successful and happier in life, regardless of their IQ, through emotional awareness and capacity of controlling and managing emotions’ (Gottman, 2018). He analyses a system of five steps to train emotions: (1) Be aware of your child’s emotions; (2) See your child’s emotions as an opportunity to teach or connect; (3) Help your child to name his emotions verbally; (4) Communicate empathy and understanding; and (5) Set boundaries while helping your child to solve their issues.

In Romania, there are people known for their research in the emotional intelligence domain. Thereby, Mihaela Roco has manifested a special curiosity for educating and perfecting emotional intelligence. In the book *Creativity and Emotional Intelligence*, she reminds that Goleman, in 1998 was saying that: ‘In contrast with the degree of intelligence, which stays consistent during the entire life or the personality which does not change, competencies relying on emotional intelligence are learnt abilities’ (Roco, 2004, p. 142). In her opinion, emotional intelligence plays an important role in professional adaptability and ensures efficient management, leadership, and interpersonal relationships control. She presents a number of principles of using emotional intelligence for better cooperation and communication at the workplace. Roco sees more directions of education and improvement of emotional intelligence in the school and familial environment. Iulia Fodor, the author of the book *Emotional Intelligence and Leadership Styles* signals the importance of emotional intelligence in a leadership activity. Iulia Fodor affirms that ‘emotional intelligence is an ability that is not dispensable’ (Fodor, 2009, p. 76).

Generally, emotional intelligence refers to a set of the emotional and social set of competencies through which a person can put together both cognitive abilities (intellectual) such as attention, memory, problem-solving, making decisions, as well as his social goals, which depend on abilities like empathy, rule compliance, maintaining satisfying social relations, prosocial behaviours, etc. (Salovey & Mayer, 1990). The lessons of a social group leave their mark on the manner of affirmation and expression of its members, regarding ‘the way an individual sees, understands and evaluates what is happening at a social level, and this depends on his own beliefs, and individual goals acquired’ (Lazarus, 2011, p. 482). We can say that adjusting the individual in an environment also happens through emotional aspects, personal and social, which are crucial for personal success, not only through cognitive behaviours. Emotional intelligence characterises our way of being, how we understand and express ourselves, the way we evolve and record social relations, our coping mechanism, and make sense of life. Our competence in this domain can continue to grow, for which there is a popular saying: growing up. At present, emotional intelligence can be seen as a considerable element of interdependency between feelings, character and ethical senses. The current research line is focusing on establishing the utility of this new construction in a number of essential domains to prove how EQ determines our behaviour and what areas of life are most influenced by it. How quickly emotional intelligence has become such an important topic in a wide range of domains develops efficient predictions, but difficult, and current research regarding defining emotional intelligence remains a wide analysis and a controversial debate for professionals in diverse areas.
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Psychology, 3(2), 97–98. https://doi.org/ff832
Maslow revised: How COVID-19 highlights a circle of needs, not a hierarchy

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This paper presents evidence to show that Maslow's hierarchy is better represented as a dynamic circle, proposes a revised and enhanced version on that basis, and demonstrates how this can optimise well-being. Examples from everyday life, from research, and most notably from the current COVID-19 pandemic are used to demonstrate that human health and psychological well-being depend equally on biological, psychological, and social factors and that these interact dynamically. The paper illustrates two effective models of response to human distress during the pandemic and offers a vision of public health that involves meeting the universal biopsychosocial needs of the human condition rather than treating health conditions purely in isolation. This has implications for service delivery and public health planning. This paper represents a new vision of Maslow's famous theory with significant practical applications to improve the effectiveness of public health policies and health and social care services.

Keywords: Abraham Maslow; biopsychosocial; COVID-19; circle of needs; hierarchy of needs
Maslow’s (1943) hierarchy of needs is one of the most famous and actively utilised concepts in Western psychology. It is also one of our most influential theories of human motivation with a seminal impact on humanistic approaches to mental health and well-being. The power of Maslow’s hierarchy lies in its strong vision of human health being rooted in meeting fundamental needs across a range of different domains, broadly speaking, physical, psychological, and social. There is an evident and universal truth in this vision, and it has undoubtedly helped shape subsequent theory and practice; most notably the biopsychosocial model developed by George Engel (1977). The universality within biopsychosocial thinking sometimes referred to as holistic thinking (Smuts, 1926), is perhaps the main reason why Maslow’s hierarchy has been immune to challenge or major revision over nearly 80 years.

The purpose of this paper is not to challenge the universal biopsychosocial truth behind Maslow’s seminal theory but rather to revise its hierarchical nature into an updated circular, dynamic, and interactive format linked to concepts of attachment. It will be argued that the well-being of the human condition depends not so much upon a hierarchy of needs as a dynamic cycle of interaction between biological, psychological, social, and environmental factors, all of which are equally vital. Within this revised scheme, attachments and relationships are equally fundamental to human health and survival. Adopting this circular version of Maslow’s theory also paves the way for a psychosocially informed, evidence-based, and non-stigmatising approach to public mental health and mental health services that focuses less on treating mental health conditions and more on meeting the universal biopsychosocial needs of the human condition. It is entirely accepted that despite public health and preventive measures, mental illness – as is the case with physical illness – will still emerge and require evidence-based treatment interventions. However, it will be argued that all aspects of human conditions, including those with mental illness, have better outcomes when a dynamic biopsychosocial approach is taken.

The need for such a revised approach to public health could not have been more powerfully demonstrated than by the impact of the COVID-19 pandemic felt across the whole world for well over a year at the time of writing (May 2021). The COVID-19 pandemic has created an unprecedented global crisis necessitating drastic changes to living conditions, social lives, personal freedoms, and economic activity. The widespread use of social distancing measures to restrict the transmission of the virus has been widely documented as having a detrimental impact upon our collective mental health and well-being through a simple lack of the simple physical touch, activity, and personal interaction that bring emotional nutrition and social connection. According to ONS figures for the UK, almost 1 in 5 adults (19.2%) were experiencing some form of depression by June 2020, double the 1 in 10 (9.7%) for the period just before the pandemic (July 2019–March 2020). It has also been evidenced that individuals with pre-existing mental illness have found that their symptoms have been exacerbated during the pandemic (Neelam et al., 2021).

Some individuals, however, have also reported a degree of positive psychological change arising from the pandemic and its consequences. Positive change arising from adversity has been referred to as post-traumatic growth (Tedeschi & Calhoun, 2004). Adversity can, in some cases, help individuals experience a new appreciation of life, improve relationships that were previously taken for granted, and promote greater personal strength and resilience. At the collective level, adversity can also lead to ‘communal coping’ and increased social coherence, involving a heightened awareness of our common humanity and interdependence. The pandemic, as a global phenomenon, while increasing international tensions in some respects, has also shown that human interdependence is not just local but a worldwide issue. Despite differences of nationality, culture, ethnicity, and religion, human beings depend on each other for trade, vital resources, and supplies of medicines and vaccines. Human well-being is ultimately an inter-dependent phenomenon on a global scale.

A global pandemic can have such powerful negative consequences, and some positive consequences simultaneously provide further evidence that a simple hierarchical model of human health and well-being is inadequate. Human needs are dynamic, complex, and interactive, operating at many levels in synchrony.

**Problems with a hierarchical structure for human motivation, health, and well-being**

**Mind-body split**

The most apparent problem with postulating a hierarchical structure for human health, well-being, and happiness is that it creates a questionable split between the body, the mind, and the social and interpersonal aspects of human existence. Looking at how infants are cared for helps to clarify this problem. Even feeding in humans and other mammals is not a simple physical activity performed in isolation. Offspring are dependent for their nutrition on bodily contact with their caregivers, and feeding is also part of an attachment relationship that is behavioural, emotional, and social. In a healthy attachment, a human infant being physically fed is also
being cradled, loved, and receiving emotional nutrition along with a sense of social belonging. It is impossible to disentangle these elements or conclude that physical nutrition takes sole priority over love and social care. These domains are interwoven, reciprocal, and dynamically interdependent in all aspects of human care.

Attachment theory, first described by John Bowlby (1951), is one of the most accepted and widely researched human development and well-being theories. It is accepted by medical, psychological, and social fields and provides a sound basis for integration on approaches to health (Seager, 2013). There is a wealth of evidence to show powerful connections between secure and consistent child-caregiver attachments and future functioning in relationships, problem-solving, measured risk-taking, independence, and stress responses. Conversely, negative or disrupted attachments during the developmental years can be shown to have a long-term negative impact on mental health in later life (e.g., Kessler et al., 2010; Sahle et al., 2021).

Attachment can be shown to be vital for physical health too. A series of well-known studies of orphans in Romania (e.g., Zeanah et al., 2009; Rutter, 1998) reveal very powerfully that physical care is not enough in itself for a developing child to thrive. Physical nutrition accompanied by institutionalisation or emotional neglect still leads to a decline in children’s overall health and functioning. The work of Schore (e.g., 2001) and Gerhardt (e.g., 2006) amplifies in stark neurological terms that even the healthy development of the physical brain depends upon not just physical nutrition but also love, bonding, relationship, and belonging. In other words, psychosocial nutrition is not secondary to physical nutrition in the development of a human being. Being loved and cared for are equally the ‘food of life’.

Therefore, health in humans is a circular, dynamic, and interactive process, not a linear sequence. Another typical example is the simple concept of ‘relaxation’ or, more recently, ‘mindfulness’, which reveals on the closer investigation that the body and mind can never be disentangled hierarchically. A human individual can only relax mentally or attain mindfulness through the portals of the body and vice-versa. It is impossible for a human being to feel relaxed or stressed in just one of these domains but not the other. Life is both psychosomatic and somato-psychic. This is much more like an integrated circuit than a sequential hierarchy.

The current COVID-19 pandemic, however, provides perhaps the most potent example in the modern history of the need to conceptualise the interactions behind human health and well-being as circular rather than linear. The destructive impact of COVID-19 has not been merely physical but also psychological and social. Psychosocial factors have clearly been shown to mitigate or exacerbate the impact of the virus on individuals, families, and communities. Mental and physical states of health arising from infection with the virus are inextricably linked (e.g., Campion et al., 2020; Luo et al., 2020). A report for the Scottish Government (2020) revealed a general worsening of the mental health of the whole population during the pandemic in terms of anxiety, low mood, and loneliness. A survey in 2020 by the mental health charity Mind of over 16,000 people found that more than two-thirds of adults with mental health problems reported that their problems had worsened during the pandemic and especially during the lockdown. As stated by one participant:

‘I am constantly feeling helpless and frustrated and hate the idea of anyone around me being hurt or dying. The lockdown is the biggest problem because I rely on being able to see the people I love as a coping mechanism for my anxiety and depression.’

One thing has emerged from the pandemic, that even when basic physical needs are met, health and well-being have still frequently declined for many individuals due to the lack of everyday social and psychological input that may have previously been taken for granted.

In addition, many with pre-existing mental health issues have found that their symptoms have worsened. Conversely, even at times of physical adversity and deprivation, other individuals have experienced a greater sense of authenticity, shared social purpose, and belonging.

**Medicalisation of meaning and the human spirit vs dis-embodying trauma and emotional pain**

The stratified and hierarchical configuration of Maslow’s theory can also be challenged. In effect, while not a medical theory, it colludes with the medicalisation of the human condition by assuming that the question of ‘mental’ health only arises after more fundamental biological needs have been addressed. Maslow’s assumption that human motivation for psychological meaning and social connection only takes centre stage for humans once basic biological needs have been met does not fit with numerous clear examples from everyday life and the research literature where the psychosocial meaning of situations can be shown to nullify even the very survival instinct in humans. Indeed, without an accompanying sense of psychological and social safety, physical safety alone can become meaningless. Bodily health is highly susceptible to adverse changes in mental states and social circumstances.
Attachment, grief, and loss

The damaging physical impact on orphans of being emotionally neglected and unloved despite receiving essential physical nutrition and shelter has already been described earlier. It is also possible for health to decline significantly in previously secure adults after losing precious attachments. Losing a loved one, a homeland, a way of life, or other vital attachments that literally mean the world to an individual can impair the very will to live. A broken heart concept is more than a myth or a poetic metaphor but a demonstrable phenomenon that can measurably shorten life expectancy following overwhelming bereavements and losses. For example, Harper et al. (2011) found that bereaved parents who experience stillbirth or infant death have markedly increased mortality than non-bereaved parents. Numerous studies (e.g., Kaprio et al., 1987) also show a significantly increased risk of mortality in bereaved adults following the death of a much-loved partner.

Depleted emotional states and pain arising from overwhelming loss and grief impact the body, the immune system, and the brain. If overwhelming emotional states can reduce immunity to physical disease along with the very will to live, then psychological needs cannot be regarded either as separate or secondary to biological needs within a simple hierarchy.

The COVID-19 pandemic has revealed further complications to this story of human attachment and loss, showing again that human well-being is not based upon a hierarchical sequence where physiological and material needs take precedence. Firstly, the social distancing widely implemented to increase physical defences against the virus has at the same time depleted psychological and social defences along with the economy. The balance of priority and risk between these different dimensions of health and well-being has been the source of much heated political debate. From all this, one conclusion is clear, that if Maslow’s simple hierarchy were correct, social distancing would not have been experienced as such damaging and physical safety would have been unanimously accepted as the paramount issue.

Secondly, during the pandemic, the bereaved across the globe have been deprived of many of the social and psychological comforts that make loss more bearable. Funeral attendances have been restricted, and the physical presence of many of those from whom comfort is most needed has been prohibited. Age UK (2020) powerfully articulated the impact of this, particularly on older people, in the following terms:

‘Fear of the virus, loss of mental and physical capacity, loneliness and isolation, and an inability to grieve as normal for those they have lost, add up to a potential public health emergency affecting many older people.’

For all people across the world, the pandemic has both escalated grief and, at the same time, reduced the psychological and social means to assuage it. This has inevitably created a collective and cumulative sense of unprocessed grief which has needed public and symbolic figures for its expression. In the UK, Captain Sir Tom Moore, and the Duke of Edinburgh, whose lives represented determination, courage, and resilience in a war generation, fulfilled this symbolic function of uniting the nation in its grief and its positive resolve to overcome adversity. The deaths and funerals of both iconic men triggered a national outpouring of grief at a level only seen in great historical moments. These men gave all citizens collectively a focus for their suffering and a figure with whom they could personally identify. As stated by an anonymous member of the public:

‘I think everyone is feeling it because so many people have lost someone that they are reconnecting with that’

Equally, a loss of physical safety may not always prevent psychological and social gains. For example, Staggard et al. (2021) surveyed 385 caregivers where 42.5% had reduced incomes due to the pandemic, and 19.5% had a family member with confirmed or suspected COVID-19. Despite this, 88.6% of the sample identified positives such as improved relationships, spiritual growth, increased openness to new possibilities, and a better appreciation of life. Taken together, all these findings show that attachments and social meanings are vital to human health and that biopsychosocial interactions are complex and non-hierarchical, even to the extent that physical and material adversity may still result in psychological and social benefits rather than a simple deficit.

Trauma

The emotional damage and distress that can arise from traumatic (life-threatening or destructive) events and experiences both in the developing years and in adulthood have long been recognised and categorised in diagnostic terms as ‘simple’ or complex posttraumatic stress disorder (PTSD). More recently, however, the painful memories, anxiety, and hypervigilance entailed in PTSD have become more fully understood as being stored not just in the mind or even the brain but also in the body, including the gut, where our most primal
and instinctive emotional processing may be said to take place. Van der Kolk, in his critically acclaimed book *The Body Keeps the Score* (2014) puts this very well:

‘The body keeps the score: If the memory of trauma is encoded in the viscera, in heart-breaking and gut-wrenching emotions, in autoimmune disorders and skeletal/muscular problems, and if mind/brain/visceral communication is the royal road to emotion regulation, this demands a radical shift in our therapeutic assumptions.’

Following these richer understandings of the integrated nature of trauma, therapies now have a much better chance of success if they address the whole body-mind circuitry rather than focusing on psychology or physiology independently. This also shows that Maslow’s humanistic concept of attaining self-actualisation only after basic physiological needs have been met represents another false dichotomy. Human self and identity, as experienced, for example, in the traumatised personality, are not purely psychosocial but are equally embodied phenomena. Helping humans develop an authentic self and become comfortable in their skin involves working on somatic symptoms and embodied experiences. Therefore, self-actualisation is not an ultimate destination but an integral part of the whole journey of a healthy life. There is no doubt that in this respect, Western science can also learn something from Eastern philosophies and approaches where distinctions between the body, mind, and spirit are conceptualised very differently (see, e.g., Judith & Anodea, 2004; Kasulis et al., 1987).

Without a doubt, the COVID-19 pandemic has also brought its share of trauma. Trauma is involved in the personal experiencing life-threatening illness or symptoms and witnessing the suffering and deaths of loved ones. For care staff on the frontline, too, the repeated witnessing of the suffering and death of significant numbers of patients combined with the constant risk to personal safety from the virus can be overwhelming. The traumatic impact in care workers of witnessing suffering, injury, or death in those they are helping has been termed vicarious trauma, which in turn is linked with the related concepts burn-out and compassion fatigue (see Seager, 2014). In a global pandemic that is touching all our lives both directly and indirectly, it is also possible to conceptualise a sense of collective or societal trauma, the extent of which will only be possible to measure retrospectively (see Silver, 2020).

**Suicide and self-harm**

If basic physical needs always come first in human motivation, it would be hard to explain why so many people harm themselves physically or even take their own lives for personal, psychological, social, political, and religious reasons. Evidence to date suggests that most people who harm themselves or take their own lives have food, shelter, and physical safety.

This includes prisoners, for example, who have food and shelter but an extremely high suicide rate. What suicidal people lack is psychosocial safety, meaning, and hope. For many, the lack of self-worth, the shattering of hopes and dreams, the loss of precious attachments, or the destruction of a cherished way of life can make a merely physical existence unsustainable even though physical needs are met. This is also true of those with chronic mental illness. The tipping point for many of those who take the ultimate step of suicide is not physical but psychosocial. For humans and possibly other mammalian species, the worst state is to feel genuinely alone without a secure attachment to a companion who can be readily accessed.

We all need to belong and be Kasulis et al., 1987 held in mind for life to be worth living in human terms. This was grasped long ago by Albert Einstein, a brilliant scientist noted for his genius in discovering the laws of physics, but who also showed insight into psychological laws when he stated: ‘From the standpoint of daily life, however, there is one thing we do know: that we are here for the sake of each other – above all for those upon whose smile and well-being our happiness depends, and also for the countless unknown souls with whose fate a bond of sympathy connects us.’ (Goodreads, n.d.)

Given that the COVID-19 may be increasing many risk factors associated with suicide (for example, unemployment, social isolation, bereavement, trauma), it might reasonably be predicted that suicide rates will rise accordingly. However, the picture on suicide rates in relation to the pandemic is not yet clear (Gunnell et al., 2020), and it must also be remembered that the pandemic has also had some positive social effects in creating a sense of a common purpose against a common enemy. The pandemic has also elicited compassionate policies of relief and support from the governments of many nations, and these may have contributed positively to a greater sense of belonging and worth among citizens. It is also possible that psychologically vulnerable individuals who already felt alienated and isolated before the pandemic have come to feel less excluded because of the pandemic, for the simple reason that social isolation has now become the norm for all.
Addiction, opioids, and love

Opioid addiction is another excellent example of the intertwined nature of human health’s psychosocial and physical aspects. A large body of evidence (e.g., Maté, 2012) shows a clear pattern that opiates hit the same neurochemical pathways involved in love, attachment, pleasure, and social reward. Therefore, it should hardly be surprising that those in society who experience the greatest emptiness, rejection, and lack of love are also the most prone to becoming addicted to drugs that mimic the feeling of being loved and valued.

For this reason, treatments that focus simply on drug withdrawal are missing the point. Given that people with addiction are in effect already self-medicating for emotional distress and emptiness, any attempt to reduce their drug-taking as a solely physical problem without also addressing the underlying psychological and social problems that frequently lead to overdose and suicide is unlikely to succeed (Rockett et al., 2021). To put this another way, if mental health and well-being were genuinely rooted in a primarily physical foundation, self-medication would be experienced as an answer to life’s problems much more frequently than is found in clinical practice. However, it is noted that medication and evidence-based psychological interventions are often required and helpful in treating those with severe mental illness.

In the UK, ONS statistics for the period of lockdown from March 2020 indicated that retail alcohol sales increased in month-on-month volume by 31.4%. In a US survey (Grossman et al., 2020), 34.1% of respondents reported binge drinking as a coping mechanism. These figures are not surprising because using alcohol and other drugs is a common way of managing mental distress and regulating emotions. This is indeed the same principle behind the prescription of psychiatric drugs.

The arts, spirituality, and social communion as essential lifeblood, not luxury

Human beings spend a vast amount of their lives engaging with art individually and collectively in many forms, most commonly music, dance, novels, plays, films, poems, paintings, and sculptures. This shows that the need to identify and belong through representations of our human condition is part of the essence of our lives, not an added luxury. Art would not be necessary to our species if trying to understand and empathise with others was not crucial to our well-being as individuals within a social group. We constantly immerse ourselves in stories, and self-representations show that this is a fundamental need of human beings beyond mere food, shelter, and physical comfort. Human beings need their lives to have meaning and identity, and this starts from our earliest attachments to caregivers in which we need to have our feelings read, recognised, and empathised with. Stories and representations in art enable us to look for ourselves and find ourselves in others.

Kay Wilson, who survived a terrorist attack in 2010 near Jerusalem where she was multiply stabbed and saw her friend murdered, reported that using the power of music (primarily the song ‘Over the Rainbow’) helped her process of survival and healing (Wilson, 2014). This story illustrates how music has the power to help maintain the human spirit and a sense of connection to life and hope. These connections go beyond the cognitive, neurological, or even the social level and may be described as at the spiritual level of the ‘heart and soul’. The famous composer Rossini once stated: ‘The language of music is common to all generations and nations everybody understands it since it is understood with the heart.’

This same dimension of heart and soul also applies to religious faith, which in an age of science remains a universal part of human cultures and operates at the same level of meaning and connection that is universal to all humans, even those who do not practice a formal religion. Many people throughout history have sacrificed their lives for their faith in religion or other causes such as political freedom. A life without belief or meaning contributes to bodily ill-health and can reduce the will to live in human beings even when they have food, shelter, and physical comforts.

In dark places and times, the human spirit can be given hope and meaning and even kept alive by music, the arts, religious faith, and other beliefs. Physical survival alone is not enough for humans unless that physical survival carries hope, meaning, and purpose. During the lockdowns of COVID-19, balconies and doorsteps in many countries across the world have become public places to show love and gratitude through applause, music, song, and dance (Grigoriadou, 2020), Taladriz (2020) quotes an anonymous Italian musician: ‘I will always remember that moment there on the balcony because it gave me all the life, I needed to be able to go on.’

In her book, The Lost Pianos of Siberia, Sophy Roberts (2020) tells the story of how those exiled during and after the Russian revolution were as desperate for music as for the food itself, transporting pianos at great sacrifice over thousands of miles through the harsh and wintry terrain to sustain the spiritual nutrition that was vital to keeping body and soul together.
Cummings-Knight (2021) drew on this book, together with Maslow and the work of Roberto Assagioli (e.g., 1965) on Psychosynthesis in a pioneering psychotherapy workshop during the time of COVID-19 to illustrate that the well-being of the human condition is integrative and depends as much on feeding the soul as feeding the body. In response to this workshop, one participant observed: ‘Maslow’s hierarchy would be better as a wavy line or a circular model.’

During the pandemic, the sport has also played a key role in creating a sense of connection, community, purpose, and hope. For example, Sorbie et al. (2021) found that playing golf, once golf courses were re-opened, was associated with greater levels of belonging, connection, and well-being. Conversely, Kamyuka et al. (2020) reported that disabled people were more prone to decline in mental and physical health during the pandemic because of increased isolation and reduced opportunities for physical activities. In its May 2020 Policy Brief, the United Nations examined the impact of the COVID-19 pandemic on sport and recognised the central role that sport plays globally in the empowerment, development, inclusion, and well-being of young people on-sport-physical-activity-and-well-being-and-its-effects-on-social-development. One thing is clear from all this: sport, just like art, is not a luxury but a necessity for human well-being.

The COVID-19 pandemic has highlighted the core need for touch, connection, meaning, and social belonging as equivalent, not secondary, to physical survival. The fundamental need to belong requires interpersonal relationships and frequent positive social interactions. Social contact and physical touch are interwoven from our first attachments and are crucial to physical and mental health (Leary et al, 2013) and even more at times of crisis (Marlow, 2015). The socially isolating impact of the COVID-19 pandemic has highlighted this aspect of the human condition even more powerfully.

Touch is perhaps the primary sensory mode through which human beings relate after birth. For babies, it is through touch, the way they are held, cradled, and comforted, that they first learn their worth, their lovability, and their sense of belonging. During the pandemic, many people worldwide have been denied the chance to hug or be physically close to their loved ones.

This has had a profoundly negative impact on overall health and well-being globally, primarily upon those in care and nursing homes. Rennie (2020) observed that touch is an essential part of care, and during COVID-19, “there have been many examples of older persons experiencing reduced appetite, low mood, apathy, and overall poorer health” due to a decrease in human contact and therapeutic touch. Dodgen-Magee (2020) puts it very well: ‘It turns out that many people experience touch deprivation much like dehydration…”

Therefore, lack of touch or physical contact seems to be an important element of loneliness, which can be shown to have a significantly negative impact on both the physical and psychological aspects of human health (Glueson, 2004). Humans are social creatures from the cradle to the grave and being touched as a baby or as a care home resident is equally vital. This helps explain the massive impact of social distancing during the current pandemic and why online or virtual meetings, while extremely valuable, are not an entirely satisfactory substitute for direct touch and being in the physical presence of loved ones.

**CONCLUSION AND SUMMARY**

To summarise, it has been shown that the traditional hierarchical version of Maslow’s theory does not reflect a wide range of evidence relating to the human condition in which the psychosocial aspects of life, particularly personal attachments and personal meanings, interact with biological factors from the cradle to the grave, exerting equal or sometimes greater power over health, well-being and even survival than biological factors alone. A hierarchical model cannot explain: (a) the fundamental integration of mind, body, and social relationship throughout the life cycle as observed from the beginning in infant attachments through to the end of life and as evidenced so powerfully by the COVID-19 pandemic; (b) the power of relationships, experiences, and meanings (e.g., grief, loss, neglect) over the brain and body along with the visceral embodiment of psychological damage, pain, and trauma; (c) human health can significantly decline in adults who lack or lose a sense of attachment, belonging, meaning, or purpose, resulting in early death, self-harm, or even suicide even when basic physical needs are comfortably met; (d) The sheer destructive and debilitating power over human health of touch deprivation and social isolation as illustrated by numerous studies and reports relating to the present COVID-19 pandemic.

**Revising Maslow: What does a circular version look like?**

Maslow’s biopsychosocial elements are universal and indisputable, but it is being argued here that they work better as an interactive circle, not as a straight line or hierarchical sequence. Instead of the familiar pyramid,
therefore, something more dynamic, circular, and interactive (see Figure 1 below) is being proposed, which might be referred to as either a 'Circle of Needs' or as a 'Wheel of Well-Being'.

Figure 1
The Wheel of Well-Being

In effect, this circular configuration requires little more than joining up the top of Maslow's pyramid to the bottom to complete a circuit while at the same time equalising the elements in scale and specifying key factors. This use of a single circle or circuit relates to cyclical biopsychosocial interactions affecting individual health. This proposal, while partly related, is largely to be distinguished from Bronfenbrenner's (1979) ecological theory of concentric circles depicting micro and macro environments in which individuals may also be thought to exist. This is because the emphasis in Maslow's theory is more upon the psychology of the individual at the centre of the interactions, whereas Bronfenbrenner's ecological theory is focussed more on the nature of the widening environmental systems surrounding an individual.

The five segments within the wheel or circle represent areas of need that are dynamically interactive and vital to human health and well-being. If this circle is broken at any point or if one or more segments are depleted, the individual's physical and mental health is predicted to decline. Of course, the segments and the boundaries between them will be schematic and, to some extent, arbitrary. However, this blurring of boundaries only further illustrates the interactive and biopsychosocial nature of the human condition where it is hard to conceptualise where the body stops, and the mind begins or where the mind stops, and the social world begins.

The following list is far from exhaustive or definitive, but it is illustrative of the general concept behind the proposal:

- **Biological needs.** Food, water, warmth, shelter, rest, sleep, exercise, hygiene, freedom from physical and mental illness, fitness, mobility.
- **Psychological needs.** Love, attachment, security, relationship, self-respect, self-worth, identity, motivation, beliefs.
- **Psychosocial needs.** Family, personal friendships, sense of achievement, meaning, values, social purpose.
- **Social needs.** Sense of belonging, community, peer groups, support networks, voice, social status, occupation, recreation, education.
- **Environmental needs.** Housing, financial resources, neighbourhood safety, community facilities (including schools), play and recreational opportunities, access to clean water, food, and other resources, access to natural beauty, human rights, legal protections, employment opportunities.

Two practical applications of a circular version of Maslow in service provision: (a) the Psychological Resilience Hub and (b) the charity Horseback UK: Helping Care Home Staff

**The Psychological Resilience Hub**

At the outset of the first lockdown in the UK, the first author, along with colleagues, set up a service in Scotland to support the mental health and well-being of the public and of care workers in the face of the Covid-19...
pandemic. This service was called the 'Psychological Resilience Hub' (PRH) and was the first of its kind in Scotland. The service was partly based on: (a) the Greater Manchester Resilience Hub set up in response to the Manchester Arena attack in 2017 (NHSP dense Care, n.d.) and (b) the West China Hospital Psychological Crisis Intervention Response Model (Zhang et al., 2020).

The service received more than 3000 referrals over the year following the announcement of the first lockdown, and this has already provided extensive data, both in terms of the services provided and the responses of service users. The PRH draws on the described core concept of a ‘circle of needs’ using digital technology to offer rapid assessment, psychological first aid, and self-help resources, along with psychologically informed advice, care, and support. PRH has to date, been able to assess all service users within three weeks of self-referral. Separate child and adult self-referral forms were developed using standardised demographic and risk assessment questions: for children, the Risk 20 assessment, the Revised Children's Anxiety and Depression Scale (RCADS 1); for adults, the Generalised Anxiety Disorder (GAD-7) and the PHQ-9. Completed forms were scored using a computer-generated system, and this was used to determine the level of need or risk for each service user. Individuals were then matched to the clinician who had the right skill set to support them. This meant they saw the right person at the right time with quick access.

Those at high risk could be forwarded on a direct pathway to the urgent care assessment team. At the outset of service modelling other pathways were also established to support the third sector, local mental health services, and practical help from the COVID-19 assistance hub. Services were delivered by staff from a wide range of professional backgrounds, while all aspects of service delivery were led, governed, and supervised by clinical psychologists to ensure the use of evidence-based psychological interventions. The principle of an interactive circle was also built into the model of staff support so that, in effect, by having their own needs met, the staff had more energy, motivation, and resources to meet the needs of their clients.

The following categories of risk/need were established at the outset: Green (1): low distress, Amber (2): mild distress, Red (3): high distress, Purple (4): highest distress, risk, and complexity. Meanwhile, referral numbers for the service were as follows: Level 1: 20%; Level 2: 23%; Level 3: 30%; Level 4: 27%.

Regardless of the severity of needs, this intervention was about helping people to make a meaningful connection with a matched clinician through a psychologically informed assessment, boosting their social network, finding any missing practical support, and learning how the mind, body, social context, and environment were interacting to create feelings of insecurity during the pandemic. Individuals were offered up to three appointments in a quick and timely manner, providing them with self-help advice based upon principles of psychological first aid and enabling them to cope and connect with others. The principles of psychological first aid have been shown to help during times of crisis (Jacobs et al., 2006) and apply similar concepts to the ‘circle of needs’ described above to help people take better care of their well-being (Education Scotland, 2021).

Figure 2
Psychological First Aid 7 Steps
In England, a similar public health initiative called ‘social prescribing’ (e.g., Drinkwater et al., 2019) has also been developed recently. Social prescribing entails the same notion that physical health exists in a psychosocial context and that prescribing social interventions can frequently have a better impact on overall health than traditional medical approaches alone.

In the PRH, the main intervention was the trusted and prompt relationship with a suitable clinician who could make a meaningful connection or attachment with the individual seeking help and then help them connect their mind, body, physical symptoms, and social environment. Service users were also helped find the right onward practical support and advice if required (e.g., housing, financial advice, exercise, local support groups). Feedback from individual service users indicated that having this meaningful relationship with a clinician positively impacted their capacity to cope. Presumably, because of the security of being paired up with a suitable clinician who could coordinate their care, the PRH was also found to be highly efficient. 31% of cases were closed after just one appointment, 37% were closed after three appointments, and only 32% needed further support from other organisations such as practical assistance. Only 4% of the 3000 people who sought help needed an onward referral to secondary care specialist mental health services.

These referrals were almost entirely drawn from those in categories three (red) or four (purple), validating the initial need/risk assessment protocol. Most people were satisfactorily helped to cope better during this national crisis by facilitating their capacity to complete the gaps in their circle of needs, 93% of people who provided feedback rated the service helpful or better (rated over five on a scale of 0–7). This was amplified in a large amount of anonymised qualitative feedback from service users, for example:

‘Good to have a real person to talk to and talk through things. Thank you, and so glad to have this service; it is invaluable. Fantastic service. The person I spoke to about my daughter was amazing. I felt so much better after our conversation & appreciated the call back a week later to check things were progressing. Thank you.’

The charity Horseback UK: Helping care home staff

working in care homes in many countries during the pandemic has been generally recognised as stressful, exhausting, and overwhelming for nursing and social care staff (e.g., White et al., 2021). This has led a pioneering UK charity organisation, connected with the first author, called Horseback UK to apply its innovative methods to this group. Horseback UK was initially set up to use horsemanship, the outdoors, a sense of community, and stoic philosophies to inspire military personnel to recover and regain self-esteem after traumatic frontline experiences. Therefore, it was felt that this same approach could be applied to care home staff suffering from trauma, fatigue, and burn-out.

Because of the pandemic, the standard accredited personal development programme of outdoor activities had to be adapted to be delivered virtually to meet lockdown restrictions. The adapted programme was delivered and tailored to care home staff to encourage participants to acquire new coping strategies, life skills, improve relationships, and build lasting resilience.

The charity acknowledges that recovering from any life-changing experience involving emotional distress, fatigue, or trauma, takes time, understanding, and a healing environment. Just as with military participants, the adapted programme lasting eight weeks aimed to help care home staff develop in their lives a sense of mission, achievement, self-worth, and empowerment through connection and a supportive community. The pilot course focused on the concepts of linking heart, body and soul, mind, and community to help individuals improve well-being.

Initial data from the course demonstrated an improvement in well-being for the whole care home staff group as measured by the Warwick Well-Being Scale. Reports from participants and senior managers indicated a significant improvement in team functioning, confidence, and mood, and these was an overall increase by 21 points on the Warwick Well-Being Scale.

Some participants struggled with low mood, OCD, and general anxiety but reported that the programme had made a real difference. As stated by one participant:

‘At first I was sceptical about the approach. But my mindset became more positive, which helped improve my mood. I was subsequently less angry, and my guilt at shielding was lessening. Towards the end of the course, I realised I wanted to be the best version of me that I could be, and I have started to advocate for my health better. It was great to see people from work every week, and this boosted my mood.’
Summary, conclusions, and recommendations

Throughout this paper, it has been argued that the sound biopsychosocial principles underpinning Maslow's hierarchy of needs work much better as a circle. It has been argued that the current (at the time of writing) COVID-19 pandemic has provided yet further powerful evidence to the effect that bodily, psychological, and social factors dynamically interact and are all equally vital to human health and well-being. It has also been argued that human attachments and relationships operate as a mediating factor at the centre of all individual, collective, and public mental health.

Therefore, a revised version of Maslow's theory has been proposed based on a wheel of needs rather than a hierarchy. Two practical initiatives have been developed to address the negative health impact of the COVID-19 pandemic have been described, which illustrate this circular and interactive approach to human health and well-being. Given the implicit popularity of biopsychosocial and 'holistic' thinking, there is no doubt also a plethora of other clinical models, interventions, charities, organisations, and services that could be referenced that are unknowingly demonstrating the utility of this circle of needs as a dynamic and fluid system.

Individuals can thrive only when they have a sense of safety and security, physical safety, and psychological and social safety. When the dynamic circle of needs is broken, and safety is threatened across any of these domains, individuals fail to thrive, and in worst cases, do not survive. Furthermore, when individuals experience circumstances out of their control, such as illness, or in the most current example, the pandemic, this wheel of well-being is key to supporting recovery, outcomes, and adaptability. Regardless of what happens in life, outcomes are better for individuals when all aspects of the circle of needs are considered and enhanced.

Three key principles and recommendations for the future are therefore as follows: (1) Attachment – Secure relationships and attachments are a fundamental part of all health and social care effectiveness and should be built into all training and delivery models; (2) Prevention and public health – It is better to meet in advance the fundamental needs of the human condition than to only treat subsequently the various illnesses and problems that arise from not meeting them at the outset; (3) From a Hierarchy to a Circle – Assessing and intervening in human health and well-being problems should always be contextual, circular, comprehensive, and biopsychosocial, without presuming in advance that anyone domain takes precedence. This has powerful implications for service delivery and modelling within general practice and other 'gatekeeping' functions in the health and social care system. A tool such as the 'Outcomes Star' (see MacKeith et al, 2011), developed for the homelessness sector, could potentially be adapted and used more widely as a general tool for measuring needs and outcomes in this respect. The concept of a circle of needs is not new but is simply being reimagined and redeveloped by the present authors. With its cycle of physical, psychological, social, and spiritual factors rooted in purposeful, meaningful attachments, the human condition has existed in the same way for centuries for as long as societies with social structures and rules have existed. These are not new phenomena, but they are being rediscovered and conceptualised anew in an age where concepts and models of human health have become overly fragmented into separate specialisms and departments. As stated by Mother Theresa (1910–1997): 'The hunger for love is much more difficult to remove than the hunger for bread.'

These concepts are not new but have simply been highlighted acutely by the pandemic and reimagined by the authors. It is perhaps therefore fitting to leave the last word to Aristotle (384–322 BCE): 'Human beings cannot achieve happiness or even something that approximates happiness unless they live in communities that foster good habits and provide the basic equipment of a well-lived life.'

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Nussbaum's capability approach is based on a narrative imagination that propagates an autonomisation and certainty of salvation through work reminiscent of Max Weber's Protestantism thesis. Nussbaum illustrates this idea through her character Vasanti from India, in the wake of her liberation from her husband and work in an all-female company. To this end, she constructs a sharp moral gender Manicheism that revolves around the paradigm of violence. We interpret that Nussbaum’s capabilities approach, far from being a new theory of justice, represents a methodologically questionable and logically contradictory gender lobbyism. Finally, taking Nussbaum’s claim to design an Aristotelian social democracy as a starting point, we discuss the notion of ζῷον συνδυαστικόν (sexually dichotomous being) in his political anthropology and his clear rejection of political fantasies about states of nature and liberation.

Keywords: capabilities approach; ethics; feminism; Protestantism; salvation
This paper is devoted to Martha Nussbaum’s capabilities approach as a developmental concept, presenting it as a unilaterally counter-gendered version of an old religious narrative that Max Weber characterised as the ‘spirit of capitalism’ in 1904–1905, and whose evaluation remains deeply ambivalent with him. Methodologically, I deconstruct Nussbaum’s narrative imagination, which according to my thesis presents itself as a counter-gendered-modernised version of Weber’s thesis. In particular, Weber’s concepts of a status naturae or status gratiae – borrowed from scholastic speculations on the state of nature – and their gendered perspective are deconstructed. Nussbaum takes up Weber’s spiritual-emancipatory concept of a metaphysics of labour in her figure of Vasanti. However, she inverts Weber’s gender perspective and radicalises it into an untheorised ethical gender Manicheism ex-ante. In doing so, the ambivalences of Weber’s balance are lost; neither on the psychological-individual nor on the historical-teleological-collective level does Nussbaum reflect on the price of a saving and healing authorisation through work. Like a psychological or political developmental approach that would go beyond sheer gender lobbyism on its behalf; her capabilities narrative is therefore hardly suitable.

The exoticist indeterminacy of the Capabilities Approach (CA)

The US classical philologist Martha Nussbaum (b. 1947) has further developed an approach of Amartya Sens in international cooperation (formerly called ‘development aid’) called capabilities approach (CA; Nussbaum, 2011; for a good introduction see Robeyns, 2016). Traditional psychological and political developmental thinking, she argues: ‘has been too abstractly technical, fixated on nation-state collective increases in the gross domestic product (GDP), without attending to the living standards of their poorer inhabitants, and without addressing issues such as health and education, which typically do not [sic] improve with economic growth.’ (Nussbaum, 2011, p. ix) Her approach focused instead on the question what are people able ‘(a.) to do and (b.) to be?’ (Nussbaum, 2011, p. x). Doing refers to their social functions (‘functions’), being refers to possibilities to realise goals (‘capabilities’). Her approach, she argues, be able ‘(to) show respect for real people, rather than simply reflecting the biases of intellectual elites.’ (Nussbaum, 2011, p. x) Easily understood proclamations and moral commitment are commendable in regulated markets such as the academy and international cooperation, but they are no substitute for a contradiction free, theoretically coherent method and material elaboration. So what exactly are capabilities?

Nussbaum refers to the normative character of her theory, which, however, is neither metaphysical nor dogmatic nor logical, but quasi-empirically legitimised by an ‘especially deep and continuous sort of experiential and historical truth,’ (Nussbaum, 2011, p. 74). Its normative claim is, therefore, on the one hand, politically discursively expandable or restrictable (so that its 10-point capabilities list is also repeatedly rearranged), but should, on the other hand, also be understood in an irreducibly humanistic-universalistic way. This methodological indeterminacy and partial contradictoriness has been criticised on various occasions; some points of criticism may be named (see overview in Robeyns, 2016; see the following points in Claassen, 2010; Deneulin, 2002; Nelson, 2008; Qizilbash, 2011.): Are capabilities classic civil rights of defence or are they new entitlements? Where exactly does the (whose) line between ‘basic’ and ‘more advanced’ capabilities run? What is the conversion-factor-relationship between concrete capabilities such as life, health, emotions, thought or play, especially in the case of conflict (e.g., between emotions, thought and play)? How should pondering and aggregation be done, by whom, and with what legitimacy? What is the relationship between individual well-being and social responsibility, traditionally: civic rights and duties? Which authority should legitimise the normative character of the capabilities approach, and which should guarantee a balance between democratic discourse with decision-making on the one hand and diversity on the other?

The comments on these issues are highly contradictory in the literature, and it is difficult to discern a prevailing opinion: Clark, for instance, criticises this lack of inner coherence and stringency, Nussbaum’s list of capabilities, he insists, is in fact an enticing, philosophical-mythological catalogue of virtues, methodologically ‘Socratic intuitivism’ (Clark, 2013, p. 176), politically Aristotlean social democracy (according to Nussbaum herself): ‘There are certainly few references to how [...] other voices’ (i.e., the voices of her worldwide, especially female interlocutors) have shaped the list of capabilities summarises Clark (2013, p. 177) this discrepancy between methodological aleatory and political dogmatics, and Jaggar (2006, p. 314) adds: ‘I have found no place in her extensive writings on capabilities where she questions her authority to decide what should be included on the list and what excluded from it, [...] she assumes the prerogative of assessing others contributions moral worth, thus deciding whose opinions should be respected and whose should be rejected as mistaken and corrupt.’

Methodologically, it is indeed astonishing that Nussbaum does not quote her informants once in transcribed verbatim speech, ignoring the now widely differentiated standard procedures of qualitative social science research and vivid narrative art alike (Kowal & O’Connell, 2010; Koschorke, 2012); Vasanti’s ex-husband,
though the starting point of the narrative, is not even given a pseudonym. Instead, the introduction of her character Vasanti is almost reminiscent of an auction: ‘First, we would probably notice how small Vasanti is, and we would initially take this as evidence of poor nutrition in childhood. [...] Because Vasanti has had no formal education she is cut off from a full understanding [sic] of her nation’s history and its political and economic structure. (Nussbaum, 2011, p. 4/7)

Critical nuances are communicated in a coldly detached tone, ‘such women [meaning her informant Vasanti!] (... are often homophobic and thus unlikely to be involved in lesbian relationships (....’ (Nussbaum, 2011, p. 11) This invisibility of her informant is all the more astonishing since the CA programmatically focuses on individual perspectives and self-perception, women’s voices, and not on externally measurable psychological, economic, educational, sanitary or other achievements, such as GDP, supply or literacy rates. Methodologically, it should therefore be recalled once again that Nussbaum is not a social scientist, but a classical philologist who, moreover, wants her approach to be understood melioristically-pragmatically, not epistemologically-theoretically. Robyn (2016) comments: ‘the practical approach to political philosophy [i.e., the CA] also aims to respect truth (in so far as this is known) in its analyses, but is willing to make some simplifications and [...] compromises to move the analysis forward to the realm of practical recommendations.’

In the context of our investigation, we, therefore, propose to understand Nussbaum’s Capabilities Approach methodologically primarily as a narrative in the sense of Lyotard (Herman et al., 2005; Lyotard, 1979), which makes use of existing narrative elements to reassemble them according to the intentions of the ‘author’ and to assert a claim to truth as a claim to power. Koschorke defines narrative in this sense as a ‘narrative form’ that can be filled out in a meaningful way by different narrators, but in doing so is under the ‘gravitational pull of culture-shaping narratives’ (Koschorke, 2012, p. 38); Nussbaum herself speaks of ‘storytelling’ and ‘narrative imagination’. The narratives we are deconstructing are the Calvinist notion of certainty of salvation through autonomous work as formulated by Max Weber, and the Enlightenment’s narrative of liberation and natural law, as in Rousseau or Karl Marx as ‘culture-pedagogical narratives’ (Bobbio, 2016). Deconstruction, in this respect, also begins here with the poststructuralist question Qui le dit?

We hypothesise that the White, Protestant-socialised, arriviste woman Martha Nussbaum draws on Calvinism’s narrative of meaning-making and distinction through work (common intellectual property in the US as the ‘Weber thesis’), that she combines this with Enlightenment’s natural law metaphors of liberation, and that her genuine contribution consists in the admixture of an untheorized gender Manicheism. In terms of narrative technique, she makes use of some elements of the exoticism that 19th-century French literature in particular produced. Jean-Marie Guyau (1854–1888), for example, recommended in his L’art au point de vue sociologique (1887) the admixture of exotic, biblical, and antique elements for realistic narratives as moyens d’échapper au trivial (means to evade the trivial; Guyau, 1887, p. 95); exotic, biblical, and antique colouration became a means to lend vividness and depth to trivialities. Sexual and sexual-political themes were especially typical of the genre, such as the abduction of a White European woman to the Orient and the possibilities of her subjugation and/or liberation. Voyeuristic triviality and/or (sexual) political appeals, could thus, exotically ‘hidden’, gain depth and brilliance. An anticizing invocation of Aristotle as a precursor of social democracy could also be interpreted in this way, as well as her Biblical connotations.

In sum, Nussbaum’s CA remains shimmeringly indeterminate in method and content. I propose to understand it primarily as a narrative imagination in the sense of a realistic-exoticist narrative with strong moralistic intentions.

Weber’s spirit of capitalism and the status gratiae

The German sociologist Max Weber (1864–1920) derived the spirit of capitalist acquisitiveness from a specifically Protestant work ethic, which, especially in areas dominated by Reformed Calvinist denominations (such as parts of Great Britain and the United States), had led to a kind of ‘religion of work’ on which contemporary capitalism and its division of labour rested. In one’s profession (German: Beruf) – whose meaning is etymologically derived from ‘calling’ and whose religious-metaphysical exaltation goes back to Luther’s translation of the Bible (in detail philologically Weber, 1904, fn. 54 et al.; hereafter cited as PEGK) – the Protestant believer’s inner-worldly search for meaning is fulfilled.

If we (...) follow the word historically and through the cultural languages, it becomes apparent, first of all, that the predominantly Catholic peoples, just as little as classical antiquity, have no expression of similar colouring for what we call ‘profession’ (in the sense of position in life, the circumscribed
field of work), while it exists among all predominantly Protestant peoples. (PEGK, all translations by the author)

It is based on a paradoxically areligious-monkish asceticism, which extended to an auto disciplining through rationalisation of all areas of life, and which – increasingly stripped of religious terminology, but all the more unconditionally connected to it in terms of content – becomes the dominant characteristic of European-American modernity. Weber uses two terms of theological anthropology to characterise this so-called ‘vocational’ rationality and its counterpart: status gratiae, as a state of being chosen and redeemed, and status naturae, as the epitome of the merely evolutionary-biological constitution.

For only in a fundamental transformation of the meaning of the whole life in every hour and every action could the work of grace prove itself as a lifting of man from status naturae into status gratiae. The life of the ‘saint’ was directed exclusively to a transcendent goal: beatitude, but for this very reason it was thoroughly rationalised in its this-worldly course (...). (PEGK, italics original)

Weber’s distinction, as a ‘discussion of the state of nature’, touches on a core area of psychological and political anthropology: in theological perspective, moreover, it bears a strong relation (in Genesis 2–5) to the gender dichotomy. Therefore, it will be reconstructed here in more detail. Weber’s dichotomisation is under complex. Status naturae is more differentiated in scholastic theological literature, to which Weber refers terminologically; without an additional attribute, the ‘naked’ term status naturae is unfamiliar. Letelier Widow (2018, p. 201) points to four different uses of the figure of status naturae in scholasticism, two theological (1. and 2.), one political (3.), and one philosophical (4.):

1. The status naturae innocens is the paradisical original state before the Fall of mankind (e.g., in Thomas Aquinas’ summa theologiae).
2. The status naturae post peccatum, is the gender-dichotomous state after the Fall of mankind (so, for instance, literally in Molina; cited in Letelier Widow, 2018).

The evolutionary starting point and the inescapable dividing line between the two is the dialectical recognition of the sexual dimorphism of human existence, as a man (and insofar as not-woman) and as a woman (and insofar as not-man). Modern evolutionary theory, whether in biology, sociobiology, or evolutionary psychology, confirms sexual dimorphism as the conflictual dynamic ‘engine’ of human genesis and history. The evolutionary scarcity of the reproductive resource ‘female uterus’ versus the surplus of the reproductive resource ‘male sperm’ leads to the principle of male competition versus female choice (Buss, 2005; Voland, 1992, 2000). Both status experience a social-theoretical reinterpretation and dynamization only in modern times:

3. The status naturae ante contractum then becomes the hypothetical starting point of political contract and legitimation theories of modernity. In Thomas Hobbes and John Locke, they are negatively related to the status naturae post peccatum (2.), the (ideal) state/State stands here opposite sinful man, as ‘tamer’ of naturally evil human beings, Jean-Jacques Rousseau or Karl Marx later positively refer to the status naturae innocens (1.), the (existing) state/State stands opposite to this innocent man here, as an obstacle to otherwise naturally good human beings. ‘Rousseau does not reproach Hobbes for describing the state of nature as a state of war, but instead for having it located at the beginning of human history, rather than at a subsequent moment.’ In doing so, Rousseau justifies his own triadic (and no longer dyadic) conception of history.’ (Bobbio, 2016, p. 5, italics added).

4. In contrast, the status naturae purae is – negatively – a purely philosophical speculation, of a man surrounded only by his works, without the stigma of earthly sin nor the possibility of the status gratiae as divine grace (so again in Thomas Aquinas summa theologiae).

The first two figures (1. and 2.) are related to each other, so – to scholasticism – the state of original innocence is not (yet) apolitical opposite of society, but merely the theological counterpart of Christian sin. ‘The innocent original state is not the counterpart of socialization, but simply the opposite of sin.’ (Letelier Widow, 2018, p. 208) Moreover, both figures (that of paradise as well as that of chaos as the primordial state) have counterparts in Greek and Roman ancient mythology (for mythological, philosophical, and literary examples see Letelier Widow, 2018, p. 211).

In the medieval Joachim of Fiore, these status are interpreted in terms of historical philosophy and teleology as seven consecutive historical world epochs, as status 1. iustitiae, 2. patientiae, 3. sapientie, 4. gratiae, 5.
innocentiae[ in that order], 6. humiliatis profundae and, finally 7. probationis ultimae, et hic incipit tempore anticristi. I will return to both status perspectives, the individual psychological and the historical-teleological.

It should be noted, for the sake of completeness, that beyond this (and contrary to it) an Aristotelian tradition assumes the general sociality of man, and to which state-of-nature speculations are unknown for this reason. If socialisation is ‘natural’ for man – as not only ζῷον πολιτικόν (political being), but ζῷον συνδυαστικόν (sexually dimorph being) – the idea of a state of nature ex ante is meaningless, a hypothetical paradigmatical state of nature useless as a basis of the political one (Aristotle & Krapinger, 1993).

It is now interesting for our result that Max Weber strongly gendered these two status (naturae and gratiae, respectively). While his wife Marianne became a leading women’s rights activist and politician in the Wilhelminian Empire, her husband explicitly paints a decidedly negative picture of female meaning-making through rationalising labour.

An image of backward traditionalist forms of work today is particularly often offered by women workers, especially unmarried ones. In particular, their absolute lack of ability and willingness to abandon outdated and once learned ways of working in favour of other, more practical ones, (…) to learn and concentrate the mind or just to need it at all, is an almost universal complaint of employers who employ girls, especially German girls. (PEGK)

This is not an accidental remark that needs to be relativized and contextualised. Weber expressis verbis excludes reflections on the relationship between Protestant work ethics and women, when, a little later in the PEGK, he criticises that the Realenzyklopädie für Protestantische Theologie und Kirche under the keyword Beruf ‘worthlessly, (…) instead of a scientific analysis of the concept and its genesis, contains all sorts of rather shallow remarks about all sorts of things, women’s question [Frauenfrage], and the like.’ (PEGK) ‘Love’ and ‘greatness’ are strictly counter-sexed in Weber’s ‘masculine thinking’, according to Bologh (2009). The status naturae seems to suffice for women; proof by grace by proving oneself in one’s profession is hardly ever sought by the latter, difficult for Weber himself to establish and imagine.

In contrast to this, there are the work-asetic, Protestant men in the status gratiae, a spiritual aristocracy of the saints predestined by God from eternity in the world, an aristocracy which was separated with its character indelibility from the rest of humanity rejected from eternity […] To this God-nobility of the elect […] facing the sin of the neighbour, not indulgent helpfulness in the awareness of one's weakness was adequate, but hatred and contempt against him as an enemy of God, who bears the mark of eternal reprobation on himself. (PEGK)

Precisely because the status gratiae cannot be worked out, but on the contrary, success in work is only proof (not reason) of being chosen, Calvinistically predestined from the beginning, the status gratiae – according to Max Weber – has nothing to do with classical theological concepts like forgiveness and reconciliation, compassion and mercy.

The humanly understandable Father in Heaven of the New Testament, who rejoices over the return of the sinner like a woman over the recovered penny, has here become a transcendent being, withdrawn from any human understanding, who from eternity, according to completely inscrutable counsels, has assigned his fate to each individual and has disposed of everything smallest in the cosmos. (PEGK)

Weber’s rhetorical-heroic, critical observations of feminism could also be interpreted in the context of the specific ‘Protestant rationalism’ of fin de siècle German universities, in which he faced fierce academic competition (on parallel rational routines and escape fantasies in Weber and Nietzsche see Treiber, 1992), but also in the context of the aforementioned political activity of his wife Marianne in the Baden parliament and especially in the women’s movement, which he viewed ambivalently (see Krüger, 2001, and less convincingly Meurer, 2010).

To sum up: as ambivalent as his view of the gender dichotomy is Weber’s diagnosis of Protestant ethics in toto. There was no recognisable alternative to nihilistic materialism, rational disenchantment and secularized asceticism, but instead of happiness they promised – as a ‘grandiose consequence’ (PEGK) – only material ‘comfort’, as a metaphor for confining an ethically acceptable ‘comforting’ lifestyle, and deep inner loneliness. Nevertheless, or precisely because of this, he categorically devalues those, who evade or are excluded from it in the status naturae (women and girls, for instance), without addressing or even resolving this contradiction.
Nussbaum’s metaphysics of autonomising work

A hundred years have passed since then. Nussbaum revisits the Weberian narrative, deletes Weber’s pessimism, and reverses the gender signs of the narrative. Her ‘secularised-secularising work ethic as the spirit of feminism’ be reconstructed and critically appreciated.

As a setting, she chooses India, whose social and historical structures may be unfamiliar in detail to most of her readers. The image of a backward, non-rationalised traditionalism, which Weber had still attributed to women, she now sketches oppositely — and in a tone not at all squeamish — for (Indian) men. “Male clerics play a big role in society, as in every country, and so, for example, Christian women in India got the right to divorce […] only in the year 2001, because the different kinds of Catholic priests and Protestant ministers resisted change […], it’s ridiculous. […] Muslim women […] have a similar problem (with) a thing called the Muslim Personal Law Board, which is a bunch of unelected, self-perpetuating male clerics who decide what the rules should be, and because they’re not accountable they don’t listen enough to the voices of women.”

(Nussbaum & Kreisler, 2006)

In contrast, the experience of salvation through autonomising work is illustrated by her in the case of an (Indian) woman. Methodologically, in the following, I will deconstruct and then interpret the Calvinist-transcendental narrative underlying her story.

Vasanti, economically a lower-class woman, though of the highest traditional social Brahmacharcaste, around 30 years of age, from Ahmedabad, is married to a ‘gambler (and) alcoholic’ (Nussbaum, 2011, p. 1) who remains unnamed; her marriage remains barren and domestic violence leads, according to the narrative, to her leaving her husband and returning to her native family; so far, so commonplace-universal. A story of also personal failure and biographical regression, or of the emergence of new horizons of female autonomy? Her father is dead, and her brothers do not provide reliably and sufficiently for her, also the state of Gujarat ‘had followed a growth-oriented agenda, without devoting many resources to the needs of its poorest inhabitants’ (Nussbaum p. 9) — so, from where should help come? ‘Many women in her position end up on the street, with no alternative but sex work,’ (Nussbaum, 2011, p. 2).

The allusion to Luke 15:11–32, in the figure of the failed one in a foreign land seeking the way back to the merciful father, seems obvious. Also, the inaccessibility of this comforting-catching father figure, and the failure of his secularised form as ‘father welfare state’ takes ex negativo reference from this. The Calvinist narrative that Nussbaum so obviously employs boils down to the all-important question: Is Vasanti lost, even doomed like her ex-husband, or will she find her salvation — and how?

The moment of transformation comes from outside, and its effects are transcendent. ‘Vasanti […] discovered the Self-Employed Women’s Organization (SEWA), a pathbreaking nongovernmental organization (NGO) in Ahmedabad that works with poor women.’ (Nussbaum, 2011, p. 2) SEWA itself shows all the ecclesiological signs of a true, almost religious-ascetic institution, per Aspera ad Astra — ‘it began as a humble credit union, [but] now operates a bank in an impressive office building […]’ (Nussbaum, 2011, p. 3) This is not surprising, since ‘all the officers and employees of the bank are women, many of them former beneficiaries of SEWA’s programs.’ (Nussbaum, 2011, p. 3) And unlike in secular Indian society out there, ‘divisions along lines of caste and religion are anathema in the Indian women’s movement,’ (Nussbaum, 2011, p. 3) A new community through work, female work. And an ascetic, pure community: sexual desires, for example, are not an issue among the righteous, on the contrary, ‘divisions along lines of sex’ are essentialistically charged to the dividing line between the chosen and the doomed:

They [the SEWA-employees] want to be able to live without a man, and they love the fact that one of SEWA’s central ideals is the Gandhian notion of self-sufficiency. The thought is that, just as India could not win self-respect and freedom without achieving self-sufficiency from its colonial master [i.e., England], so women cannot have self-respect and freedom without extricating themselves from dependence on their colonial [sic] masters, namely, men […] [They] express a preference for solidarity with a group of women. (Nussbaum, 2011, p. 11)

This, unintentional, silliness of the pathetic phrase can hardly be overlooked, that the author nevertheless aims at an agreement with the reader can only mean that they are established as topoi and need no explanation, but want to be recognized. Stylistically, the exoticism is unmistakable.
Which (a) individual psychological and which (b) historical-philosophical narrative underlies Nussbaum’s text? In terms of the philosophy of history, it is about the decolonial narrative: Self-sufficiency then means, politically, statehood under international law and economic independence, in the concrete case the detachment of India, Pakistan and Bangladesh from the English crown, triggered by the demonstrative violation of the salt monopoly by the Mahatma Gandhi. This decolonisation is obviously to be understood as a historical-teleological necessity, a historical process that was on the one hand historically inevitable, but on the other hand also difficult and therefore to be actively pursued, and to which there was ultimately no alternative.

Post-colonialist narratives can be connected here, which construct the after-effects of colonialism and the unfinished (never: unfinishability) of the process. The establishedness of the historical-teleological narrative of the ‘one’ decolonisation towards national self-respect, freedom under international law and economic self-sufficiency is now analogised into an individual-philosophical narrative: Vasanthi has had to free herself from – so literally – colonisation by her husband to become civilly divorced-independent, psychologically liberated, and economically self-sufficient. Freedom and independence, the narrative continues, thus become preconditions of solidarity. India’s history and Vasanti’s biography thus follow the same teleology.

The concept of solidarity could now appear as somehow ‘burned out’ because of the failed Marxist narrative and its historical crimes, especially in its proximity to the propagated metaphysics of labour. Therefore, it is immediately specified that it is about the preference for solidarity with a group of women (see above). Translated into Weberian terminology: the protagonist can assure herself of her saving salvation from the status naturae post peccatum up to her status gratiae through work, female-solidary gainful employment. Nussbaum’s choice of words ‘extricating oneself’ gives her otherwise rather sober-pragmatic narrative a stylistic, almost Old Testament flavour; it is about saving, tearing oneself out in the greatest need, to extricate oneself. The exotic, Biblical tone of the Calvinist pastor, who tells her congregation about the temptations and the steadfastness of the tested soul, is unmistakable, as is the danger of drifting stylistically into the clichéd and silly.

Modestly, perhaps even a bit self-deprecatingly, Nussbaum concurs ‘storytelling is never neutral; the narrator always directs attention to some features of the world rather than to others.’ (Nussbaum, 2011, p. 15) These other features of the world concern the dark side of Vasanti’s salvation, the contrasting side of men.

Manichaeanisation of the biological gender dichotomy

For Nussbaum’s untheorised, naive propagation of the autonomous, female subject, who becomes aware of her status gratiae in work, inspires a complementary, extremely pejorative anti-male rhetoric. Female metaphysics of work and a corresponding, sexual asceticism are contrasted with male ‘gambling and drinking’ in an almost caricature-like black-and-white manner. The Calvinist question of salvation and the election is reduced – and this is what is specifically modern about Nussbaum – to a simple gender issue, predestined from the beginning, therefore obviously neither accessible to nor in need of an in-depth analysis. Her White, Protestant, partly feminine, partly feminist values are transformed, wrapped in exoticist garb, into globalised political activism and cultural messianism without reflecting on their genesis, history, contexts, or limits. Clark rightly criticises that Nussbaum ‘bestows and takes away “fundamental entitlements” with alarming regularity and ease.’ (Clark, 2013, p. 177)

So, what about her husband, what is the cause of his addiction to alcohol and gambling, the Calvinist epitome of a self-imposed status naturae post peccatum? In Nussbaum’s pre-modern narrative, the reader learns nothing about this. ‘He got a vasectomy to take advantage [sic] of the cash incentive that Gujarat’s government offered to encourage sterilisation,’ (Nussbaum, 2011, p. 2); a procreative loser, that’s all the reader is supposed to know. Alas, what has gone wrong in his life that he has allowed the State to buy a central credential of his male identity for a few rupees; perhaps even to save his marriage? Doesn’t this poor wretch deserve our sympathy and perhaps even pity, living as he does in the same miserably hopeless conditions as his wife, conditions so near-distant and exoticly-attractive for Western academics? One might ask as a reading listener. Where does he turn, from where does help come to him? Nussbaum’s narrative here becomes one of unprecedented cynicism: She considers the vasectomy of this nameless and faceless divorced husband to be quite problematic as such; but only for others, for ‘vasectomy is not a great means of population control for many reasons, not the least of which is that it robs women [sic] of choice,’ (Nussbaum, 2011, p. 8) It is hard to speak more pejoratively sexist about any human being, man or woman. One of the well-sounding axioms of the otherwise dogmatically and methodologically unrounded Capabilities Approach is that anthropologically the means-purpose relation must always turn out in favour of the latter, ‘the approach
espouses a principle of each person as an end’ (Nussbaum, 2011, p. 35, italics original). Nussbaum could hardly have formulated her restriction in a more sexist-cynical way, for it implicitly applies only to women: Women are ends, men are means. Now, what exactly makes the nameless husband so doomed and untouchable, alcohol and gambling addiction alone?

Only apparently gender-neutral, Nussbaum states: ‘the toll that domestic violence takes on physical health is enormous, but its effect on emotional health is equally devastating.’ (Nussbaum, 2011, p. 8, italics added) It is hard to disagree with this, the emergence of a spiral of domestic violence from (a) psychological to (b) physical to the invocation of (c) state-structural violence is quite well explored in the criminological and forensic literature: Violence in general, but especially domestic violence, is thereby, according to prevailing opinion, not a freely chosen evil, therefore primarily ethically reprehensible, and certainly gender-specific, but on the contrary, it is dependent on various interdependent variables such as biographical imprint, family system, social class, age, sexual orientation, reproductive status of men and women, also drug use, communication skills, intelligence, ethnicity or religion, but especially sexual fidelity and infidelity, suspected and/or real. And domestic violence leaves deep feelings of powerlessness and anger, of shame and guilt, of remorse and despair. Central to our context is: all variables apply equally to men and women, women and men (for a systemic approach to domestic violence, see extensively and forcefully Hamel & Nicholls, 2007; Bock, 2003; Krahé, 2003).

Empirically wrong, moreover, is Nussbaum’s explicit assessment that children protect women from domestic violence by men by their very existence, ‘a childless woman is more vulnerable to domestic violence.’ (Nussbaum, 2011, p. 2) Perpetrators of domestic violence against children are 80% women, simply because they are empirically much more involved with children daily, therefore many more situations arise for violence to occur (Bock, 2019). However, again, domestic female violence against children is not ‘freely chosen evil’ either, but is also an expression of excessive demands and powerlessness, disillusionment and helplessness on the side of the mother or professional.

Between adult partners, it is difficult to separate perpetrators and victims; Hamel & Nicholls (2007) assume a 50/50 distribution in their meta-analysis. Nussbaum, on the other side, constructs an uncompromisingly bleak, masculine background apart from these criminological findings, from which the rescue of her female protagonist stands out all the brighter. There is no room for an enlightened-rational view of the emergence of violence in close social relationships, especially as a function of social class; it is about something greater, something higher – the struggle of good and evil, the rescue of the innocent, the death of the dragon (criminologically sober on this ancient figure still paradigmatic-criminal Lüderssen, 1999). Whoever inquires there, critically soberly, even doubts unflinchingly, probably almost makes himself an accomplice (Popp, 2003). Since the issue is central to Nussbaum’s gender Manichaism, we have deconstructed it at length here and will return to the issue again.

In the same pastoral Calvinist tone, Nussbaum concludes by turning the gaze back to the big picture to reinforce the work ethic in the face of the world’s imperfection without resignation, no matter where the individual sincere may live; Vasanti (and even more perhaps her male counterpart) is everywhere: ‘All nations [...] are developing nations [...]. All are currently failing at the aim of ensuring dignity and opportunity for each person [sic].’ (Nussbaum, 2011, p. 16) We are all sinners, some more, some less.

This is hardly scientifically meaningful to contradict, but it still does not represent a social-theoretically founded, empirically falsifiable, innovative approach to psychological and political issues of development. On the contrary, Nussbaum’s narrative is at best fairy-tale and romantic-childish, at worst misanthropic-cynical, ‘she ultimately has nothing to fall back on but her own refined intuitions,’ (so ironically Clark, 2013, p. 177, italics added). Thus, in an exotic land, she finds exactly what she was looking for: backwards-violent villains and helpless-good bonnes sauvages (for historical reconstructions of these topoi and their political implications, see Cro, 1990; also Jahoda, 1999).

Her pastoral intellectual tone is highly missionary and arrogant, her maternal gestures of disposition and exclusion toward her informant Vasanti and her informant’s ex-husband, especially in this cross-cultural context, completely methodologically untenable, logically unsound, and psychologically exposing. Methodologically, as it neither recognizably follows the established logic of social science research nor makes explicit and justifies alternative methods (Döring & Bortz, 2016; Kowal & O’Connell, 2010). Logically, as she Capabilities list existentially assigns and denies by gender without being able to justify (see below). Psychologically exposing her pastoral ‘paternalism-individuals and countries may choose to realise capabilities in a variety of ways, but they cannot challenge any of the items on Nussbaum’s list.’ (Clark, 2013, p. 178; see also Okin, 2003) Nussbaum seems convinced that what the poor have missed most in their lives is
the transcendent interference of the white Anglo-Saxon Protestant missionary "from the outside" - in his secularized, modernized-feminine version, to be sure.

Dependent wage labour, however, organised and paid, is the stigma of the many, not the distinction of the few, and it usually does not promise religious purification and transcendence, as Nussbaum’s hagiography insinuates, but simply consumes a lifetime. To confuse the sublime with work enharmonically is in and of itself, the historical process, which Weber reconstructs so vividly and by no means affirmatively, and which still demands more explanations, legitimations and reflections than it provides answers; and which certainly does not automatically compel missionary action. Outside of strict Calvinism, work is precisely not a metaphysical or eschatological principle that can only be finally concretised and applied. In the narrative to which Nussbaum refers, work ethic is originally more a stigma into which we immerse our burdened selves than a divine response to the conditio humana that should only be greeted with joy. Weber himself sighed resignedly, ‘the Puritan wanted to be a professional man, we must be.’ (PEGK)

**Nussbaum’s Calvinist work ethic and the spirit of feminism**

Nevertheless, Nussbaum’s capability approach stands out restfully from the almost medievally unworldly, speculative feminist scholasticism of, say, a Judith Butler (Nussbaum, 1999).

A still slightly expanding Indian population not only wants to be fed but also demands life opportunities and social advancement on a globalised scale. Counteracting (also religiously based) quietism and resignation here seems sensible. India’s poverty rate has been more than halved in recent years, the literacy rate among young people is now over 90%, the proportion of the population living in extreme poverty was only 3% in 2019, the total population is no longer growing fast, and a Western-style middle class is emerging in many parts of the subcontinent (World Bank, 2020). Vasanti’s rudimentary middle-class stratification itself is part of this development. If Nussbaum’s CA has contributed to this - which would have to be shown - it would be to be welcomed without hesitation.

To be rejected, on the other hand, is her moralistic gender Manicheism, which is inseparable from the rhetoric of her Capabilities Approach. She summarises her emphasis on ‘changes for real people’ (Nussbaum, 2011, p. 14) as ‘working with many activists over the years and noticing what their experienced eyes notice as significant in the lives of women of their societies, I have tried to educate my judgment accordingly […].’ (Nussbaum, 2011, p. 15)

This demonstrative attention to exclusively female biographies, even their messianic historical-teleological charge as part of liberation from patriarchal ‘colonisation’, on the other hand, must itself be critically deconstructed as a missionary feminist narrative. This applies to its historical-teleological-collective as well as to its biographical-individual side. Neither is Vasanti’s everyday story of marital failure inscribed in a historical or metaphysical collective-female struggle against patriarchy nor does her gender absolve her from processing her parts as perpetrator and victim in coming to terms with social and emotional experiences of marital failure, however poor or wealthy she may be.

Weber had no illusions about the high costs of a capitalist society based on the division of labour; at that time borne by men. The loneliness that accompanied the competition for resources during lifelong gainful employment was countered as consolation only by ‘comfort’, which ‘characteristically (spans) the circle of ethically permissible uses […], clean and solid.’ (PEGK). Nussbaum takes up the motives but turns them into their opposite.

Not gainful employment, but on the contrary, her marriage had isolated Vasanti, ‘during her marriage she was cut off all relationships except the highly unequal one with her abusive husband.’ (Nussbaum, 2011, p. 9) Now, however, she is ‘active in politics, […] [with] a whole group of friends who respect her as an equal.’ Compared to a socio-educationally supervised female gainful employment in a (presumably subsidised) NGO, the intimacy of marriage, especially sexual intimacy, appears here as depressing, provisional, violent, and demeaning, especially also in connection with the extensively described political consciousness-raising that accompanies Vasanti’s divorce. The contact with the SEWA NGO is itself logically presented as a kind of religious revival experience, ‘a sign of new openness and curiosity. She seemed excited and proud to talk about her new life.’ (Nussbaum, 2011, p. 9, italics added).

In any case, her friend Kokila (for whom it remains unclear whether she is a work colleague or caretaker of the NGO) and Vasanti become political activists, ‘combating domestic violence in her community […], a key issue,’
(Nussbaum, p. 3/4). Two physically weak but mentally strong female lights in the diffuse darkness of male-dominated violence in distant patriarchal lands, unapproachable to our steps.

The narrative of liberation on this individual psychological level is now equally extended to a historical teleological model of development. Central again is the woman’s possibility to improve her social status through a divorce, to gain ‘bargaining power in the marriage’ and ‘leverage against an abusive husband,’ (Nussbaum, 2011, p. 8). The central moment in Nussbaum’s narrative separating men and women is the violence argument.

Violence, it is implied, is categorically counter-gendered between men and women according to perpetrators and victims. So axiomatic is this assumption that Nussbaum neither explicates it theoretically nor verifies it empirically; put another way: falsification, or even differentiation, of this assumption, would bring down her argument. It underlies both Vasanti’s salvation narrative and her absurd manicheisation of CA itself. With the topic of divorce, she brings her exoticist narrative into the lifeworld horizon of her readers, and especially female readers of the Western academic middle class. ‘The experience of domestic violence is probably as common in the US as it is in India, studies show, and strategies to combat it are still insufficient [...]’ (Nussbaum, 2011, p. 16). Even though she does not list any theoretical derivation and/or empirical data for this idea, so the reader does not know what is specifically meant by ‘studies show’, one will agree. However, this experience of domestic violence affects men and women equally, both as perpetrators and as victims (on children and domestic violence, see above). Nussbaum’s CA is therefore not suitable for a social-theoretical approach to development, whether in a psychological, a nation-state framework or international cooperation. It is the opposite.

The narrative of the liberating effect of the dissolution of marriages and families and their replacement by female autonomous gainful employment, whether subsidised in an NGO or on the free human capital market, is gender lobbyism by Western academics on their behalf, needily cloaked in exoticist garb. On the one hand, because it narratively rationalises individual psychological guilt and shame over marital failure into female narratives of purification and abolution. Second, because it materially-concretely defines children as the lifelong ‘property’ of mothers in terms of natural law, but at the same time gives property and compensation issues in divorces in favour of women a central place in its CA. In this respect, the gain of female autonomy through gainful employment is not supposed to affect older social equalization and provision mechanisms. Their narrative is not about justice-theoretical equality for all, but about gender-lobbyist at least equality for us.

Lobbyism is the CA also because Nussbaum consistently ignores the voices of (married) men. The voice of Vasanti’s ex-husband remains mute – his name, his biography, his traditional caste, his subsequent fate as a divorced, sterile alcoholic and gambling addict – not a word. The category of ‘traditional caste’ seems worth mentioning insofar as it could be an indicator of a traditional mesalliance, an indicator of the lack of satisfaction of the female need for hypergamy, in other words, the inability to fulfill Vasanti’s status claims as a Brahmin (for a detailed discussion of the antagonism between political-philosophical desires for equality and emotional desires for hypergamy, see Meier, 2018). Again, Nussbaum’s narrative merely exoticizes Western feminist discourses of divorce and hypergamy, of education and income. Her central syllogism is deconstructed in this respect:

What I found was that of course, the issues are continuous with issues that feminists talk about in the US – sexual harassment, domestic violence, adequate rape laws, these are big issues – but there are also quite other issues [...], like girls being able to go to school, girls being able not to be married at age six, girls being able to have access to employment opportunities, being able to have equal property rights. These things are very connected with the others because one main way that women can stand up to their husbands against domestic violence is by having a job so that the husband knows that she can exit if she wants to, she can take that money out of the household, [...] and then, ‘I’m losing. (Nussbaum & Kreisler, 2006, italics added)

Seemingly classically syllogistic, the recall of the established ‘big issues’ of psychological and physical, exclusively male violence is followed by the antithetical infantilisation of the corresponding women as ‘girls’ who prefer to go to school and work instead of getting married at age 6, and ‘these things are very connected.’
Schematically, it could be presented like this:

| Major premise | Men can be | violent (psychologically and physically). |
| Minor premise | (School-)girls are | not men. |

From both sentences, no conclusion can be formed since the premises are not sufficiently defined. Statements about analogous adult women (instead of girls) and their (potential or actual, psychological, physical and/or structural-state) violence, possibly theoretically derived and empirically proven, are missing.

Nevertheless, Nussbaum implicitly draws the following conclusion:

| Conclusion | Women cannot be | violent (psychologically, physically, nor structurally – ergo: ‘guilty’). |

Strictly Aristotelian-social-democratic, however, this conclusion could have been reached only by stating the following propositions, since only in this way logical subject and logical predicate with corresponding termini maior, medius and minor would have been present:

| Major premise | Exclusively men | can be/are violent. |
| Minor premise | Women are | not men. |
| Conclusion | Women | cannot be violent/are not violent. |

Nussbaum’s, empirically evidence-free, linking of exclusively male psychological (‘sexual harassment’), physical (‘domestic violence’, ‘rape’) and the invocation of state-structural violence (‘The legal system is slow and notoriously corrupt’; Nussbaum, 2011, p. 8) is logically inconclusive, the narrowing of the topic of marriage and family to (male) violence and (female) divorce serves as a kind of ethical free license with exoticist colouration. In any case, the exaggeration of the aporias of Western gender lobbyism into a developmental-historical-teleological demasculinisation narrative is naïve at best, silly at worst, but in any case deeply sexist and unjust, the plain opposite of a new ‘theory of justice’ (Nussbaum, 2011, p. 18).

Plea for an Aristotelian Social Democracy

Nussbaum herself anticisationaly invokes Aristotle as a guarantor of her project of universalism women’s autonomy. This seems somewhat bold in terms of philological interpretation. Aristotle does not know any fantasies of the natural states; therefore he does not fantasise about liberation as social programmes, one-sidedly gendered, state-subsidised ones either. Discussions about one or more statusus naturae are alien to him (in detail see Knoll, 2009). To his political anthropology, man is, as said, not only ἄνθρωπος (political being) but ζῷον συνδυαστικόν (sexually dimorphic being), a being that is always and exclusively the result of a preceding social relationship of man and woman thus, tertium non datur (Aristotle & Krapinger, 1993). A paradisiacal primordial state is unknown to Aristotle, its recovery as a political programme; however naïve and/or politically dangerous – un-Aristotelian, if only when dichotomously biologised. Justice, on the contrary, is Aristotle’s famous definition in the Nicomachean Ethics of treating equals equally and unequals unequally. (Aristotle & Krapinger, 1993; socio-theoretically by Gordon, 2007)

Thus, the central question becomes: What are men and women, what our fathers and mothers – equal or unequal? According to Aristotle, this depends on the applied standard, so also with the question about the equality and inequality of men and women, fathers and mothers. For traditionally they are biologically – reproductively complementary-unequal, and traditional societies like India treat them (or treated them until recently) unequally for this reason, in family and inheritance law, for example, but also in the military. Nussbaum attempts to scandalise this, with little cultural sensitivity, by portraying ‘unequal laws of property and inheritance,’ (Nussbaum, 2011, p. 4) as regressive from a Western feminist perspective. The implicit basis of this social and legal inequality, however, was the notion of a biological inequality of the sexes, which in its complementarity – and only in this complementarity – ensured the physical-biological continuity of society and the State, and only in this way.
Economically-productively, on the other hand, men and women are in principle equal, if one ignores minor differences in body size (Hines, 2005) and intelligence dispersion (Nyborg, 2005). Modern societies with a certain obsession for economic production, therefore, treat men and women equally, even see the ‘active enforcement of equality as a Constitutional goal’ (Grundgeset, n.d.), diverging only in the question of whether equality of opportunity, procedural equality or equality of outcome is meant (Hegtvedt & Cook, n.d.; Konow, 2003; McCorkel et al., 2005; Tyler & Allan Lind, 2002).

Left unresolved, indeed: untheorized, is the question of reproductive inequality, and with it that of the demographic reproduction of society and the State. Implicitly, this is solved in the CA in terms of natural law: children are understood as a lifestyle addition and lifelong property of the mother, ‘(providing) her with a source of love.’ (Nussbaum, 2011, p. 9). This untheorized natural law distribution of rights and duties, burdens and joys between the two biologically complementary-unequal parents can hardly be justified in terms of justice theory. It cannot work, and it does not work, neither in India nor in the West, neither in mediated nor in poor societies. Instead, the economy-induced absolutisation of gender autonomy leads to a demographic imbalance that is already abundantly evident in all Western societies. Biological reproduction becomes an incalculable financial, social and not least emotional life risk, especially for young men, who avoid it for good reasons.

An Aristotelian social democracy, in contrast, would bid farewell to the obsession with increasing economic production through the autonomisation of the sexes ‘at all costs’ and would insist on the inescapable, natural, and sustainable reproductive complementarity of the two sexes as ζῷον συνδυαστικόν. It would understand the long, parental-investment-intensive phases of childhood and adolescence and the associated need for declining, especially female, economic productivity no longer as a welfare-state nuisance that ‘non-violent’ models of autonomous female parenthood and wage labour would have to remedy in equal measure, but as part of the human condition, whose evolutionarily anchored need for constant biological renewal the modern, production-oriented state – in contrast to the traditional, reproduction-oriented state – does not sufficiently account for.

Thus, instead of propagating female autonomy and work as a progressive, and – on the discursive detour via the violence narrative – the only just model of society, it would seem more promising and more fruitful to (re)base the enlightened constitutional discussion directly on the anthropological fact of complementary sexuality as status naturae purae. This would require and release both socio-philosophical and constitutional-legal imagination, which would not get lost in rationalizing exotisms and redundant moralistic rigorism. To vary a famous dictum of the German social philosopher Karl Marx (1818–1883), it would be important to turn Nussbaum’s Aristotle ‘from its head to its feet’ to weigh the costs and benefits of the propagated race to catch up in terms of female modernization, rationalisation and disenchantment.

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The upward mobility of recovery: Using lived experience to steer healing in the right direction

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There is undeniable mobility to recovery. Moving forward in your path to health and healing requires inertia. From the recovery rate, the sheer speed and velocity needed to push past life’s setbacks and identify a sustainable pace is a feat that requires a high level of self-awareness and knowledge of one’s diagnosis. Depending on the diagnosis, trauma history, and triggers, the individual will need to know how to lock on to a path that will lead them towards better health and avoid the undertow of relapse. This is a tightrope, and walking the line necessitates discipline, wisdom, and lived experience. To get right to the heart of the matter, unless therapists, peers, and mental health professionals practice techniques to help their consumers self-soothe and at greater peace with their situation to avoid havoc. Even worse, misapplication of therapeutic work can be just as disabling, if not more harmful, than dwelling or being upset. Of course, there is a fine line here before helpful becomes harmful. In the mental health realm, all too often, practitioners forget to be extra mindful not to cross this line and harm when it could have avoided with more practice. Researchers are hoping to explore this line and make it visible to the reader. The research is revealing that people practising this skill are too often clumsy in their approach. They sometimes work with limited information on how to correctly implement this skill in practice when providing therapy or peer-centric relationships. Depending on how these terms have been conceptualised from theory and applied to practice interventions, a small problem can turn into an even bigger problem.

Keywords: direction; health; lived experience; recovery; wellness
Finding the energy to move forward in recovery can be difficult. With severe symptoms, it can carry lethargy from medication side effects, or even worse, setbacks from poor decision-making from cognitive distortions that can form from delusional systems that can become fixed or solvent the condition (Acharya & Relojo, 2017). With all of these obstacles in your path to healing, finding the right course to avoid pitfalls can be problematic. Each successive setback can be even more demoralising. This is understandable but not a license to stop walking the path to health and healing.

While having a robust clinical prowess can help frame your weak points and strengths, only learning from lived experience will forecast how you will respond to stressors and how quickly you rally back from pitfalls and relapse risk (Deegan, 1988). Unfortunately, this means a period of trial and error. It does not sound very clinical, but it is very clinical, as testing and applied experiential knowledge are most certainly a part of the clinical picture. Sometimes, we need to see what works and what does not work before we can genuinely forecast the future from historical experiences. So how can we understand the mobility that moves our recovery along in better terms? Mobility is a movement. Above all, it is the energy that pushes us past holding patterns in our recovery in which people stagnate and feel trapped, without progress or Hope. These can be the most frustrating moments in our recovery when we do not seem to make any progress from week to week. Mobility makes progress possible. However, mobility itself is not progressing. It is the mechanism that drives improvement forward (Guttman, 2017). It certainly seems to be for the camps in the mental health reform movement(s) – I have bracketed the ‘s’ because it is not one movement.

**Defining help in clinical practice**

Theoretically, all of us in mental health want the best for our fellow people suffering or in distress. Indeed, the climate in the rooms at mental health seminars, retreats, and the next team meeting at a local agency is never on the same page. Even when it comes down to our very intentions of helping other folks in distress, how to do so has become a bit nebulous lately in the field. This blip in the agreement between practitioners on best practices makes the helping process even more beguiling (Guttman, 2020). When can the helping profession not agree on what help means? Unfortunately, there is no consensus (not even close!) through care systems in Eurocentric expressions of mental health treatment or the reform movement because help is far too unique to the individual. We are working with people with different cross-sections of society. Moreover, even if we all did suffer from the same plight, the manifestation of any ‘disorder’ or symptom (for those that lean towards DSM-oriented frameworks for positing mental health issues as a constellation of illnesses requiring treatment) is going to be different. Even for folks on the other end of the spectrum (and it is just that, a spectrum of stances), understanding these issues at hand as a direct or indirect result of complex traumas or learned behaviours from environmental, discriminatory, or any number of nonorganic and codifying approaches to framing what the person needing it profoundly difficult to define the idea of help (Courtois, 2004). So, let us evaluate the different sides and various in-between areas of this spectrum of definitions intersecting help, mental health, and radical acceptance. We will begin with a small survey of symptoms in the medical model of mental health treatment. There are indisputably many diagnoses that have problematic symptoms. These symptoms complicate our social lives. Well, for starters, let us look at depressive symptoms. When someone is feeling sad, they may choose to isolate, among other possible behaviours. Now, evaluate this symptom of sadness as a case example. If we were to step inside the therapy room and observe this therapist practice radical acceptance, how might it approach? As a practicing therapist, this theoretical therapist could have several possible inroads to suggesting to his or her consumer that sometimes it is okay to be sad. A safe approach (for now, at least until it takes a dangerous turn, look out!) Sometimes, we all get upset; isn’t this a given truth? This therapist might say that acceptance of our sadness, grief, or negative feelings and being all right with not being okay in the moment is also very encouraging. Sometimes this is true as well. To begin to understand this more, we first have to realise we have landed there.

Now, isolating is normal behaviour for many folks (maladaptive but normal) when we are sad. Well, a piece of accepting landing in a tough spot means possessing a level of self-awareness (Relojo & Gagani, 2016). Ask questions and check-in with the status of personal well-being ( Ryff & Essex, 1992). A step forward, similar to enacting self-actualization, and self-awareness, are other insight-oriented cognitive processes that make us think more about our behaviour (Santos & Relojo, 2020). Now, here is the line. Just thinking about our actions does not mean we will choose to make healthy decisions and enact positive behaviours in the future (Slade, 2010). After all, at this point, sadness and knowing things are going well. Being more aware does not mean choosing to do the right thing in every situation. Holding on to the belief solving a problem is futile is an even bigger problem (Gagani et al., 2016). Therapists cannot gauge where people are in terms of the intensity of the symptom and its persistence/chronicity when it comes to patient safety. The risk of potential harm is even more dangerous. This is just one symptom in a giant galaxy of human behaviour where there are even more expressions and twice many outcomes depending on the contributing factors we discussed earlier. Now, this
writer thinks very highly of himself and his colleagues. Despite these lofty beliefs, this writer is also a realist and needs to be pragmatic at work as a therapist. Not even the most skilled and calculating clinician or peer can predict or calculate these outcomes (reading the DSM backward and forwards or as an expert in human behaviour) unless the therapist is supernaturally clairvoyant and can read into the future with their clinical gaze. For this very reason, there are always incidents in this line of work. Despite what we know, an element of unpredictability enmeshed into the very web of how we practice radical acceptance in therapy and during peer-centric relationships. Now, let us delve into more peer-centric interventions with the same need addressed: sadness, loneliness, or something similar (Bautista et al., 2018; Pilao et al., 2106). One great tested way of helping someone sad is not therapy or medication. Sometimes, it is just plain old-fashioned fun. Whether it is connecting with friends or feeling more connected to the community, socialisation is a great way to reduce sadness. Complete recovery or experiencing relief for people experiencing sadness can be establishing more meaningful friendships, time spent socialising, and having plain wholesome fun with peers. Now, that line that we talked about earlier is about to make its re-emergence into this conversation. Don't emotions like sadness sometimes make it more difficult to relate with others? When we feel sad, you do not necessarily want to get out there and take the world head-on? Maybe not. Peer relationships, friendships can suffer tremendous interpersonal failure in the wake of behaviours that are not prosocial. As a friend or a peer, how many figurative (hopefully not literal) slaps in the face with untoward behaviour will you take before dropping this disordered peer (or just plain rude and inhospitable)?

**The peer relationship: Radical acceptance, mutuality, and support**

Radical acceptance of a sad person's feeling comes with the peer's mutual responsibility to accept these persons where they are at with life, right? I mean, how can we practice mutuality and not be realistic about a sad person's potential behaviours when he or she does not feel well? Some friends may claim to be supportive. Some reality testing here. Let us be real if this were in the context of a job situation (Chavez et al., 2019). Even within family systems, some behaviours warrant immediate police intervention beyond a friend's support (Guttman, 2018). Threatening an ally and put them at risk of harm, this friend must call the authorities. There are so many symptoms that truly make prosocial interaction far too complex to practice radical acceptance without sitting on a vast litany of other interventions.

Knowing the craft will determine the practitioner's or peers' ability to identify this line and select an appropriate intervention congruent with a client's clinical picture's shifting nature. Increasingly tricky as old symptoms can manifest unpredictably. New ones may emerge during the recovery process as a direct or indirect result of those discussed earlier. Understanding this will go a long way in reducing possible resentment and anger from allies that may hold accountable for unexplainable behaviours or symptoms. Friends who understand these issues when practicing radical acceptance will always struggle with where the line is each time. When practising radical acceptance, making decisions about safety may not be mutual. Instead, how comfortable a friend is with active symptoms and how adequate friends obtain support (Caleb & Relojo, 2019). Sometimes, like all relationships, the decision will not always be mutual. Be prepared for that sobering possibility. There is no question that friends of someone carrying a mental health diagnosis deserve our unconditional radical acceptance of their symptoms and recovery journeys (Relojo-Howell, 2020). Unfortunately, be prepared for times when this may not always be possible due to the nature of so many things that can go wrong with our mental health.

**Upward mobility: steering recovery in the right direction**

Think of a car, and it is the engine. The engine moves the car along from point A to point B. However, depending on the driver's course and direction, the vehicle's journey can have several outcomes. The car can safely get to point B and experience movement towards its goal. The vehicle can crash on its way to point B and not make it to its destination. This is the stagnation, holding pattern, and deferred progress I was referring to, all of which depend on the knowledge, skills, wisdom, preparedness, and things that push back against relapse. As drivers in our recovery or captains of the ship, if you prefer that metaphor, we all need to steer apparent pitfalls. More importantly, we need to truly understand how far and how much we can push, continue moving forward in our recovery without burning out our engine, or worse, getting injured along the way. I have experienced many injuries and mishaps along the way to my path to health and healing. However, no harm so devastating that I could not keep moving forward. Why? Because I got to know my weak points very well. When I am collapsing, I learned to sit down and take a seat before hitting the hard-cold pavement of relapse and heartache: (a) learn your limits; (b) plan for the worst at all times; (c) know your weak points and nurture your strengths; (d) tally your victories and each marker or indicator you are making progress; (e) when you succeed, prepare to lose ground unless you get to know the mobility and momentum required to keep moving forward. Learning limits is a constant reminder of how far you can psychologically and physiologically push
your body before accumulating negative feedback or outcomes. Honestly, know that not being mindful of this can lead to the worst of relapses. Keeping in mind a great stretch is this awareness of your limits can be limitlesslly fruitful in avoiding potentially harmful and challenging problems in your health path (Westerman, 2014). Keeping in mind, charting your victories, however small, is motivating but clinically helpful in raising your own awareness of what works and what does not move the momentum of healing along.

**Lived experience as a self-diagnostic tool**

The concept of recovery and healing is so complicated. Let us assume that people ‘heal’ as a by-product of their recovery, including many other aspects. These aspects include their overall stance on healing, approach to recovery, rate-of-recovery, and so many other nuances that contribute to our overall healing from trauma, self-inflicted harm, and organic brain disease. I would like to explore my own lived experience with first-onset psychosis.

I always knew the qualities of my personality were altered by schizophrenia. I approach problems differently today than before my disorder. I even come positive insertions into my life differently today. These insertions can be as simple as good conversation during the workday or meeting a new person and experiencing a budding relationship blossom. However, what exactly do I mean by different? The difference is at the level of how I handle such occurrences. These extend beyond the normal development of my personality, I believe. We all grow and mature over time. There is no question that some of the changes I am gesturing towards are due to my development’s natural progression. However, I know myself better than that. I also know I have had to mature a lot faster than most people my age. This is mainly because developmentally, I cannot afford to make the same mistakes people at my development stage make. Since my psychological landscape has little room for error, I need to be extra cautious, extra careful, and speedy in how I go about maturing and the maturation process. I need to handle things differently (Christensen & Mikkelsen, 2008). However, my question is: how much of this is a by-product of the changes due to the first onset? I genuinely wonder if the resultant changes that manifested in my brain necessitated me to handle things differently. Meaning, because my mind now functions differently, is the need to feel things differently from the first onset, or is it a result of how my brain went about healing? Are the changes the direct result of trauma to the brain or the development of my mind healing ‘normally’? I will tell you one thing. For the most part, I have not changed how I handle things because I wanted to be spontaneous and change things. No, I have had to because, after the first onset, I was so disoriented that I could not speak intelligently enough for others to gather anything meaningful from my speech. I have written extensively on stilted language and the changes during my episode when the first onset first hit my brain’s synapses. However, I rarely evaluate how my speech was before my disorder and after my recovery. More importantly, given my findings, how I find my own brain’s capacity to heal from psychosis? I am no speech analyst. In truth, my expertise is in rhetoric and only helpful when studying the words used, delivery, style, memory, and delivery. However, even with my limited knowledge of how rhetoric works. A side-by-side comparison of my speech and ability to communicate before the first onset and after is bothersome on many levels and remarkably telling on others. Incredibly speaking of the energy, I invested in my recovery, the specific skills I was able to relearn, and how far I could push forward in areas that benefited from relearning how to speak and communicate. That is to say, not every aspect of my rhetorical canon was repaired or responded to the work I invested in regaining my language facilities.

In my 2006 radio show, County Speak, on WHRW 90.5 Binghamton, I was at the height of my college speaking career. Thoroughly before any schizophrenia symptoms, I was in complete command of what I wanted to say and how I went about saying it. After listening to the show alongside a recent interview from this year, I was taken aback. I sounded like an altogether different person years ago. Let us break it down on the level of rhetoric. In terms of style, my speech was certainly more spontaneous in 2007, with less effort and energy expended on my part to seem so. My memory was remarkably better in 2007. I needed to pause less to gather my thoughts, and the flow and diction were more even and smooth. All these aspects of rhetoric have taken a turn after the first onset. These aspects of my speech responded well to the effort and energy I invested in my treatment targeting my language. However, they did not reconstitute completely and heal up without a hardened scab and layer of nonfunction or impairment, still visible to this day. Only on the level of delivery have I been able to learn how to be more impactful. This has nothing to do with my illness, however. This harkens back to what I was speaking about earlier. That I have had to invest a ton of energy into the process, and my delivery, how I capture my audience’s attention, keep it, and redirect my life’s sheer inertia into the work is clear as day and uncontested. I cannot help but cite the greatest, Mohammad Ali, who was not as fast on his feet as he once was after returning to boxing after years of political exile. He learned to lean on the ropes with the famous icon ‘rope-a-dope’ strategy and outpace his challengers with the imposition of will and his unrivalled stamina. While I am not as savvy with my ability to choose words as quickly and effectively or speak smoothly and spontaneously, I have learned to lean on my energy. My sheer will to rise above my impairment.
is genuinely the main asset I have in my corner. Sure, identifying my weaknesses and pinpointing what works and what has not along the way was also important. However, indeed, my energy and the level of intensity I put into the work ahead is what continues to drive my healing forward.

Plan B: relapse and reconstitution

The anxiety of a small problem has the potential to eat us alive. Imagine the stress around a significant mental illness and lifelong disorder? Like most thoughts surrounding fear, paranoia, and anxious thinking, they all snowball, combining and multiplying our worst thoughts. Following my self-care plan across the lifespan will mean living a life free of this fear; or at least regulated as best as possible to reduce the likelihood and chances of paranoia and the fear that we will see one day relapse or become sick without warning. This would pose to be quite tricky. With such a connected group of friends, some angry with me, others sitting on the fence, and some with a mouth so big, and any sort of help usually backfired on all of us. My biggest concern was always to position myself the right way. With friends, providers, and co-workers, I learned to do this well. In doing so, I allied with my therapist, treatment team, and close peers with a vested interest in my mental health. I firmly believe in the importance of establishing a deep trust with close personal everyday contacts. In doing so, if my collaterals begin to detect an extreme and toxic abnormality in my health, I felt safe enough to take their advice and concerns seriously. Sure, no clinician or friend can get a perfect read on our health. However, for those of us without a great deal of self-awareness or drive to look after ourselves, there are still options and strategies to stay healthy without relying entirely on your own devices (Clare, 2003). Such is the case for people like my friend and others I would encounter along my healing path.

Indeed, not everyone cares enough about their health to self-monitor all the time. In other cases, the day’s priority will capture our attention; for example, paying the rent, housing, employment, or even just showing up to work on time. If not also addressed in our lives, all of these would disrupt our mental health and even jeopardise our lives regardless of our diagnosis. Staying connected with collaterals to delegate health needs is a great ‘Plan B when your self-care takes a back seat to life’s priorities (which only seem like they come before focusing on maintaining or working toward good mental health). During the first few years out of the hospital, I provided regular, almost weekly reports to my friends regarding my treatment status and medication changes. This served multiple purposes: (a) kept me firmly treatment focused; (b) communicating my treatment needs to other people; and (c) allowed my friends to get a better idea of where I was at, so they could be as attentive as possible with my needs on a moment-by-moment basis. Avoiding or reducing the risk of relapse does not mean handing out your mental health’s full responsibility to others. Instead, as a prosumer, I recommend you hand part of it to family, friends, and those you trust to keep them looped into your clinical treatment (Ritzer et al., 2012). These natural supports are excellent advice sources even when we may disagree with their reasoning (unless it puts us directly or indirectly at risk of harm). I am suggesting that regardless of how we feel or think about the validity of our friends’ opinions on our mental status, our disorder disrupts our capacity to stay connected to reality. This may take the form of elaborate delusions about our life, which complicate our own interpretive eye’s ability to know what is truly happening with our health.

In the end, anyway, people want to manage their mental health is a significant step but do at least that much. Have a plan and have another goal when the original roadmap to better health becomes unworkable. Ultimately, whether you have a chronic condition or an acute diagnosis, relapse is only to be feared when you are not doing what you need to do to work toward better health and healing. Relapsing and experiencing the renewal of old symptoms can still remind you to get back on track with your recovery. Keep going, and do not stop. When you stop taking care of yourself, be prepared for your worst fears not just to haunt you but become the grim reality you feared so vehemently instead of investing the same mental energy in health and healing.

In my opinion, as a prosumer, the best part of recovery is gaining access to new responsibilities, materials, information, and all the good things that come with stable living. Given that relapse is an inevitable part of recovery, the loss of materials, access, and resources attributed to relapsing and mental status degradation is the worst part of relapsing, in my opinion. Usually, the biggest loser in a person’s life relapsing is hygiene, and on a broader level, the person’s living environment or home. It may be a matter of neglecting cleaning or not being aware of dirt and disorganisation in the house, or it may go even more profound. I even treated a former psychiatrist in his home, providing him psychotherapy. Sadly, I watched this psychiatrist lose ground weekly on my watch, knowing full well what was happening. He was decompensating rapidly. For this man, this means a growing delusional system and potentially aggressive behaviour, according to his case history. While he was never free of his delusions, earlier on, the distortions were much less fixed and pronounced in what he was reporting to our team in session. According to him, he was set up by extra-governmental agents and was in his position because he was the target of a more massive governmental conspiracy. This conspiracy was becoming more problematic for the psychiatrist, and ultimately, he became so agitated in session and
adversarial that all treatment failed (Malcolm, 1986). When our team returned, we came back with the local police. With the shield’s help, police entered the apartment against the psychiatrist’s will, sitting him down on his couch, handcuffed. On the sofa, he was sitting upright, screaming utter nonsense and profanities and the police. This was hard to watch both as a provider and as a person with lived experience. Someone who knows what it is like to be handcuffed amid a delusional rage. Sadly, I have also witnessed police storming doorways with shields to access a home fortified for the ‘end’ to avoid being evicted. Barricading yourself in the home or something even worse is never the answer. It may even further your risk of relapsing more acutely – if you go against police orders or personnel, it will only exaggerate your problems and complicate your relapse even more deeply. The worst privilege to lose during relapse is the freedom of healthy living. With healthy living comes life circumstances that support wellness and mental hygiene (Pilaio et al., 2017).

There is no question that when we lose healthy living practices, we lose the freedom to be useful to our bodies and minds and treat ourselves kindly and with respect at all times. Relapsing means surrendering some of these healthy moments for symptomatic periods of distress in which it is more difficult to live peacefully with the world at large and adjust to our situations accordingly. Relapse ages the body. During my many meals with Caroline, I would just gaze at her face. She looked tired all the time. Sadly, she aged twenty years in a span of ten. She was no stranger to the police and emergency service intervention. ‘I climbed into the city fountains wearing all white robes and began cutting myself. The fountains turned red. It was a horrific scene that I thought was directly from the Bible. The end of time,’ my friend would recant. I would try to tell people in similar shoes as my friend about my injection and how much I preferred getting medication administered through my muscle tissue so I would not have to take medication daily, just once a month for the shot. I explained the benefits and tried to seem like an expert. She would consider speaking to her doctor about it. I was an expert, but my friend always knew better yet was still wrong about the following steps to take in her recovery.

For people living in a group home or apartment treatment facility, relapse usually brings with it more concrete freedoms that may be stripped away. Sometimes, relapsing means changes in curfew or even may trigger reduced independence in the community; doors to your residence that are usually open for residents to come freely may become restricted. Such is the case of people like my friend. She has to ‘pack’ her medication. Every few days, in front of the agency personal, before transporting her meds back to her apartment in the community, my friend has to provide visible proof she had medication on hand. In cases like hers, this might also mean increased home visits, if the person is living on their own, or added chores in the community home of a residence if they live in an adult home or community residence. Relapse can mean many things (Frank, 2007). It can also mean losing mental health housing or moving into a residence with more supervision and more restrictions on your freedoms. In any event, be mindful of what the losses mean for the bigger picture. Ultimately, what matters is your pathway back to health and wellness.

**Dislodging fear from self-disclosure: communication, authenticity, and healing**

In most cases, like most of us in the social and professional world, I am communicating a message learned from lived experience, sometimes understood, from observation, other times from research, as well as experiential knowledge. Regardless of the signal or role I am in or hat I am wearing in my job or professional work (Kuha et al., 2018), or a friend I am speaking with, I am communicating an important message. In most cases, the message is received, and we get feedback. Sometimes people will like what we have to say, and other times, people will disagree. How we signal, that is, send the message, depends on our skills as communicators. While everyone processes the same content differently, it is in our hands as communicators, regardless of the hats we wear, to communicate the message in a manner in which people will understand it. The person may disagree with the statement, but if we genuinely prioritise the act of communication over the importance of the reception of the message, we take one giant leap closer to getting over our own self-importance in our interpersonal landscapes. This includes our jobs, our social circles, and all things involving interacting with people.

In a world where diversity can sometimes be a scarcity, there is no reason to take further steps in limiting our ability to reach people. In my profession, particularly the helping field, and for all of us that enjoy time spent in others’ companies, there is an unspoken fear that the person we are speaking to will not listen or is not listening. Even worse, we perhaps fear the listener, client, or friend will dislike us because of what we say. However, I am suggesting that this fear is misplaced. If you are fearful of people disliking you because of what you have to say, think again. There is no such thing as a misuse of self-disclosure or the act of revealing your history to other people. Instead, there is only the possibility of miscommunication. I mean that the fear of people knowing more about you, at least in my opinion, should not be the priority in the helping profession; instead, the fear of not signalling or sending the right message needs to be the concern. Why? In a world of
increasing tragedy and unfortunate circumstances, we should be out there, helping people learn from our lived experiences. Instead, helpers, friends, family, and everyone are more concerned with people’s judgments and biases that we lose sight of our mission to share the message. People do not have to agree or like you, but sharing the news is more important if they are listening. With this said, prioritising the message’s clarity needs to be the primary concern for people in the helping profession. No question sharing the news and communicating it the right way needs to be what has been noted upon by helpers if help is, in fact, the primary goal of what we are setting out to do. Instead, our fear takes over, and we put these self-imposed limits on our communication that we feel people will respect more. I suggest that if people appreciate you, authenticity, honesty, and candidness are better qualities than just telling people what they want or what you think they should hear. In the helping profession, where authenticity is also scarce and needs to be a commodity, we are doing others a disservice to learn from our lived experience (Pinto-Coelho & Relojo, 2017). What baffles me is that there are so many peers, people with lived experience, and those carrying a diagnosis uncomfortable with their lived experience. These are peers that limit and self-imposed boundaries around what they share about their history, depending on the hat they are wearing and how the person is communicating with might perhaps appreciate what they have to say (Iannarino, 2018). I just want to say people appreciate honesty. People appreciate candidness, not artificiality or assumptions of their particular likes and dislikes. This is why my head spins when I discover, after speaking with other peers, friends, family, and all those involved with the helping process, a common fear of sharing particular aspects of their past. This is not to say that everything is relevant to disclose or if the person listening will benefit. Still, the fear or primary concern of the person sharing should constantly be communicating their history accurately and effectively for the person listening to have the opportunity to benefit from it. If you are a peer who has genuinely recovered, in recovery, or a person interested in having people benefit from your life’s lessons, then who cares if the person listening does not like you or what you have to say. Not only did you put that person you shared your history with in a better position to begin learning from your lived experience, but you also included them in your path to healing. The very act of having your peer, friend, or family member in your approach to recovery is healing. Including your peer in your path to healing is not just healing in and of itself. It is a simple step further in the way to sustainable recovery. Indeed, recovery and our belief in experiencing positive change in our lives need to be authentic and real if we begin and stay healed. The omission of truth is a disservice to peers and those that run the risk of making the same mistakes. Share feel free to disclose all aspects of your lived experience and mental health history. The moment we begin limiting the self-disclosed lessons, we genuinely put a roadblock on communication and the possibility of people learning from our lived experience.

**Recovery as a privilege: Passing through the intersections of healing and wellness**

I have been privileged in my recovery in many ways. There are many forms of privilege people can ‘benefit’ from, most of the time, at others’ expense. During my recovery, I have benefited from the financial, emotional, cultural, and intellectual prowess to move forward in my healing & wellness without bounds. I will make these aspects of privilege, which, without question, intersect recovery, visible to you, the reader, to challenge those that believe anyone can heal from their illness (Relojo et al., 2015). I cannot help but share a moment of the first internship in social work to shed more light on recovery as a privilege. During that time, I was interning in an end-of-life unit in a regional cancer centre. Every morning, I attended nursing rounds, in which a report was given to the incoming day shift. It was at that time when I first heard the term: ‘re-hab-able’ as in, he or she is too ridden with cancer, he is not rehab-able. This concept shocked me deeply. Perhaps it surprised me because I was embarking on a recovery-based learning trajectory, or because, personally & professionally, I have always believed that no one is beyond repair. Slowly, I learned not everyone shared in my philosophy of recovery. The very web of meaning surrounding recovery & healing is encircling and intersects with privilege. As time unfolded, I would learn more about the intersectionality of opportunity and improvement in mental health and other related fields (Relojo, 2018). The following learning moment came during my work as a Recovery Specialist working for the Mental Health Association. I was a field worker in the inner city of Yonkers, New York. During my career as a peer with one client, I would run into a stumbling block whenever I met with this individual. The client would remind me, during my motivational talks, that I have a family, and, in turn, there was a reason I was more successful in my recovery than the other people on my caseload. Looking back on that experience, I cannot help but remember feeling the metaphorical frog in my throat every time this client reminded me that my family was the reason, I was so successful in my recovery.

There is no question that our supports are crucial in our healing. In terms of healing, only some people have a family with a vested interest in their recovery. Not everyone recovering from a significant mental health diagnosis has a family willing to take on the challenges of supporting someone they love carrying on the fight against mental illness. The layers of privilege go deeper than just family support. There is emotional support from friends, professionals. Financial aid to carrying on payment for new medications or housing when the disruptions of symptoms take on forms that cause property loss, either from self-destruction or misplacement.
of goods due to memory loss & confusion. Even down to transportation to and from treatment, this all costs money and resources that are not available to everyone carrying a mental health diagnosis. Even more profound are the cultural implications of privilege. Many cultures do not believe in diagnosis. They do not see mental health as something that requires treatment or medical intervention upon dysregulation. I am lucky that I come from a background in which my heritage does not interfere with me getting the mental health treatment I required from my early adulthood and recovery from schizophrenia. Some cultures do not view people exhibiting symptoms from a mental health diagnosis as requiring necessary medical or psychiatric intervention, which may be lifesaving or life-preserving. Ultimately, I have been privileged to live out my existence in a manner in which my friends, family, financial status, and cultural background have all been critical players in hurling me closer to my healing & recovery. Many people continue to struggle without the necessary resources they need to keep moving forward in their journey carrying a mental health diagnosis. So, when you encounter people in your life that need help: reach out to them. Point them towards the necessary resources they will need to continue living without bounds. Privilege them with your helping hands and walk alongside them in their recovery.

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'Design is a "bullshit" job': The constraints of capitalism as a barrier to fulfilling psychological needs

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As technology and the times change, so has the nature of work. Along with the rise of capitalism has come the invention and increase of bullshit jobs. This paper proposes that commercial design work is a bullshit job as it serves no real practical purpose; rather, it is a political tool to promote consumerism. Furthermore, such jobs do not appear to provide for designers’ psychological needs that would contribute to career and life satisfaction. Therefore, designers often face the dilemma of having to choose between work that provides a livelihood and more meaningful work that aligns with their personal values and enhances their lives. It is suggested that designers can use their skills to work within the system to promote change so that they can make a living doing meaningful work that contributes positively to society and their own psychological needs.

Keywords: capitalism; commercial design; consumerism; psychological needs; technology
Automation has now replaced many manual labour jobs and has the potential to reduce the number of working hours and even the number of positions available (Acemoglu & Restrepo, 2019). Nonetheless, some labour jobs remain. With the reduction in the need for labourers, new positions have been created by the ruling class as a way of tying a person’s job position to their worth as a person and to maintain the upper class’s power and sense of importance (Graeber, 2018). Most of the newly invented jobs serve the purpose of capitalism without generating literal benefits to society and therefore are considered bullshit jobs. According to anthropologist David Graeber (2018), ‘bullshit jobs’ is a form of paid employment that is so completely pointless, unnecessary, or pernicious that even the employee cannot justify its existence even though, as part of the conditions of employment, the employee feels obliged to pretend that this is not the case’ (p. 28). The emergence of consumerism driven by a capitalist society has shifted the value of a designer’s work; the intention of design is now to influence people to consume more. In capitalist societies, design is a political tool that influences people to act in ways that increase the capitalists’ profits but do not benefit society in general nor the life and career satisfaction of designers via fulfilling their psychological needs.

**Design as a bullshit job**

Designers are obligated under the rule of society to do commercial work, even if such work conflicts with their values and intentions and detracts from them fulfilling some of their psychological needs. The ruling class discovered that happy citizens with free time can undermine their authority (Graeber, 2018). Consequently, they invented bullshit jobs to distract people by keeping them occupied and directing their hatred towards the unemployed and those with truly productive jobs and vice versa which diverts attention away from those in authority (Graeber, 2018). The design field itself has been historically steeped in inequalities and has been used to perpetuate colonisation and oppression of less privileged members of society by those in power (Sloane, 2019).

Setting aside the societal mindset that individuals need to work to be considered valuable, the upper classes and of course the business sector is benefiting from society’s emerging trend of consumerism. Since the 1950s, consumerism has encouraged people to value consuming over all else and has subsequently ‘shifted the balance in design from a concern with solutions to utilitarian needs to an emphasis of an object’s motion, psychological and social role’ (Whiteley, 1985, p. 36). Alongside consumerism, the multibillion-dollar advertising industry has emerged. Providing 5.8 million jobs in the European Union alone, there is no doubt that this industry’s main value is to boost the economy and increase gross domestic product (Deloitte, 2017).

Since employers’ agendas naturally prioritise increasing their profits, designers as employees have no choice but to pursue the available options at the expense of their own psychological needs. Designers need to sustain themselves by selling their labour in exchange for wages. Since work ‘is the active expression of the labourer’s own life, and this life activity he (sic) sells to another person to secure the necessary means of life’ (Marx, 1847, para. 8), this results in designers entering the commercial industry in exchange for monetary rewards that can be traded for utilitarian goods.

Commercial design, therefore, is a bullshit job; it does not create a true benefit nor have any meaning for society nor designers but rather just influences the masses to become better consumers. In terms of being a designer, working in the commercial sector is in favour of the few people in power rather than society as a whole. Working in such areas as branding, advertising, and marketing does not seem to add value to society nor enhance designers’ well-being, but rather assists in increasing profit for the capitalists and supports consumerism (Relajo-Howell, 2018). Cultural critics view the consumerisation of society as ‘rapidly multiplying cancer of depersonalized mass media entertainment and inauthentic processed culture’ (Whiteley, 1985, p. 37). Hence, from this point of view, design by way of consumerism may damage the environment and people rather than uplift society (Walker, 2017).

Considering the aim of advertisement is to persuade consumers, it is designed to induce people into purchasing when advertisers tap into human’s innate physical and psychological needs, predict and manipulate their emotions, and design ads ‘in such a manner that seem to promise or imply a possible connection between a product and happiness, social acceptance, a good family, a good sex life, intimate friendship and so on’ (Danciu, 2014, p. 24). Such use of psychological concepts to manipulate consumers may be psychologically harmful to a moral designer.

During a semi-structured interview conducted for this paper, a current designer stated ‘I think doing logos for a brand or branding isn’t meaningful because it’s useful for the owner but not for society. I don’t think
their business is very meaningful such as a finance business since it’ s just making up numbers to reduce taxes or a packaging company for dried mangoes – it does not contribute anything to society – people just eat the mango’ (personal communication, S. Chunharungroj, October 22, 2020). In sum, commercial design is a bullshit job that likely detracts from society’s positive advancement and may even contribute to the dissatisfaction of the designers themselves and even people in general.

Values and meaningful design work

Commercial design being a bullshit job creates a dilemma for the designers who have to choose to stay in occupations that conflict with their values and psychological needs just to sustain their lives; it is difficult to avoid commercial work even if they disagree with their employer’s consumeristic end goals or unethical practices because the job still pays the bills. Therefore, they are likely to take Garland’s (1964) approach of not advocating ‘the abolition of high-pressure consumer advertising’ because it ‘is not feasible’ (p. 1).

Designers must be conscious of their moral stances and decisions to maintain their self-worth. The designers who believe in working for a greater significant cause (i.e., improving social issues) are likely unable to financially sustain themselves solely by participating in advocacy work or by working for charitable organisations since work should be something that fulfils both a person’s physical and psychological needs; work should be paid but also coincide with the person’s values and interests (Holland, 1997; Savickas, 2005). Moreover, people’s psychological needs involve contributing to something greater than oneself which can lead to greater meaning in life (Seligman, 2011; Van Tongeren et al., 2015). In contrast, if work is meaningless, it can lead to a person experiencing boredom and resentment (Bargdill, 2000).

In comparison to engaging in meaningless work, some people describe their careers as a ‘calling’: a meaningful career that ‘fits’ the person, is intrinsically motivating, prosocially contributes beyond oneself, and the individual has a sense that they are living their intended purpose (Dik & Duffy, 2009). Such work potentially meets some psychological needs and could contribute to a designers’ life and career satisfaction. For example, when people have chosen to change their careers to one that they consider their calling, they tend to feel that they are serving the greater good and that their new career is more meaningful, fulfilling, and infused into their identities (Ahn et al., 2017). Not only that but if someone believes that their work is a calling, they tend to believe their life has greater meaning and feel more satisfied with their careers and life (Duffy & Dik, 2013). The positive outcomes increase even more if people are actually ‘living’ their calling as opposed to just ‘having’ a calling but not pursuing it (Duffy & Autin, 2013; Duffy et al., 2013). And the opposite seems to be true: if someone believes they have a calling but experience barriers to being able to participate in it, the outcomes tend to be negative (Berg et al., 2010). Therefore, it would seem reasonable to conclude that when designers conduct work that does not align well with their values and that they perceive as not contributing positively to society in general and their psychological needs in particular, they will be more likely to have diminished work and life satisfaction and possibly even become depressed due to learned helplessness (Seligman, 1972).

Living one’s calling also involves a moral component that one is doing the right thing, and people may be willing to make sacrifices to some of their physical needs to do so (Bunderson & Thompson, 2009). Furthermore, having a calling may be associated with someone’s readiness to do work related to their calling (Lau et al., 2020). Likely of relevance to designers who probably value such influences on their work, career calling is associated with both work passion and innovation performance (Liu et al., 2021). In sum, if designers were able to pursue their callings while still being able to earn a living (as opposed to engaging in bullshit work), they probably would have a greater chance of fulfilling their psychological needs and report increased life and career satisfaction.

While it currently seems almost impossible to rely only on work that is consistent with designers’ values and contributes to their psychological need fulfilment, it is possible to work toward such an ideal. For instance, Jonathan Barnbrook (n.d.), an active designer, states he chooses to work on projects that are in alignment with his beliefs: ‘We don’t work with companies we don’t agree with, which has cost us a lot of money,’ (The Political Role of Design, para. 4). Chunharungroj (2020), on the other hand, chooses to work on both commercial jobs that do not necessarily align with her values and jobs for non-profit organisations. Even though she does not get paid for humanitarian work, she finds such work to be meaningful and fulfilling. Hence, if the designer is conscious of their moral values, it would be advantageous for them to make decisions that are less contradicting or that sustain their values and helps meet their psychological needs.
CONCLUSION

In conclusion, design can be considered a bullshit job as part of a political profession due to the obligation of the designers to design for those in power. Under the current economic system, people need to work in exchange for a living and that has led to designers choosing work that relies on extrinsic monetary rewards even though it contradicts their values and does not allow them to meet their psychological needs. They may be intrinsically motivated to pursue meaningful work that fits with their sense of career calling; however, with political constraints, designers are required to work in a specific design industry due to the demand of the market resulting in inadequate opportunities to work for significant causes that they believe in, possibly leading to reduced life and career satisfaction and even depression.

Further research is needed to better understand the adverse effect of the nature of commercial design work being a bullshit job and how that affects designers’ career and life satisfaction and their ability to get psychological needs met through work. While only one current designer was interviewed and another published interview was requested for this current paper, their lived experience of the challenges of finding meaningful paid work and feeling more satisfied when engaging in more meaningful work, even if pro bono (Barnbrook, n.d.; personal communication, S. Chunharunrugroj, October 22, 2020), can help guide future studies.

For designers to work to their full potential, the power of the current system must be re-balanced. It would be compelling to see if the designers themselves can be empowered to be more active agents (Escobar, 2018; Savickas, 2005) in shaping their careers specifically to increase their life and career satisfaction and their field more generally to contribute to a more egalitarian world (Sloane, 2019). The current authors support Walker’s (2017) optimistic stance that designers can engage in holistic Design for Life in meaningful ways that diverge from capitalism and are more meaningful and sustainable and less destructive to society. Designers can use their ample creative skills to transform the system and their roles within that system to be more conducive to a society that allows them to contribute meaningful work to causes that advance humankind and help fulfill their own psychological needs while still being able to make a living wage.

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