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Introduction

People are fascinated by psychology, and what makes humans tick. Why do we think and behave the way we do? We've all met armchair psychologists claiming to have the answers, and people that ask if psychologists can tell what they're thinking. *The Psychology of Everything* is a series of books which debunk the popular myths and pseudo-science surrounding some of life's biggest questions.

The series explores the hidden psychological factors that drive us, from our subconscious desires and aversions, to our natural social instincts. Absorbing, informative, and always intriguing, each book is written by an expert in the field, examining how research-based knowledge compares with popular wisdom, and showing how psychology can truly enrich our understanding of modern life.

Applying a psychological lens to an array of topics and contemporary concerns - from sex, to fashion, to conspiracy theories - *The Psychology of Everything* will make you look at everything in a new way.

This FreeBook contains opening chapters from the following books in The Psychology of Everything Series to give a flavour of what the series offers:

- For some people, dieting can be a matter of health, life and death. For others, wracked by body dissatisfaction, dieting can be dangerous. This chapter from *The Psychology of Dieting*, introduces the notion that by understanding our psychological selves, we can change unhealthy behaviours and potentially lose weight.
- Why are some people more susceptible to believing in conspiracy theories than others? This chapter from *The Psychology of Conspiracy Theories* introduces the origins of widespread belief in conspiracy theories.
- Whether we like it or not, the way we work, and our feelings about it, play a fundamental role in overall well-being. This chapter from *The Psychology of Working Life* sets out the core psychological ideas that form the foundations for work in industrialised society.
- Western societies today are facing a crisis of trust. Politicians, journalists, police officers, church officials, CEOs: all are distrusted. But what explains this lack of trust? And how is trust developed and maintained? This chapter from *The Psychology of Trust* introduces these key issues.
- When so much of our relationship to sex happens in the mind, understanding where many of our ideas come from on the subject is invaluable. This chapter from *The Psychology of Sex* begins the accessible but challenging exploration of this most of human of topics.



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- Why is it that performing under pressure - whether in sport, at work or on the stage – is often so difficult? What factors affect our thoughts and feelings on the big occasion? This chapter from *The Psychology of Performance* introduces the key factors for anyone who wants to perform to their best.
- Everyone, at some point in their lives, experiences bereavement and the feelings of grief that accompany it. But what is happening emotionally when we grieve for a loved one, and is there a 'right' way to grieve? The first chapter from *The Psychology of Grief* sets out to explore how psychologists have sought to explain the experience of grief.
- Gender impacts on every aspect of our lives. It is often taken for granted and yet it shapes the way we think about ourselves, about others and our place in the world. This chapter from *The Psychology of Gender* begins to examine how we make sense of our gendered world and helps us to understand the importance of our own gender identity.
- Gardening is a common and well-loved hobby enjoyed by millions in the UK alone, but what is it about this familiar activity that makes it so attractive? Why do gardeners often say that they lose track of time in the garden? And what does your garden say about you? This introductory chapter from *The Psychology of Gardening* begins to examine the fascinating aspects of this popular pastime.
- How is our thinking and behaviour influenced by the fashion industry? What is the relationship between fashion and healthy body image? These questions, and more, are outlined in this first chapter from *The Psychology of Fashion*.
- What is addiction and how do people get hooked? Why would some people be more likely to get addicted than others, and is it possible to ever really recover? The first chapter of *The Psychology of Addiction* sets out to explore these issues and question whether our society could do more to help.

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Note to readers: References from the original chapters have not been included in this text. For a fully-referenced version of each chapter, including footnotes, bibliographies, references and endnotes, please see the published title. As you read through this FreeBook, you will notice that some excerpts reference subsequent chapters – please note that these are references to the original text and not the FreeBook.



Introduction

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Professor Jane Ogden has written four books on eating behaviour and over 100 research papers. She has been involved in research and writing about eating behaviour and weight management for nearly 30 years and is a frequent contributor to the media for magazines, radio and TV shows including *Secret Eaters* and *The Secret of Staying Slim*.

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Authors

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Richard Gross has been an author of Psychology texts for almost 30 years, having retired from teaching in Further and Higher Education in 2000. Since 2006, he has been working for Cruse Bereavement Care, the U.K.'s largest organisation offering bereavement support. As well as working with bereaved clients, he is a Registered Trainer and supervisor. His *Understanding Grief: An Introduction* was published by Routledge in 2016.

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The Psychology of Addiction

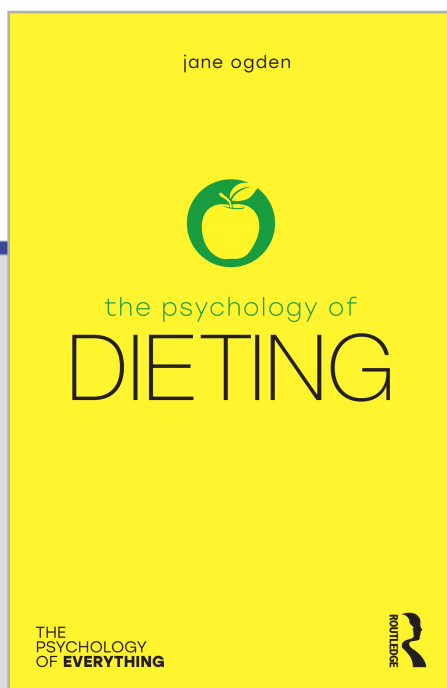
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CHAPTER

1

A BRIEF HISTORY OF DIETING



This chapter is excerpted from
The Psychology of Dieting
by Jane Ogden.

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A BRIEF HISTORY OF DIETING

Excerpted from *The Psychology of Dieting*

For as long as there have been artefacts to discover, records kept and images drawn, women and men have wanted to change how they look. Cave paintings show body adornments and painted faces, ancient digs discover combs and jewellery and Egyptian tombs were packed full of elaborate masks and clothing. More recently women have turned to corsets and lacing, bras and rubber roll-ons, and men either grew facial hair or immaculately shaved at least some of it off. But the body remained something to be modified in line with current trends and fashions.

And then in the 20th century dieting emerged, along with the need to transform the body in a more permanent way. This can be seen through the media and fashion industry, the changing shape of the ideal body and the rise of the dieting industry. It can also be seen in the backlash against dieting that emerged in the 1980s and the current state of play with a proliferation of dieting books and classes. This chapter will explore this history of dieting to illustrate the need for an evidence-based approach – the notion of dieting well.

THE MEDIA AND FASHION INDUSTRY

For centuries, whalebones, latex, nylon and cotton have been used to reshape and rearrange any aspect of the body which did not conform. Think Jane Austen's Elizabeth Bennett in the 1800s with her Empire line dresses to show off her ample bosom, the painfully tight corsets worn by Flaubert's Madam Bovary in the 1820s, causing her to forever faint, and the hooped skirts in the 1850s emphasising a narrow waist and larger bottom. Even in the 'flapper' days of the 1920s, bras and corsets were an acceptable way to bind down breasts and flatten stomachs.

Then in the late 1960s, women traded in wired and laced corsets for the rubber variety, which in turn were traded in for freedom. Boadicea-like bras were exchanged for the softer, lighter versions which were in turn exchanged for the luxury of going braless. Women were allowed and even expected to release their bodies and to resort to the natural support of flesh and muscles. And then there came the bikini, and along with it Twiggy was launched enthusiastically onto the fashion scene. Suddenly at the beginning of an era of natural control and natural support, women were told that they should not have any flesh to control or support. Bikinis gave no protection and represented a freedom that was only available to those without any excess bodily fat. Twiggy did not need to wear a bra or corset; she had no need to squash her body in, only for it to reappear elsewhere.



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Excerpted from *The Psychology of Dieting*

But this absence of need came not from a desire to free the female body but from the very fact that she had nothing to free. Women could go braless as long their breasts revealed only a restrained life of their own, and corsets were out as long as what was left behind did not need a corset. And this is where dieting raised its head. Long before the onset of the obesity epidemic, the '60s represented the onset of the dieting boom, and central to this boom was the dieting industry, which has been on the increase ever since.

THE DIETING INDUSTRY

Books, magazines, dieting clubs, newspaper articles, TV programmes, dieting aids, apps, online support groups and exercise videos all make up the dieting industry. This industry has provided a resource for those who need to lose weight. But it has also changed the way in which we think about body size in terms of the stereotypes we hold and a sense that body size can be changed.

Providing a resource

Weight Watchers started in America in 1963 and in Britain in 1967, and the first copy of *Slimming* magazine was issued in Britain in 1969. *Slimmer* sold 142,000 copies between January and June in 1990; Weight Watchers UK had an average of 140,000 members, and *Slimmer* clubs had an average of 40,000 members. Wolf (1990) described the \$33 billion a year diet industry in the US, Eyton's *The F Plan Diet* (1982) sold 810,000 copies in three weeks and *Rosemary Conley's Complete Hip and Thigh Diet* (1989) has sold over 2 million copies. GP services now also offer support for weight loss and the NHS has Tier 3 services for weight loss at various centres around the UK. There is a need for these services, as people respond to their availability. The dieting industry therefore provides a resource for its users by offering information in leaflets, books, face to face contact or on websites, by providing opportunities for networking and group support and by delivering expert care through weigh-ins and reinforcement. This is all useful. But the dieting industry also changes the way we think about body size.

Stereotypes about size

There are many stereotypes associated with body size, and whilst thinness is mostly associated with attractiveness, a sense of control and emotional stability, overweight is associated with being unattractive, being out of control, lacking



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willpower and laziness. These ideas come from the media and fashion industry. They are also perpetuated by the diet industry that uses slim models to sell the latest low-calorie ready meals, meal replacements, chocolate bars and over-the-counter drugs and model the latest clothes. Often the emphasis is simply on becoming more attractive through losing weight. For example, Mazel in her *Beverly Hills Diet* (1981) suggested that if someone should comment, 'You're getting too thin', you should reply, 'Thank you' (1). Likewise, magazines publish success stories of women who have lost weight which illustrate how much happier these women feel and how their lives have changed. As Twigg (1997) says of his 'Kensington diet', it can "achieve a huge amount for you, including making you look and feel healthier, happier, younger and more zestful" (2, p. 20).

Sometimes the emphasis is control. For example, Conley, who developed the *Complete Hip and Thigh Diet* (1989) and others such as the *Complete Flat Stomach Plan* (1996) and *Metabolism Booster Diet* (1991), wrote that overweight people must have eaten 'too many fatty and sugary foods which are positively loaded with calories – bread spread with lashings of butter, an abundance of fried foods, cream cakes, biscuits, chocolates, crisps and so on. The types of foods overweight people love' (3, p. 65). Similarly, in *The Beverly Hills Diet* (1981), Mazel wrote, 'It is imperative that you exercise control when you eat combinations. Don't let your heart take over. Eat like a human being, not a fat person.'

And sometimes the diet industry simply associates being over-weight with some deep-rooted psychological problems. For example, Levine (1997), in her book *I Wish I Were Thin, I Wish I Were Fat*, argued that women unconsciously want to be fat and that this is why they overeat; if they can come to terms with these unconscious desires, they can 'finally fulfill our conscious wish to be thin' (4, p. 13). In fact, Conley (1996) described one woman who lost weight using her diet but regained it and stated that 'Vivien has had a few personal problems and has regained some of her weight. However, she has resolved to try and lose it again as she was so delighted with her previous success' (5, p. 30). The dieting industry changed the way we think about body size and encouraged us to think that thinness was attractive whilst being overweight was a sign of poor control and psychological problems. Further, this powerful industry also convinced us that body size could be changed and this change was easy as long as we followed their instructions.



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Excerpted from *The Psychology of Dieting*

Body size can be changed (easily)

Losing weight (and keeping it off) is notoriously hard to do, which is why I am writing this book in order to try to make dieting as effective as it can be! Yet much of the dieting industry presents their product as an inevitable pathway to success. For example, Coleman (1990) opened his book *Eat Green – Lose Weight* with the statement ‘You should buy this book if you would like to get slim – and stay slim – and you are fed up with short term diets which either fail or become boring’, and later on claimed ‘within months you will feel healthier, fitter, stronger and happier’ (6, p. 7). Likewise, De Vries (1989) indicated that his reader should ‘make up your mind that this time you will succeed. No more yo-yoing up and down. You’re going to lose weight and you are going to lose it permanently’ (7, p. 20), and Twigg (1997), after describing the success of his clients said, ‘And if it works for them then I promise you – we’re going to make it work for you, too!’ (2, p. 17). Even those diets designed not to reduce fat are described as leading to successful weight loss. For example, Lazarides (1999) described fluid as the root of many people’s problems, and said that ‘to be able to sit on the loo and urinate away up to 20 lbs of excess body weight in a few days probably sounds like something out of our wildest dreams’ but if you stick to her diet ‘you will literally be able to urinate much of your excess body weight, sometimes within just a few days’ (8, p. 6). The dieting industry offers its vast range of products as being able to change body weight. It emphasises the success of its products and by doing so reinforces the belief that body size and shape can be easily modified and changed by the individual.

The diet industry has therefore proliferated since the 1960s. Towards the end of the 20th century the tide started to turn and a backlash to dieting appeared.

THE BACKLASH AGAINST DIETING

Susie Orbach’s book *Fat is a Feminist Issue* was first published in 1978 and highlighted the social pressures to be thin and the complex reasons why women overeat. It was subtitled ‘the anti-diet guide’. In 1982, Katahn subtitled his book *How to Stop Dieting Forever*, and his opening statement read, ‘I am writing this book because, frankly I am sick and tired of the nonsense being written that offers dieting as a means for permanent weight control’ (9, p. 9). Likewise, the books *Dieting Makes You Fat* by Cannon and Einzig and *Breaking the Diet Habit* by Polivy and Herman were published in 1983. But it was not until the 1990s that the



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Excerpted from *The Psychology of Dieting*

backlash gained momentum, and organisations such as Diet Breakers and the Fat Acceptance movement were set up, books praising the joys of being overweight were written and magazines published articles about 'alternatives to dieting'. For example, Smith (1993) offered her book *Fibrenetics* as a way to 'finally kick the whole concept of dieting out of the window' (10, p. 12), I published my own book in 1992 called *Fat Chance: The Myth of Dieting Explained* and programmes to encourage 'undieting' were established by researchers such as Janet Polivy and Peter Herman. Particularly in the US, Canada and UK, people became sceptical about the value of dieting, and 'to be on a diet' became tainted with a sense of conformity. This did not, however, stop women dieting. And the shelves were still full of guides to weight loss.

A MORE BALANCED APPROACH

Whilst many fad diets emerge each year and dieters still crave the simple magic pill that will offer them the effortless and successful diet, the past few decades have seen a more balanced approach to dieting. The obesity epidemic took off in the 1980s and in response to this, together with a recognition that dieting is hard, nutritionists, dieticians, psychologists, weight management groups and behaviour change experts now mostly speak of 'healthy eating' or a 'healthy lifestyle' that is sustainable over the longer term. And although this may require the initial impetus of large amounts of weight loss provided by medication, very-low-calorie diets or even surgery, it is increasingly recognised that habits need to change in a way that people can maintain for the rest of their lives. But although the will is now there to do the right thing, it remains unclear what this right thing is. I teach dieticians and nutritionists who are experts in biochemistry and know exactly what people should eat but are crying out for skills on how to get them to change their behaviour. And I meet overweight people who want to lose weight the right way, for the rest of their lives, but are confused by the multitude of messages they receive.

But this isn't to pretend that there is one simple right way to diet, lose weight and keep it off forever. There isn't. There are many different approaches that work for some of the people some of the time. And the aim of this book is to present these approaches to weight loss in an accessible way so that they can be used either by those who need to lose weight or those who want to help others to do the same. I am calling this 'a tool kit for dieting well' and it is the result of 30 years of research and 30 years of refusing to answer the question 'How do I lose



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weight?' Well, at I feel as if I might have some sort of answer.

A TOOL KIT FOR DIETING WELL

Being overweight is essentially a product of two factors: what goes on in our heads and the triggers in the environment we live in. These in turn lead to doing less than we should and eating more than we need. The rest of this book will first explore the ways in which these factors promote weight gain, then describe a number of strategies to help people to change what happens in their head as well as manage their environment.



CHAPTER

2

PSYCHOLOGY OF CONSPIRACY THEORIES

jan-willem van prooijen



the psychology of
**CONSPIRACY
THEORIES**

THE
PSYCHOLOGY
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ROUTLEDGE

This chapter is excerpted from
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by Jan-Willem van Prooijen.

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PSYCHOLOGY OF CONSPIRACY THEORIES

Excerpted from *The Psychology of Conspiracy Theories*

The 9/11 terrorist strikes are not only among the most impactful events in modern history but also among the best-documented ones. Professional news crews and New York City residents made live video recordings as this terrible event unfolded, which were widely broadcasted. We all have seen the footage of United Airlines Flight 175 crashing in the South Tower of the World Trade Center from any possible angle and were able to see how these impressive buildings collapsed like a house of cards. But although the footage is objectively the same, people appear to differ widely in what they are seeing in these recordings. Many people see how a passenger plane that was hijacked by suicide terrorists exploded upon collision, ultimately causing the destruction of the Twin Towers. Many other people, however, see direct evidence for controlled demolition: Not suicide terrorist but the US government was responsible for the plane crash, and not the impact of the plane but explosives that were hidden within the buildings caused the destruction of the Twin Towers.

The allegations that the US government helped to cause 9/11 are reflected in conspiracy theories that one can easily find on Internet and social media. Large groups of concerned citizens – such as the “9/11-for-truth” movement – made documentaries, published books and articles, and organized rallies to convince the public that the US government is withholding the truth about these events. Furthermore, there are many different variants of 9/11 conspiracy theories. The relatively “milder” variants propose that the US government is merely an accessory, and for instance assume that public officials knew that the terrorist strikes were coming yet deliberately failed to prevent them. Other variants make allegations of a more active role for the US government and propose that public officials directly organized and carried out these attacks. These latter conspiracy theories often portray the 9/11 strikes as a “false-flag operation” – an attack that was designed to look as if it were carried out by other countries or organizations in order to justify far-reaching actions such as war. These false-flag 9/11 conspiracy theories are well known for claims such as that the airplanes were remote-controlled, that explosives caused the destruction of the Twin Towers, that the Pentagon was hit by a rocket instead of a passenger plane, and so on.

Whether we believe in them or not, such conspiracy theories surely are fascinating. Conspiracy theories appeal to a basic, dark fear that we all are string puppets under the control of powerful, sinister, and invisible forces. Conspiracy theories refer to hidden, secret, and malignant organizations that influence our lives without us being aware of it. Many conspiracy theories elicit a sense of “What if?” among people: Can these theories be true, and what would that imply for how



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Excerpted from *The Psychology of Conspiracy Theories*

we live our lives? Do we really understand the way that the world operates, or have we been deceived all along? There is something irresistibly mysterious, intriguing, but also frightening to a credible conspiracy theory, and therefore conspiracy theories have the potential to capture the attention of a broad audience.

Such widespread appeal can for instance be seen in the prominent place that conspiracy theories have in popular culture. Many well-known blockbuster movies are based on the central idea of people being deceived or threatened by a conspiracy of evil and hidden forces. In *The Truman Show*, the lead character played by Jim Carrey is unaware that his whole life actually is a popular reality show under the control of a TV station. Everyone he knows – his friends, his family, and even his wife – are part of the conspiracy designed to trick him into believing that he leads a normal life. Another example, which seems very different but is actually based on the same conspiratorial principle, is *The Matrix* – a movie in which viewers are led to believe that life as we know it is a virtual reality illusion that has been deliberately pulled over our eyes. Human beings actually are prisoners of a conspiracy of hostile and highly intelligent computers, who utilize our life energy as efficient batteries.

What connects *The Truman Show* and *The Matrix* is that they portray rather existential conspiracy theories, implying that our life in its most minor details can be controlled by a conspiracy without our knowledge. But there are also many movies that are based on more common conspiracy theories, depicting how government agencies or other organizations use excessive power to persecute citizens. Often these conspiracies have highly advanced technology at their disposal, which enables them to effectively track down their victims (e.g., *Eagle Eye*, *The Net*, *Enemy of the State*). Personally I am a big fan of the Netflix original series *House of Cards*, which describes how a corrupt politician makes a career (all the way to becoming US president) through lies, deception, bribery, intimidation, coercion, and even murder. These movies and series all share a key element of many conspiracy theories, which is a depiction of powerful people or institutions as evil-minded, dangerous, and largely operating in the shadows.

One factor that contributes to the widespread appeal of conspiracy theories is the possibility that they might actually be true – and in fact, conspiracies sometimes can and do occur. An infamous example of a real conspiracy at the highest political level is the “Iran-Contra affair”, which took place during the 1980s. US government officials were found to have secretly facilitated the sales of weapons to Iran (even though Iran was subject to an arms embargo) and then



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used the profits to secretly fund the Contra Rebels in Nicaragua (even though further funding of the Contras had been explicitly prohibited by Congress). Another real conspiracy was the so-called Tuskegee-syphilis experiment, in which scientists pretended to offer free health care to African American men. In reality, they studied the natural development of untreated syphilis, involving 399 men who had syphilis but were unaware of their condition and 201 healthy men as a control group. The experiment lasted for 40 years (1932 to 1972). During this time, these men were never informed that they were taking part in an experiment, nor were they informed about their actual medical condition, and their illness was left untreated. As a result, many men suffered the consequences of untreated syphilis, including death.

The Holocaust also was the result of a real conspiracy. While Jews were already widely persecuted and killed in Nazi Germany in the 1930s and early 1940s, initially the Nazis had hoped that due to the hostile climate most Jews would leave the country voluntarily. This did not happen on the scale desired by Hitler, however, and in January 1942 a conspiracy of 15 high-ranked Nazis and SS-officers secretly gathered in a villa at Wannsee near Berlin. Although Hitler did not attend in person, the meeting had the purpose of designing a concrete plan to carry out Hitler's recent orders – which boiled down to “physically exterminating” all of the Jews in Europe. This meeting, commonly known as the “Wannsee conference”, marked the beginning of the mass deportation of Jews to Nazi death camps, where they were murdered in gas chambers on an unprecedented scale. The Holocaust is now recognized as one of the biggest tragedies in human history. Yet it was not until 1947 that a legal prosecutor found evidence that the Wannsee conference actually took place, by discovering the strictly classified minutes of this secret meeting.

This book is about the psychology of conspiracy theories. There are many different conspiracy theories that circle the Internet, some of them plausible or at least theoretically possible (e.g., perhaps secret service agencies sometimes do push the limits of what is legally or morally acceptable, as the Snowden revelations suggest), others are rather outlandish and highly unlikely to be true (e.g., the conspiracy theory that the earth is ruled by a race of alien lizards disguised as humans). Furthermore, there are many examples of actual conspiracy formation throughout history – ranging from modern times (Angela Merkel's mobile phone really was tapped by the US secret service) to for instance the Roman Senate conspiracy that killed Julius Caesar – and hence, not all conspiracy theories are necessarily irrational. Despite all the differences among the



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conspiracy theories that people endorse, in the present book I will argue that people's tendency to believe in conspiracy theories is rooted in similar, recognizable, and predictable psychological processes.

WHAT IS A CONSPIRACY THEORY?

Although various definitions of conspiracy theories exist, the one that I favor is “the belief that a number of actors join together in secret agreement, in order to achieve a hidden goal which is perceived to be unlawful or malevolent”. This is a broad definition, and accordingly, conspiracy theories can take many forms and emerge in many different spheres of life. People can hold conspiracy theories about the government, or governmental institutions (e.g., secret service agencies). People can hold conspiracy theories about entire branches of industry (e.g., the pharmaceutical industry) or about scientific research (e.g., climate change conspiracy theories). Employees on the work floor also often hold conspiracy beliefs about their management, such as beliefs that managers have a hidden agenda to pursue selfish goals. Conspiracy theories may occur in sports (e.g., beliefs that the referee was bribed by the opposing team). Also in their personal life, people may hold conspiracy theories by thinking that others conspire against them personally – although the latter, more personally oriented forms of conspiracy theories are in scientific discourse regarded as examples of “paranoia” and are qualitatively different from conspiracy beliefs that make assumptions of how large groups of citizens are being deceived by formal authorities.

To specify the definition of conspiracy theories further, I propose that any belief needs to possess at least five critical ingredients in order to qualify as a conspiracy theory. They are:

- 1 *Patterns* – Any conspiracy theory explains events by establishing nonrandom connections between actions, objects, and people. Put differently, a conspiracy theory assumes that the chain of incidents that caused a suspect event did not occur through coincidence.
- 2 *Agency* – A conspiracy theory assumes that a suspect event was caused on purpose by intelligent actors: There was a sophisticated and detailed plan that was intentionally developed and carried out.
- 3 *Coalitions* – A conspiracy theory always involves a coalition or group of multiple actors, usually but not necessarily humans (examples of nonhuman conspiracy theories are *The Matrix* and the “alien lizard” conspiracy theories). If one



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Excerpted from *The Psychology of Conspiracy Theories*

believes that a single individual, a lone wolf, is responsible for a suspect event, this belief is not a conspiracy theory – for the simple reason that it does not involve a conspiracy.

4 *Hostility* – A conspiracy theory tends to assume the suspected coalition to pursue goals that are evil, selfish, or otherwise not in the public interest. Certainly people may sometimes suspect a benevolent conspiracy, and benevolent conspiracies indeed do exist (as adults we conspire every year to convince children of the existence of Santa Claus). But in the present book, as well as in other literature on this topic, the term “conspiracy theory” is exclusive to conspiracies that are suspected to be hostile. Belief in benevolent conspiracy theories is likely to be grounded in different psychological processes than described in this book.

5 *Continued secrecy* – Conspiracy theories are about coalitions that operate in secret. With “continued” secrecy, I mean that the conspiracy has not yet been exposed by hard evidence, and hence its assumed operations remain secret and uncertain. A conspiracy that is exposed and hence proven true (e.g., the Wannsee conference) is no longer a “theory”; instead, it is an established example of actual conspiracy formation. Conspiracy theories are thus by definition unproven.

These five qualities distinguish belief in conspiracy theories from many other beliefs that people may hold. Take, for instance, the common supernatural belief that it is possible to get into contact with the souls of deceased relatives. Such belief in the existence of ghosts shares at least two and arguably three of the key ingredients of conspiracy beliefs, but not all five of them. Belief in ghosts involve patterns (i.e., it makes assumptions of how life after death develops in a nonrandom fashion; furthermore, believing in ghosts is likely to influence how one causally explains mysterious events in life) and it also involves agency (i.e., the ghosts are typically assumed to have goals, emotions, and desires, and they are for instance capable of communicating with living people through a medium). Belief in ghosts does not require “continued secrecy”, but one might say that there are at least parallels with this ingredient, as ghost beliefs are also unproven, pertain to invisible forces, and are characterized by mystery. But the coalition and hostility elements are lacking, at least as necessary requirements for this belief. Ghosts may be considered to be hostile, but they do not necessarily need to be in order to believe in them. Furthermore, one does not need to make the additional assumption that groups of ghosts organize meetings to design plans of how to



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harm people. A core aspect of conspiracy beliefs that makes them unique as compared to other forms of belief is that such beliefs involve a secret and hostile group of actors.

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“Have you ever considered the possibility that our theories might be true?” This is a question that I regularly get through email from Dutch citizens who are active on conspiracy websites. Often these messages have an angry tone, voiced by citizens who somehow feel offended by my research on conspiracy theories and who seem keen on persuading me that Ebola really was created in the lab, or that 9/11 really was an inside job. These messages typically (and wrongly) assume that if one studies the psychology of conspiracy theories, one necessarily proposes that all the conspiracy theories that people believe are invalid, or that people who believe in conspiracy theories are pathological. I have two responses to these email senders. The first is that, next time, they might wish to read the work of an academic more carefully before sending such an angry email – if they would have done so, they would have found out that besides conspiracy theories I also do research (and recently published a book) on the human tendency towards cheating and corruption, which includes the question why people sometimes actually conspire to pursue selfish ends. It is well known that corruption – and hence, actual conspiracy formation – is common, and I do not know of a single scientist who argues otherwise.

But second, and more importantly, the psychology of conspiracy theories is not a question of which conspiracy theories are true or false – it is a question of who does or does not believe in them. There are many conspiracy theories that can be considered irrational in the face of logic or scientific evidence, and the fact that many people nevertheless believe in them is good reason to study this topic (more about that later). Furthermore, I am willing to submit here that I am highly skeptical of some of the rather grandiose conspiracy theories that circle the Internet. I find it highly implausible that Ebola was created in the lab. Furthermore, I firmly believe that 9/11 was carried out by a group of 19 Al Qaeda suicide terrorists – and this is not a conspiracy theory by the given definition, because the evidence to support this claim is so overwhelming that it is safe to say that the conspiracy of these 19 terrorists has been exposed (i.e., there is no “continued secrecy”). Finally, while I consider it possible that Lee Harvey Oswald received help from unknown others while preparing to assassinate JFK (and hence that there



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may have been a conspiracy), I consider it unlikely that this help came from the CIA, the Russians, or the Cubans. But what I think about these conspiracy theories is not the focus of this book.

This book focuses on the *psychology* of conspiracy theories, which is the scientific study of why some people are more likely than others to believe in conspiracy theories. Typical questions that are part of the psychology of conspiracy theories are: What personality factors determine whether someone believes or disbelieves conspiracy theories? To what extent does belief in one conspiracy theory (e.g., about the pharmaceutical industry) predict the likelihood of believing in a different conspiracy theory (e.g., JFK)? In what situations are people more and in what situations are people less likely to believe in conspiracy theories? And what are the consequences of conspiracy theories for believers' feelings and behaviors? To study these issues, one does not need the conspiracy theory that is under investigation to be necessarily false, nor does newly emerging evidence that an actual conspiracy occurred compromise any of the conclusions that are drawn in this research area.

Let me briefly illuminate this principle by drawing a comparison with the psychology of religion. Many social scientists study religious beliefs, and one typical finding in this research domain is that religious people cling more strongly to their faith in unpredictable, frightening situations. (I'm sure many readers recognize the desire to say a little prayer when they are scared.) The theory behind this finding is that people have a need to feel that they are to some extent in control of their environment. Unpredictable situations make people feel less in control, and as a consequence, people start relying more strongly on external sources of control – such as God. Is it necessary for this line of research to also prove or disprove – or at least make assumptions of – the actual existence of God? My answer would be a succinct “No”: The mere observation that people differ strongly in their religiousness is sufficient to raise the legitimate question why some people do, and others do not, entertain certain religious beliefs. The finding that people are more religious in frightening situations teaches us something about the psychological processes underlying religion. For instance, one possible interpretation of these research findings is that belief in God can be a source of comfort in scary situations. This conclusion does not make any judgment of the question whether God actually exists or not, nor does it imply a value judgment for believers or nonbelievers.

The principle for the psychology of conspiracy theories is the same: It is perfectly possible to study these beliefs without knowing for sure whether certain



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specific conspiracy theories are true or false. As a matter of fact, I know of one published research study that examined belief in a conspiracy theory that later on did turn out to be true. The study focused specifically on the Watergate affair. In 1972, a group of five men were caught burglarizing the Democratic National Committee headquarters in the Watergate hotel, Washington, DC. The burglary was part of a bigger scheme that involved influential Republicans spying on the Democratic Party for political gain, which included bugging the offices of Democratic opponents and other abuses of power. Many high-ranking White House officials, including President Nixon himself, initially denied any involvement after the burglars were caught. In the investigation that followed, however, the evidence increasingly suggested that Nixon actively tried to cover up his personal involvement in the burglary and other illegal activities associated with it. Eventually, the public release of tape recordings that Nixon had of meetings held in his office supported his role in a cover-up, leading him to resign his presidency on 9 August 1974.

Two academic researchers, Thomas Wright and Jack Arbuthnot, conducted a study on how suspicious people were of the Watergate affair as it unfolded. The study was conducted in May 1973 – which was before the Senate hearings had taken place, before the Supreme Court had ordered Nixon’s tape recordings to be made public, and hence before the personal involvement of Nixon in the Watergate affair was proven beyond reasonable doubt. At that point in time, the allegation that President Nixon himself was an active player in the Watergate scandal was still a “conspiracy theory” according to all the five ingredients presented earlier. In their study, the researchers were particularly interested in the factors that would predict how suspicious people are of the possible role that Nixon might have played during Watergate. They focused on interpersonal trust and tested if people who have a structural tendency to distrust others would be more suspicious of Nixon’s involvement. They also examined the role of political ideology and tested whether Democrats or Republicans would be more suspicious of Nixon. The results indicated that the stronger people distrust others in their daily life, the more likely they were to perceive a conspiracy involving Nixon. Also, Democrats were more likely than Republicans to believe this conspiracy theory.

What followed is well known: Yes, it was true. Nixon actively tried to cover up his role in Watergate and was personally involved in the illegal extraction of sensitive information about his political opponents, which he used to his political advantage. Nixon’s personal involvement in the Watergate scandal no longer classifies as a “conspiracy theory”, given that there is no continued secrecy



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anymore: The conspiracy has been exposed, it is therefore no longer a “theory”, and Watergate has become a textbook example of an actual conspiracy that took place at the highest political level. Should we now abandon Wright and Arbuthnot’s conclusions? Does the fact that this conspiracy theory turned out true compromise their results in any way?

I do not think so. While few people dispute the role of Nixon in Watergate nowadays, back in May 1973 this issue was still unproven and subject to intense public debate. The research question of Wright and Arbuthnot was not whether this particular conspiracy theory was true or false; the question was what personality and political factors would predict citizens’ belief in it at a point in time when the evidence for this theory was still inconclusive. The results that they observed have been replicated by multiple researchers and in the context of many other conspiracy theories. People who are inclined to distrust other people are more likely to believe in conspiracy theories than people who are inclined to trust other people. Furthermore, people particularly believe in conspiracy theories about groups that are ideologically dissimilar. Democrats therefore are more likely to believe theories that involve a Republican conspiracy, and Republicans are more likely to believe theories that involve a Democrat conspiracy. These were the conclusions that followed from Wright and Arbuthnot’s study, and these conclusions still hold today.

The psychology of conspiracy theories examines who believes or disbelieves these theories instead of whether a certain conspiracy theory is true or false. I have no more knowledge about the likelihood of certain conspiracy theories than other citizens, nor do I have access to classified government intelligence – and this is not necessary to study the psychology of conspiracy theories. In the chapters that follow, I will highlight situational and personality factors that predict how susceptible people are to conspiracy theories. In the remainder of this chapter, however, I will deal with two lingering issues regarding the psychology of conspiracy theories: Should we care about whether or not people hold such beliefs, and should we pathologize people who believe in conspiracy theories – including the relatively absurd ones?

SHOULD WE CARE ABOUT CONSPIRACY THEORIES?

Psychology offers a scientific approach that helps to objectively establish what personality or situational factors determine belief or disbelief in conspiracy theories. Now that we have established that this approach implies that we are not



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trying to prove or disprove a particular conspiracy theory, an important question becomes whether we should care about conspiracy beliefs at all. If some conspiracy theories can be true, is it not desirable that groups of citizens investigate them? Should we consider conspiracy theories as a form of harmless entertainment? Or can conspiracy theories actually be detrimental to people's lives and to society at large, and should we be concerned about those beliefs?

My argument is the latter: We should be concerned, because in many cases conspiracy theories are irrational, yet they can do real harm to real people. Let me first establish that I am not saying that we should follow the leaders of our society – politicians, managers, powerful media figures – without any criticism or scrutiny. A healthy critical mindset implies that we should carefully evaluate the actions of those in power and express concern if we see bad policy or suspect malpractice. Admittedly, sometimes there can be a thin line between healthy skepticism versus destructive conspiracy theorizing. But a critical mindset does not mean uncritically accepting any bizarre or far-fetched conspiracy theory. While one can surely find examples of actual conspiracy formation, the truth is that the vast majority of conspiracy theories that citizens have endorsed throughout the ages turned out to be false. My concern is particularly targeted at the many conspiracy theories that defy logic, ignore scientific evidence, or place blame on innocent people or groups – and in many ways belief in such conspiracy theories can be damaging. What people believe drives their behavior; and the more irrational these beliefs are, the more irrational the behavior it produces.

At present the Internet is filled with misinformation about vaccines, making many people reluctant to get themselves or their children vaccinated. A lot of this misinformation is rooted in conspiracy theories. One pertinent idea that many people within the anti-vaccine movement have is that vaccines cause autism and that the pharmaceutical industry conspires to keep the evidence for this a secret. As a result, many people avoid vaccines, putting themselves, their children, and others at unnecessary risk for dangerous and avoidable illnesses. Scientific evidence shows no relationship whatsoever between vaccines and autism. The discovery of vaccines has been a major medical breakthrough that protects citizens from life-threatening illnesses, and we all have reason to be grateful for this important scientific accomplishment. Any responsible parents should make sure that their children get the appropriate vaccines at the right time. It is belief in conspiracy theories that make many parents decide otherwise.

Conspiracy beliefs also influence voting behavior and can therefore determine the outcomes of elections that shape society. In Chapter 5 I will



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illuminate that belief in conspiracy theories is associated with a preference for relatively extreme political currents: radical socialist parties at the left end of the political spectrum and anti-immigration parties at the right end of the political spectrum. Donald Trump became US president in the highly polarized 2016 US presidential election, and I find it stunning how he managed to gather massive support – enough for him to win the electoral college – by spreading irrational conspiracy theories such as that climate change is a hoax perpetrated by the Chinese or that there is a conspiracy to hide evidence that Obama was not born in the US. What people believe determines their behavior; and if a political candidate propagates conspiracy theories that many people find appealing and plausible, voting for that candidate becomes a viable option.

Conspiracy theories can sometimes determine the most impactful choices at the highest political level. In 2002, former President George W. Bush literally said, “Right now, Iraq is expanding and improving facilities that were used for the production of biological weapons.” Another, comparable quote (from 2003) was: “Intelligence gathered by this and other governments leaves no doubt that the Iraq regime continues to possess and conceal some of the most lethal weapons ever devised.” Compare these quotes with the five key ingredients of conspiracy theories: There are patterns (there is a threat and Iraq is causing it), agency (Iraq is doing this on purpose), a coalition (the Saddam Hussein administration), hostility (Iraq is not developing these weapons out of friendship), and continued secrecy (Iraq is concealing these weapons, and we have in fact never seen them). The belief that Iraq was hiding weapons of mass destruction fits any definition of conspiracy theories that I am aware of – and as history has taught us, it was a false belief. The uncomfortable conclusion is that the national and international support that Bush gathered to go to war against Iraq was based on an invalid conspiracy theory. This is by no means an anomaly: Historians have noted that most, if not all, wars that were fought in the past few centuries involved widespread conspiracy theories about the enemy group at both sides of the conflict.

Conspiracy theories often are not a harmless pastime. They can be damaging to people’s health, they can stimulate aggression towards other people or groups, they can undermine necessary efforts to solve the real problems that pose a threat to our existence (e.g., climate change conspiracy theories), they determine what political leaders citizens vote for, and so on. There can be beneficial effects of conspiracy theories as well, sometimes: Conspiracy theories can improve transparency of leaders and open up a debate within society about important topics. But most of the effects of conspiracy theories are harmful: for



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believers, for their social environment, and for society. This suggests good reason to study these beliefs: Understanding the psychological roots of conspiracy theories might ultimately help in finding ways to make citizens more critically examine them – which is important for conspiracy theories that are highly unlikely to be true.

IS BELIEF IN CONSPIRACY THEORIES PATHOLOGICAL?

Passenger airplane engines often leave a condensation trail. These cloud-like trails in the sky are caused by water particles in the exhaust gases, which are quickly transformed into ice crystals due to low temperatures at high altitudes. But so-called “chemtrail” conspiracy theories assume an evil scheme behind these condensation trails. According to chemtrail conspiracy theories, airplane condensation trails are actually chemical or biological substances that an evil conspiracy – usually the government – sprays over the population in order to influence their behavior. For instance, one common variant of the theory is that these chemicals keep the population meek and docile, thereby allowing the government to carry out its evil plans without having to fear for a revolution by a righteously outraged crowd.

It is safe to say that this conspiracy theory is irrational. If passenger planes would indeed be equipped with technology to spray chemicals, airline technicians doing a routine check-up on a plane would easily discover this. Furthermore, scientific measurements would quickly detect the presence of strange, unknown, or harmful chemicals in the atmosphere and would also be able to track down where these chemicals come from. None of this has happened. Should we consider belief in this irrational conspiracy theory as pathological? Certainly it might be tempting to dismiss chemtrail believers as mentally ill. But the evidence suggests otherwise. Or, let me put it this way: If belief in such a relatively absurd conspiracy theory indicates pathology, we would live in a highly pathological society. In a representative sample conducted in the Netherlands in 2009, 3% of the Dutch population believed in chemtrails. This may not seem like much, but in a population of almost 17 million people, this boils down to more than 500,000 people in a small country like the Netherlands alone. These figures are hard to account for by pathology.

In fact, chemtrail conspiracy theories have been endorsed by well-known public figures who show no sign of mental illness. One believer in chemtrail conspiracy theories was the deceased musical genius Prince. He believed in a



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different variant of a chemtrail conspiracy theory, namely the idea that these chemicals are sprayed specifically over Black neighborhoods to harm African American citizens and cause them to aggress against one another. In an interview with Tavis Smiley in 2009, Prince explained how as a kid growing up in a Black community he frequently saw these condensation trails in the sky and then failed to understand why people around him suddenly became aggressive. Later on, he started seeing a causal connection (patterns) between the airplane trails and the aggression that emerged. Eventually, Prince sang about chemtrails in his song “Dreamer”:

Praying that the police sirens pass you by at night?
While the helicopter circles and the theory's getting deep
Think they're spraying chemicals over the city while we sleep?

Naturally, the unexpected death of Prince also led to numerous conspiracy theories. Many of them asserted that Prince was murdered for telling the truth about chemtrails.

If already a sizable number of people believe a relatively absurd theory like chemtrails, how common then are more mainstream conspiracy theories, such as those as about the pharmaceutical industry or the 9/11 strikes? In a nationally representative sample of the US adult population, citizens were asked to indicate their agreement with the following statement: “[T]he Food and Drug Administration is deliberately preventing the public from getting natural cures for cancer and other diseases because of pressure from drug companies.” This is a statement that we cannot exclude with the same level of confidence as chemtrails, but still, it does assume an exceptionally evil mindset among a large number of medical professionals (including thousands of independent scientists and medical specialists around the world who know a few things about the actual effectiveness of these natural cures and are free to speak up). How many people believed this statement? As it turned out, 37% agreed to this statement, and yet another 31% was unsure (“neither agree nor disagree”). Only 32% of the sample disagreed. As to the 9/11 strikes, in 2004 a Zogby poll revealed that 49% of New York City residents believed that US government officials knew that the attacks were coming and deliberately failed to act; and in a poll in 2006 drawn from the entire US population, 36% believed that US officials either carried out the attacks or deliberately did nothing to stop them.

Conspiracy theories are far too widespread to dismiss belief in them as



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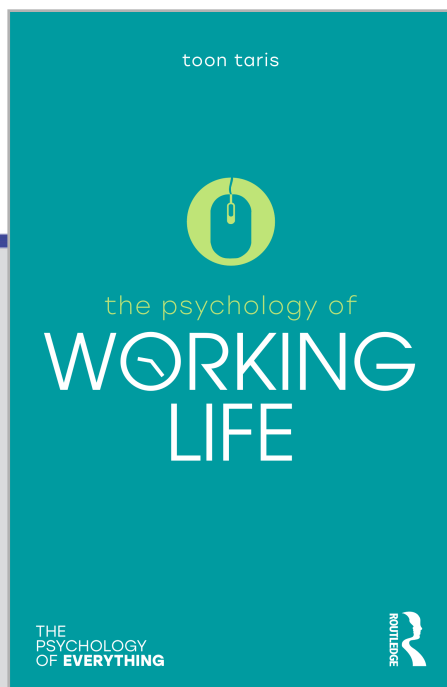
pathological. They are a common part of people's understanding of the world, just as various other forms of belief are. Many citizens believe that it is possible to predict the future from the lines in one's hand, or that the success of a newly formed romantic relationship depends on how well the zodiac signs of the two partners match. While these new age ideas are highly implausible in light of scientific evidence as well, belief in these ideas also is not considered pathological. Normal citizens, in all branches of society, endorse a variety of implausible beliefs, which includes certain conspiracy theories. In trying to understand the psychology of conspiracy theories, a wrong point of departure therefore would be clinical psychology (i.e., the study of mental illness). Instead, the psychology of conspiracy theories is the domain of social psychology: the study of how ordinary citizens think, feel, and act in their everyday life.



CHAPTER

3

WHAT WE TALK ABOUT WHEN WE TALK ABOUT WORK



This chapter is excerpted from
The Psychology of Working Life
by Toon W. Taris.

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WHAT WE TALK ABOUT WHEN WE TALK ABOUT WORK

Excerpted from *The Psychology of Working Life*

In 1848, Karl Marx and Friedrich Engels published their *Communist Manifesto*. Reacting to the social and working circumstances of the working class, they stated that

Owing to the extensive use of machinery, and to the division of labour, the work of the proletarians [workers] has lost all individual character, and, consequently, all charm for the workman . . . it is only the most simple, most monotonous, and most easily acquired knack, that is required of him.

This quote may suggest otherwise, but working is not necessarily one of the rotten facts of life. For example, in the classic Donald Duck story *Monsterville* by cartoonist Carl Barks, the brilliant inventor Gyro Gearloose persuades the city council to turn Duckburg into an automated city in which no human effort is needed to make it run. However, the citizens quickly discover that doing nothing all day makes their lives empty, boring and unhappy: even the toys play by themselves. Granted, work can be exhausting, frustrating and deadening, and it does take away time that could otherwise be spent on all sorts of fun activities. However, it is hard to imagine us leading a satisfying life without work, not only because work provides us with an income but also because it can be a source of joy, structure, status, challenge, social contact, meaning and purpose, as well a means to impact the lives of others positively. As US President Theodore Roosevelt put it, “A mere life of ease is not in the end a very satisfactory life”.

This book is about work, working and the role of psychology therein. Its first main thesis is that the way we work today is not only due to technological advances and economic considerations regarding the most efficient and profitable way to employ the three major factors of production (capital, natural resources and labour) for producing goods or services. Rather, *the way we work is also to a large degree due to our views on the best way to put these factors* – especially labour – to good use. Man has certainly not always worked in factories and offices or at home, performing well-defined tasks following strict rules and procedures and using tools and machinery tailored to these tasks, taking away “all charm for the workman”, as Marx and Engels maintained. Although there is no point in denying that economic and technological considerations have been (and still are) major drivers of change in the way we deal with labour (i.e. the way we work), they alone are insufficient to understand how people perform best at work, why some people perform better than others while holding the same job, why they are happy or unhappy with their jobs, et cetera.



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At this point, it is useful to note that it would be wrong to assume that technological innovations unavoidably and irreversibly lead to corresponding changes in the way we work. History has shown that innovations are sometimes rejected in spite of having clear advantages as compared with older technologies, or that older technologies persist in the presence of more promising alternatives. Examples of the first include the disappearance of wheeled vehicular transportation in Northern Africa between 300 and 700 AD, replacing wagon and cart with the camel and, more recently, the termination of Boeing's supersonic passenger jet development programme in 1971 by the US Senate (which was intended as a competitor of the British-French Concorde and the Soviet Tupolev TU-144 supersonic airliners). Examples of the latter include the re-introduction of wood stoves as a form of "green energy" and the continuing use of the QWERTY keyboard layout (which was allegedly devised to make fast typing difficult as mechanical typewriters would easily jam) rather than the more ergonomic DVORAK layout. Indeed, positive developments are sometimes reversed in favour of functionally awkward and inefficient technologies, for example consider the use of laptop computers, tablets and even mobile phones instead of devices with full-size keyboards and screens. Clearly, in the face of the availability of new technology, we have a choice whether and how we will let new technological features impact our lives and the way we work.

Building on the assumption that the way we work is to a large degree due to our views on the best way to put labour to good use, the second main thesis of this book is that the way we work is an important factor in determining the "outcomes" of a job, for the worker (e.g. in terms of motivation, health, well-being and performance), his or her environment (e.g. their work team) as well as the organization he or she works for (including its efficiency, profitability and overall performance). This implies that the choices we make regarding the organization of work have real and important consequences for both individual workers and for society as a whole, in tangible financial terms as well as in terms of human well-being and happiness. Therefore, it is important for all of us – whether we are workers who are subjected to the choices of others as to how we must work, professionals who affect the way others must work (e.g. as human resource professionals, supervisors or employers) or students aspiring to become such professionals – to understand how these choices regarding the organization of work affect workers, their well-being and behaviour.



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Its third main thesis is that *there is nothing intrinsically bad about working hard*, provided that the job does not have lasting adverse effects on the worker. For instance, while working with carcinogenic or poisonous substances may sometimes be unavoidable, utmost care should be taken in preventing that doing so affects worker health negatively. Similarly, working excessively hard (all work, no play) will make Jack (or Jill, for that matter) not only a dull but also a stressed and burned-out boy (or girl). Thus, there should be a balance between work and high performance on the one hand and health and recovery from work on the other, to maintain what may be called *sustainable* performance.

The final thesis of this book is that *taking a psychological view on working life* – which we construe as the choices made regarding the organization of work and their consequences for the health, well-being and behaviour of the workers involved, and the performance of workers and organizations – *is essential in understanding how the balance between being highly productive and remaining healthy and happy can be optimized*. Specifically, psychologists and psychologically-inspired management researchers (and I am talking about the academics here, not the gurus) have generated a wealth of research in these years, containing many useful insights in the areas of work organization, work motivation, occupational health and work performance. I am convinced that work design is (and should be!) as much a matter of psychology as it is of technology and economics, which is the main impetus for this book in the first place.

Against this background, this book is built around two broad questions. The first is “why do we work the way we work?”, focusing on the insights, theories and findings that have guided the design of the workplace. To some degree, the answer to this question requires taking a historical perspective, as yesteryear’s undisputed truths have sometimes been superseded by more recent and conflicting insights – yet continue to affect the way jobs are designed. The second question is “how can work performance and worker well-being be optimized – and at what costs?”, referring to the applied potential of this subject as well as to the need to maintain a healthy balance between high performance and worker health on the longer term. Although in the subsequent chapters of this book, I refer to these questions only in passing, in its concluding Chapter 7, I return to these issues and discuss how the insights presented in this book are relevant to these questions.

TALKING ABOUT WORK . . .

In everyday life, the noun “work” refers to “activity involving mental or physical



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effort done in order to achieve a result . . . a means of earning income”. This definition highlights two important facets of the term. First, work consists of *goal-directed* activity, rather than of a set of more or less random actions that may, perhaps, at some time in the future, bring about a desired outcome. Specifically, actions at work are intended to bring about a particular intended result, usually the production of goods or services. Consequently, actions at work are usually *planned and coordinated* to fit well with other workers’ actions and the aims of the company. To this aim, the tasks to be conducted at work often follow particular routines, guidelines and procedures and are frequently conducted with the help of computer programmes, tools and machinery that are especially developed to allow the worker to achieve the intended goal. To maximize the ease at which the worker is able to achieve the goals of the job, a particular type and level of education and training is often required.

Second, the activities conducted at work *require mental and/or physical effort and this effort is compensated in some way*, usually in the form of a monetary reward. It is conceivable that this reward is not received immediately or takes a non-monetary form. For example, students may take an unpaid internship as part of their college duties in exchange for study credits or to gain valuable skills and experience that will help them find a paid job after graduation. Such internships may be considered as an investment that will hopefully reap its returns in the future.

Note that the requirement that work involves a compensation of one’s effort means that unpaid work (such as household activities) is not classified as “work”, although these activities may be very similar to those conducted by others as part of their paid jobs. Taking care of your own young children is not classified as work. However, if you frequently take care of *other* parents’ offspring, it is likely that you are either a babysitter or an employee of a daycare centre and that you receive some sort of pay in return: that is, you are *working*. Thus, the difference between work and other activities is whether the person conducting the tasks receives some sort of monetary reward; it does not reside in the type of tasks that are conducted. The principles discussed in Chapter 2 concerning the optimal design of tasks can therefore often be applied to both work and household activities.

IN THE BEGINNING . . .

Although since the 1950s many scholars have studied working life from a



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psychological perspective, systematic thinking about the way work tasks can be conducted best started much earlier. An early example is what has come to be known as the *Hippocratic corpus*, consisting of a collection of about 60 books written by various Greek authors from the 5th to the 3rd century BC. These books document ancient Greek medical knowledge, providing doctors with detailed procedures and guidelines as to how specific complaints (such as haemorrhoids, ulcers or fractures) should be treated. Here is how physicians should behave while treating a patient:

Do everything in a calm and orderly manner, concealing most things from the patient while treating him. Give what encouragement is required cheerfully and calmly, diverting his attention from his own circumstances; on one occasion rebuke him harshly and strictly, on another console him with solicitude and attention, revealing nothing of his future or present condition.

Similarly, the Roman legion was organized according to clear and simple principles. Positions in this organization were well-defined in terms of the tasks to be conducted and how these tasks should be executed. Several manuals described how various parts of this army should operate in specific situations. Based on older texts, the Roman writer Vegetius published *De Re Militari* ("On military matters") around 390 BC. In this short treatise, he discussed the organization, equipment and drill of the Roman legions, including topics such as the selection and training of recruits, the organization of the legion and how to stab the enemy. For example, Roman officers were advised to prevent mutiny among the troops by making

it their business to keep up so strict a discipline as to leave [the troops] no room to harbour any thoughts but of submission and obedience. Let them be constantly employed either in field days or in the inspection of their arms. . . . They should be frequently called by roll and trained to be exact in the observance of every signal. . . let all this be continually repeated and let them be often kept under arms till they are tired. . . . All the different kinds of troops thus trained and exercised in their quarters will find themselves inspired with emulation for glory and eagerness for action when they come to take the field...a soldier who has proper confidence in his own skill and strength, entertains no thought of mutiny.



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Excerpted from *The Psychology of Working Life*

Interestingly, this quote not only shows how Roman officers were advised to behave while on duty, but also demonstrates that Vegetius had a keen eye for the psychological consequences of training and exercise. Keeping the troops busy with all sorts of drills and training activities would not only rob them of the energy and initiative needed to start a rebellion, but it would also increase their skills, strength, self-confidence and eagerness for action. Thus, by keeping their troops engaged, Roman officers were assumed to be able to turn them into compliant yet skilled and motivated fighting machines.

As these examples show, early thinking on how particular tasks should be conducted relied on common sense, tradition, moral axioms, long-standing historical practices and laymen's psychological insights. A more scientific (i.e. more rigorous, systematic and empirical) approach to examining work and its effects on worker performance and well-being emerged much later. The 1500s saw the publication of Georgius Agricola's *De Re Metallica* (On the nature of metals), an influential book on the art and science of mining. Agricola discussed the technical details of mining, but – being the town physician of Chemnitz in Saxony, then an important mining area – he was also interested in the occupational diseases typical of miners. Not only did his book cover “the ailments and accidents of miners”, but Agricola also discussed methods to prevent these, such as wearing face veils to guard miners from inhaling mining dust. Moreover, he recommended that mines should be operated in a 5-day work week with three 8-hour shifts per day; no miner should work two or more shifts per day because of the increasing risk of occupational injury. Moreover, in line with the third main thesis of this book that performance should be sustainable, Agricola states that “we should always devote more care to maintaining our health . . . than to making profits” – ideas that sound surprisingly modern. Similarly, first published in 1700 in Modena, Italy, Bernardino Ramazzini's seminal book titled *De Morbis Artificum Diatriba* (“On the diseases of workers”) documented the typical illnesses occurring among workers in 52 occupations. Ramazzini argued that occupational diseases could result from four sources: diseases connected with handling minerals and metals; diseases linked to inhaling toxins; diseases due to exposition to fluids such as water, milk and alcoholic beverages; and diseases resulting from taking unnatural positions or positions held for long periods. The works of Ramazzini and Agricola constituted the beginning of the discipline now known as occupational medicine.

The industrial revolution of the late 18th and early 19th century marked an unprecedented transition towards new manufacturing processes that drew heavily on the use of water power and steam power. These manufacturing processes



WHAT WE TALK ABOUT WHEN WE TALK ABOUT WORK

Excerpted from *The Psychology of Working Life*

changed from artisanal piece-by-piece production to mass production. The economic system itself was transformed into that of industrial capitalism. Large mills and factories were erected that often employed hundreds or even thousands of workers: men, women and children. Thousands of miles of canals, roads and railways were built to transport raw materials to these factories and mills and the goods they produced to the stores where they were sold. Workers found new employment into these mills and factories, causing cities to burgeon. This fierce industrialization process was not without success: according to one author, in Britain the income per person (an indicator of the standard of living) roughly doubled during the period 1760–1860. Expressed in 1970 US dollars, this income increased from about \$400 in 1760 to \$430 in 1800, to \$500 in 1830, to \$800 in 1860.¹¹

Yet, in spite of this doubling of the per-person income, working and living conditions in these times remained harsh, at least to modern eyes. Factory and mine owners sought for ways to discipline and control their workforce through a system of long working hours (working 12 to 14 hours a day was common), cruel discipline (adult workers were frequently hit with leather straps; children were sometimes punished by nailing their ears to a table) and fines for talking or whistling during work times, leaving the room without permission or for producing less than was agreed upon. Indeed, miners could end a week's work *owing* money to the mine owner if their ore tubs were underweight. Overall, the circumstances at work did little to motivate workers to exhaust themselves for their employers, and it is hardly surprising that in the middle of the 19th century workers became more and more susceptible to the rhetoric of revolutionaries such as Marx and Engels. Therefore, it became increasingly important to the owners of mills and factories to reflect on how they could keep their workers from revolting and motivate them to work hard instead. If not discipline, low wages, fines and excessively long working hours, then what would work? This is the point in time where the art and science of designing workplaces and jobs – that is the conscious shaping of people's experiences at work, or their *working life* – started off. Traditionally, the way people worked had mainly if not exclusively been the result of technological and economic developments, but by the end of the 19th century, what we would now call *psychological* considerations became increasingly important.



CHAPTER

4

UNDERSTANDING TRUST: A CRISIS OR EVERYTHING?

ken j. rotenberg



the psychology of
TRUST

THE
PSYCHOLOGY
OF **EVERYTHING**



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by Ken J. Rotenberg.

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UNDERSTANDING TRUST: A CRISIS OR EVERYTHING?

Excerpted from *The Psychology of Trust*

Authors from many disciplines and across the world have held the position that trust is the cornerstone of society and essential to its survival. This view has been espoused in the disciplines of philosophy (O'Hara, 2004), political science (Uslander, 2002), sociology (Misztal, 1996), and psychology (Rotenberg, 2010; Rotter, 1980). Trust between individuals of different cultures (cross-cultural trust) has been viewed as fundamental to the survival of multicultural societies (Misztal, 1996; Uslander, 2002). The importance of trust highlights the danger posed by the reported growing lack of trust in contemporary society.

A chorus of writers has expressed the proposition that trust is in crisis in contemporary society. Guided by his findings based on his Trust Barometer, Richard Edelman (2015) has asserted, "For the first time since the Great Recession, half the countries we survey have fallen into the 'distruster' category" (n.p.). He argued that this was due to the "failure of key institutions to provide answers or leadership in response to events such as the refugee crisis, data breaches, China's stock market downturn, Ebola in west Africa, the invasion of Ukraine, the FIFA bribery scandal, VW's manipulation of emissions data, massive corruption at Petrobras, and exchange-rate manipulation by the world's largest banks" (n.p.). According to the public media, Britain "is suffering a huge loss of faith in its institutions: Trust in all politicians has slumped to an all-time low" (Slack, 2016, n.p.). Also, survey studies report that the trust of the American people has decreased across the last decade (Zizumbo-Colunga, Zechmeister, & Seligso, 2010). Academic research has not escaped the "crisis" of trust and there are reports that a substantial number of findings presented in journals are inaccurate and biased (e.g., Walia, 2015).

The bulk of support for the idea of trust in crisis is derived from surveys in popular forums that typically assess general views. The findings from surveys are questionable, but they serve the dual function of expressing public concern about trust (i.e., anxiety regarding it) and shaping public opinion regarding trust. The survey findings convey a simple message to a waiting public: *Trust is in crisis and it is on the decline!* Implicit in the survey reports is the notion that the world has become more corrupt and untrustworthy. It is very difficult to confirm or deny that conclusion, because of lack of evidence. It is fair to say that corruption and untrustworthiness have been present throughout the course of human history (Machiavelli testified to this in the late 1400s). What is clear is that access to information revealing people's untrustworthiness is greater than at any time in human history. Because of technology and social media every action is conveyed to millions of people – in the blink of an eye – and is held up for public scrutiny



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This change has resulted in an unequalled opportunity for critical evaluation of peoples' behaviour, the detection of untrustworthiness, and the expression of lack of trust in others – especially regarding those individuals in the public eye.

The emphasis on “crises” in trust unfortunately diverts our attention from the notion that trust is essential to day-to-day social interaction and the formation and maintenance of interpersonal relationships (see Rotenberg, 2010). From my perspective, trust is analogous to dark matter in the physical universe. Dark matter is an extensive but difficult-to-detect substance that binds planets and terrestrial material. Similarly, trust is a prevalent but often silent force that connects people and ensures social relationships and social functioning in modern society. I am certain, that without it, our social “universe” would not exist.

The preceding may seem like a bold assertion but careful consideration shows that even the simplest social acts involve trust. For example, I went for lunch in the university building the other day. I bought American street food and a bottle of fizzy drink. There were no food trays so I placed my drink on the counter while I took my American street food to a table around the corner. When I returned to the counter, I found that my drink had been taken. Perhaps one of the thirsty new students who were milling about took it; one will never know. In this situation, I had trusted others both by beliefs and action not to steal my drink. Sadly, that was violated. Nevertheless, I walked off without my drink at the food register in that same building the very next day. The student next to me in line drew my attention to my drink as I was leaving, and I got it. My trust was renewed – although my problem for ensuring that I collect my drink likely remains. The point here is that there are millions of day-to-day social acts that involve trust. Once trust is properly conceptualized and we sidestep the crisis view of it then we come to understand the overwhelming prevalence of trust in our social world. It is not necessary to assert that trust is in crisis to view it as worthy of investigation – although the crisis view may spur on that activity. Let us begin at the beginning, though, by asking the question regarding what trust is. Dictionary definitions are a beginning.

POPULAR DEFINITIONS OF TRUST

The use of the word “trust” in common discourse dates back to the 13th century, in Middle English. It is regarded as probably being of Scandinavian origin, akin to Old Norse *traust* (trust); akin to Old English *tre ðwe* (faithful) (Merriam-Webster dictionary). The word “trust” dates back much earlier, though, when considered in



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the context of religion. Trust in God is found both in the Old and New Testaments (Benner, 2004) as well as the Koran. In current times, the religious use of trust is demonstrated in the phrase “In God We Trust”, which is the official motto of the US and appears on much of its currency (see Chapter 11).

Aside from the trusts found in banking and financing, “trust” is defined in dictionaries as a “belief that someone or something is reliable, good, effective etc.” (Merriam-Webster dictionary) and “to believe that someone is good and honest and will not harm you, or that something is safe and reliable” (Cambridge English dictionary). This book will focus on trust in *someone* as part of the domain of interpersonal trust. Also, research addressing self-trust was excluded for practical reasons. The term “interpersonal” is omitted from the text for brevity.

Elements of popular definitions of trust are (quite correctly) found in academic conceptualizations of trust. It is important to highlight that the conceptualization of trust in academic writings varies considerably according to the theory, framework, model, or approach adopted by a researcher. This very fact contributes to the problems that researchers with different approaches have in engaging with each other’s concepts. These differences contribute to divergence in deciding whether or not the study and findings are accepted by the academic community and publishable. In that context, I will now describe the different approaches to the investigation of trust.

APPROACHES TO THE INVESTIGATION OF TRUST

Psychosocial Theory

Erikson’s (1963) Psychosocial Theory is regarded as one of the origins of contemporary psychology. This theory is the most commonly cited account of trust in introductory and developmental psychology texts. The theory posits that development is composed of a sequence of eight stages of psychosocial development. Each stage entails a conflict that can be resolved in a psychologically healthy or unhealthy fashion. The resolution at one stage affects the capacity of the individual to resolve subsequent stages in the sequence. The first is the “Trust vs Mistrust” stage, which occurs from birth to 18 months of age. According to Erikson (1963), during that period trust is an emotion that comprises an infant’s experiential state of confidence that he/she is valued and his/her needs will be met. If the infant encounters that warmth/nurturance from his/her caregiver then he/she attains a basic trust. By contrast, if the infant encounters a lack of warmth / rejection then he/she attains a basic mistrust. The infant who attains basic trust



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is able to delay gratification and exert control over his or her bodily functions (e.g., bowels). According to this theory the emotion of trust during infancy profoundly affects the course of development.

Attachment Theory

Bowlby (1980) and others such as Ainsworth (e.g., Ainsworth, 1989) have advanced Attachment Theory. According to this theory, infants form different qualities of attachment as a result of the nature of the nurturance and sensitivity of their care provider – primarily their mother. As a product of the interactions and the quality of attachment, a child constructs an Internal Working Model (IWM) that represents his or her care provider, self, and the relationship between them. The IWM establishes a cognitive-affective framework that affects later psychosocial functioning.

Trust has been conceptualized in the attachment theory and research in two ways. First, trust has been viewed as the infant using the care provider as a secure base that is an integral part of the quality of attachment (Waters & Deane, 1985). Second, it has been proposed that securely as opposed to insecurely attached children develop an IWM that includes social expectations characterized by a sense of trust in others and positive thoughts regarding the intentions of other people's behaviour (Cohn, 1990). From my perspective, attachment style is a complex and multidimensional construct and it would be misguided to regard trust as synonymous with attachment.

Piagetian Theory

Piaget (1965) examined children's evaluations of lying, among other behaviours, as evidence for moral development. He proposed that young children (7 years and under) demonstrate moral realism (moral objectivity) and thus fail to take into consideration the intentions guiding communication. The young children viewed mistakes that caused harm as a lie and reprehensible – even though the consequences of the lie were unintended. By contrast, older children showed subjective morality by giving considerable weight to the intentions guiding the communication and regarded incorrect communication as a lie when intended to deceive others. Contrary to Piaget's formulations, contemporary research shows that young children do consider intentions in determining lying. The research does show, though, that children's utilization of intentions in determining lying increase in complexity with development (Peterson, Peterson, & Seeto, 1983). Older children and adults regard lying as detrimental to trust in social relationships.



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Excerpted from *The Psychology of Trust*

GENERALIZED TRUST BELIEFS

Julian Rotter is one of the pioneers of research on trust. He is responsible (in part) for why I have embarked on the study of trust: a task that has taken my academic career. Many years ago, Rotter gave an invited talk on trust to the Department of Psychology at the University of Waterloo, which I attended. Rotter (1980) was keenly aware that trust is a fundamental issue in the dilemmas faced by modern society. Guided by Social Learning Theory, he proposed that experiences of promised negative or positive reinforcements shaped individuals' expectancies of those behaviours that generalize across social agents. As a consequence, individuals established stable generalized expectancies of the extent that the oral or written statements of other people can be relied upon. Those generalized expectancies could be acquired by direct learning from the behaviour of social agents (parents, teachers, peers, etc.) and from verbal statements regarding others made by significant people or trusted sources of communication.

THE APPROACH TO TRUST BY PAUL HARRIS AND HIS COLLEAGUES

I refer to this approach as Knowledge Acquisition Theory (KAT). Harris (2007) proposed that trust guides children's acquisition of knowledge and beliefs regarding a wide range of abstract entities/concepts (religion, scientific evidence, history) with which they have no personal contact with. The children acquired knowledge and beliefs by depending on the information provided by social agents. Harris argued that children are not simple consumers of information but engage in an evaluation of the validity of that knowledge from a very early age

SOCIAL CAPITAL

According to the Social Capital Approach, trust is a quality established among members of society, or social networks that bind individuals together and promote norms of reciprocal cooperation. The cooperation results in benefits to individuals themselves as well as to bystanders (Cozzolino, 2011). Social capital is regarded as a multidimensional construct that applies to relations with family and friends, neighbourhoods, citizens in society, the state, and institutions (Rostila, 2010).



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ROMANTIC TRUST

There are two approaches to romantic trust: Attachment and Romantic-Faith. Regarding the Attachment Approach, Hazen and Shaver (1987) proposed that the love experienced in an adult romantic relationship is an attachment process similar to the one found in infancy. These authors conceptualized the infant patterns of attachment – secure, avoidant, and anxious-ambivalent – as forms of romantic attachment for adults. It was found that the distribution of securely attached, avoidant, and anxious-ambivalent were similar to those found in infant attachments. Based on the adults' retrospective reports of their infancy, the researchers identified continuity between the quality of attachments during infancy and the quality of romantic attachments during adulthood.

Regarding the Romantic-Faith Approach, Rempel, Holmes, and Zanna (1985) identified three types of trust in adults' romantic relationships: predictability (consistent vs inconsistent behaviour), dependability (attributed honesty and empathy), and faith (responsive and caring whatever will happen in the future). According to research by Rempel et al. (1985), trust progresses from predictability to dependability and then to faith as romantic relationships develop.

GAME THEORY

Games have been used to examine trust from the very beginning of research on the topic (e.g., Deutsch, 1958). In contemporary research, the game involves an exchange between two players in which cooperation and defection are assessed by the amount of money designated for a partner (Montague, King-Casas, & Cohen, 2006). During this exchange, one player (the investor, Player A) is given a certain amount of money or points (as proxies for money). The investor can keep all the money or decide to “invest” some amount with the partner (the trustee, or Player B), which is tripled in value as it is sent to the other player, who then decides what portion to return to the investor. It has been found that investors tend to make substantial initial offers to trustees so that the split is considered fair (e.g., if given \$20 the investor may invest \$10 with the trustee).

SOCIAL CONTACT AND EXCHANGE THEORIES

Social Contact and Exchange theories of trust are found in different disciplines: psychology, criminology, sociology, and organizational sciences. Trust is regarded as



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outcomes between individuals guided by practices of fairness and rules of justice (e.g., Schoorman, Mayer, & Davis, 2007).

THE BASES, DOMAINS, AND TARGET DIMENSIONS (BDT) FRAMEWORK

The BDT was advanced by my colleagues and myself (Rotenberg, 2010). The BDT Framework specifies that trust comprises three bases (reliability, emotional, honesty), three domains (cognitive/affect, behaviour-dependent, behaviour-enacting) and two target dimensions (familiarity, specificity). The three bases are: (1) reliability, comprising fulfilment of words or promises; (2) emotional, comprising refraining from causing emotional harm and by being receptive to disclosure not maintaining confidentiality; (3) honesty, comprising telling the truth and engaging in behaviour guided by benevolent rather than malevolent intention. The three domains are: (1) cognitive/affect, which comprises individuals' beliefs/feelings that others demonstrate the three bases of trust (e.g., trust beliefs); (2) behaviour-dependent, which comprises individuals behaviourally relying on others to act in a trusting fashion as per the three bases of trust; and (3) behaviour-enacting, which comprises individuals behaviourally engaging in the three bases of trust (e.g., trustworthiness). The bases and domains span across two target dimensions: familiarity, which ranges from highly to slightly familiar; and specificity, which ranges from specific others to general others. Finally, the BDT specifies that trust is a reciprocal process in which trusting beliefs and behaviours are matched by partners in dyads. These reciprocal exchanges result in a common social history of the partners.

SUMMARY

This chapter began by addressing the question of whether trust was a crisis or a theory of everything. The chapter included popular definitions of trust and concluded with summaries of theories and approaches to the topic of trust.



CHAPTER

5

PSYCHOLOGY AND SEX

meg-john barker



the psychology of

SEX

THE
PSYCHOLOGY
OF EVERYTHING



This chapter is excerpted from
The Psychology of Sex
by Meg John Barker.

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PSYCHOLOGY AND SEX

Excerpted from *The Psychology of Sex*

Welcome to the psychology of sex. Like all of the books in the 'psychology of everything' series, a short book like this can't give you a comprehensive overview of the whole of sex and sexuality from a psychological perspective. What it can do, though, is to give you a flavour of this area with the aim of whetting your appetite for more.

Also I hope that, above all else, you'll find this book useful. Like it or not we're all living in a world where we're constantly bombarded by sexual information, imagery, and ideologies. Psychology isn't just about finding things out with research, it's also about *evaluating* things psychologically, and *applying* psychology to people's lives. So, in addition to giving you a lot of information about sex from various theories and studies, this book provides you with the tools to think *critically* about the messages you receive about sex and the debates that you see playing out on sexual topics. It also includes a lot about how the psychological research and ideas can be *applied* to people's lives in general, and also to your own life, relationships, and experiences.

Over the six chapters of this book I'm giving you a short introduction to what we know about the psychology of sex across a number of different areas: sexuality (sexual orientation, identity, and attraction); 'the sex act' or sexual intercourse; sexual practices and relationships; and what has recently been called the sexualisation of culture. Each chapter links to various books and papers which you can read to find more about topics you're interested in. I've also given you a list of further resources at the end of the book where you can go to get more information about all of the topics I have covered.

But before we get started on these specific topics let's think a bit more generally about these words we're using: 'psychology' and 'sex'. You might think that it's obvious what they mean but actually they are both rather contested terms. In fact I hope that throughout every chapter of this book you'll continue to ask yourself 'what is psychology?' and 'what is sex?' and that the answers that you give will change as you go along. As with many of the best questions there are no right answers to these ones, but rather it's important and useful to continually ask them, and to notice how your answers shift as you reflect on them more.

WHAT IS PSYCHOLOGY?

The British Psychological Society, American Psychological Association, and other similar organisations tend to define psychology as something like 'the scientific study of mind and behaviour'. From this we might understand psychology to be



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in this case devoted to researching people's mental processes (mind) and how they act in the world (behaviour). The word 'scientific' might make us think of lab coats, experiments, and measuring these things in *objective* ways using numbers.

The narrow view

Certainly for much of its history psychology has been strongly invested in proving itself to be a science alongside other natural sciences like biology and physics. Students frequently choose a psychology degree because they're interested in people, would like to understand themselves better, or want to help people. So they're often surprised – and not always pleasantly so – by how much of the time they spend learning about mathematical statistics and brain processes!

A lot of the classic kinds of studies that psychologists conduct do seem to support this fairly narrow definition of psychology as the science of mind and behaviour. For example, you might be familiar with the kinds of memory tests that psychologists perform by flashing words up on a computer screen and measuring how many people can remember, examining whether the kind of word, or its place in the list, has an influence on how well it is remembered. Or you may know about Stanley Milgram's classic studies on obedience, where he got people in a lab to think that they were giving somebody gradually increasing electric shocks to help them learn. He found that many people would give somebody a fatal electric shock if somebody in a lab coat told them to do so. Those are two examples of the scientific study of mind (memory) and behaviour (obedience to authority).

I've now been working in psychology for over twenty years. I've been part of several different psychology departments and have many different psychologist friends and colleagues. What I've learned from them is that psychology is actually a good deal broader than what we might at first understand from a definition like 'the scientific study of mind and behaviour'.

The broad view

At its best I think that psychology is the place where all the work which is relevant to our individual human experience comes together. It's a broad, encompassing discipline which draws together all of the knowledge that we have which is relevant to people, and which also looks outwards to address how we can improve people's lives. I have psychologist friends whose work is between psychology and history, psychology and geography, psychology and endocrinology, psychology and sociology, psychology and philosophy, psychology and neuroscience, psychology



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Excerpted from *The Psychology of Sex*

and criminology, psychology and drama, and many, many more. In fact I know of relatively few 'pure' psychologists. Most study psychology as it touches the edge of at least one other discipline (whether a natural science, a social science, or an arts or humanities subject).

Relatively few of these psychologists conduct lab experiments. Some are entirely engaged with developing theories, others study human behaviour in real-world settings, or interview people in depth about their experiences, or study the history of psychological thinking, or use creative methods to help people produce something that is somewhere between research data and art. Most of them also apply psychological research and theories in some way, informing, for example, the worlds of law, medicine, social justice, counselling, media, or the environment. Some of them work entirely in an applied context, providing therapy, advising organisations, catching criminals, or helping kids in school, for example.

THE PSYCHOLOGY OF SEX

Turning to the subject of this book – or any of the other books in this series – you can see why this broad understanding of psychology is important.

Sex is a fascinating, far-reaching, and fraught area of human experience. We *could* limit ourselves to a narrow view of the psychology of sex and just focus on what we can learn about how people think and behave sexually, from experiments and questionnaires, for example. However, to really reach an understanding of how sex works, how people experience it, and what they think and feel about it, it is important to draw on knowledge from across a wide range of disciplines in conjunction with psychology.

We need to know the history of how people (including psychologists) have understood sex and sexuality, and how that affects how we understand it today. We need to know about the physiology of sex and how different bodies and brains respond sexually. We need to look at sexual identities and practices across cultures and contexts, and at the development of sexual communities and social movements. We need to draw on the wealth of theories that have developed in various branches of philosophy to understand sexuality and sexual relationships. We certainly need to bring the discipline of psychology together with biology and sociology, given that human beings are biological bodies and they all exist in a social context, shaping how they think and behave sexually. And we absolutely need to study the work of the sexologists – people who have studied sex and sexuality specifically over the years – some but not all of whom are psychologists.



PSYCHOLOGY AND SEX

Excerpted from *The Psychology of Sex*

And if the psychology of sex is going to be useful at all it also needs to speak to the urgent applied questions that we have about sex: How can we stop people from being marginalised, stigmatised, or even tortured and killed for their sexuality? How can we help people who are experiencing sexual problems? How can we reduce the frighteningly high rates of abusive and coercive sex? How should we treat sexual offenders to stop them committing sex crimes, and help people who have survived such attacks? What would a healthy understanding of sex look like and how might we encourage the promotion of such an understanding in mainstream, social, and sexual media? How should we educate kids about sex? I'm sure you can think of many more.

Psychology is political

One debate that hasn't stopped raging in psychology since the 1970s is whether psychology can be neutral and objective, or whether it is inevitably political: in other words, whether psychologists will have individual and cultural biases which influence what they study, how they study it, and what they find.

This is a vital issue for our purposes here because it influences how I write the rest of this book – and how you read it. Can I present you with a range of research findings and theories from psychology – in its broadest sense – so you can go away with the facts about the psychology of sex? Or will we both need to keep reminding ourselves about how all of the studies and theories we're covering were produced by certain individuals in a certain time and place – perhaps seeing these findings and ideas as *one* way of understanding the psychology of sex, but not as any kind of absolute fact?

Psychologists have often divided into two factions around these kinds of issues. The first faction we might call 'mainstream' psychologists (for want of a better word): those who believe that it's possible for psychology to conduct objective value-free research to determine facts about human minds and behaviour. The latter faction are often called 'critical' psychologists: those who believe that psychological knowledge always develops in a specific situation which will affect what psychologists find and what they do with it. Critical psychologists are interested in how psychologists themselves construct knowledge in particular cultural contexts, rather than seeing psychological knowledge as a set of truths that can be uncovered. Knowledge could always have been constructed, built and shaped in alternative ways.

To overgeneralise quite a lot, mainstream psychologists have also tended to use *quantitative* research to *measure* human minds and behaviours in the



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form of numbers, and to generalise their findings about the causes and effects of human behaviour to everybody. Critical psychologists have tended to use *qualitative* research to study how people talk about their *experience*, and they're often cautious not to generalise beyond the people they have studied. They're often more interested in describing experience than *explaining* it, because they assume that people's experience will vary according to their situation, cultural background, and so on.

In reality this binary mainstream/critical distinction is a false one, and thankfully it is breaking down over the years. Just as I struggled to find examples of colleagues who were entirely 'pure' or 'applied' psychologists, most of the more mainstream psychologists I know tend to be pretty critical in their thinking, and recognise that personal and cultural biases always creep in when human beings are studying other human beings. And I also know a bunch of critical psychologists who use quantitative questions, lab experiments, and brain studies in their work. In this book I'll draw on work across this spectrum.

How psychology is shaped by individuals and their cultural context

A quick tour of the history of psychology shows us how impossible it is to study psychology in a completely objective way. Over and over again studies have found that even when they're trying to be completely unbiased, researchers will tend to find the results that they expect to find. For example, if you give psychology trainees two groups of rats – or children – to study and tell them that one group is more intelligent than the other, then that is exactly what they will find, even when in actuality there's no difference between the two groups. David Rosenhan's classic studies found that psychologists and psychiatrists would diagnose and treat somebody as mentally ill if they were in a mental health institution, even if they showed no signs of mental illness. Clearly our individual expectations shape what we find in research and in professional psychological work.

The history of psychology also throws up some frankly terrifying examples of cultural biases influencing the work of psychologists. In his book *The Mismeasure of Man*, Stephen J. Gould describes the project of intelligence testing to assess US army recruits in the First World War. Using the tests – which were regarded as highly scientifically rigorous – psychologists found that the average intelligence of recruits decreased with the darkness of their skin, with black people and immigrants to the US, including Jewish immigrants, obtaining the lowest scores. At the time, psychologists believed intelligence was entirely inherited, so the researchers concluded that different racial groups had different levels of



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'natural' intelligence. These results were used as a basis for limiting immigration, due to fears of immigrants bringing down national intelligence. This prevented around six million Europeans from entering America between the World War I and World War II, condemning them to the Holocaust. The research also determined the ways in which army recruits were allocated, effectively condemning many black soldiers to death.

When we look back on this intelligence research now, we recognise many biases which were not seen at the time because the research tallied so well with the prevailing cultural assumptions – in which the researchers were embedded. First, there were a lot of problems with the ways in which the research was conducted, meaning that illiterate and foreign-born recruits were often given tests that required English literacy. Even when that didn't happen, they had to use a pencil, write numbers, and engage in other unfamiliar procedures. Also, many of the questions clearly did not test 'innate intellectual ability'. For example, there were pictures asking recruits to fill in the missing part of a lightbulb, gun, or playing card. And try answering these questions if you're not familiar with US culture: 'Crisco is a: patent medicine, disinfectant, toothpaste, food product?' 'Washington is to Adams as first is to ...?' Indeed, the research found that foreign-born recruits did better depending on how many years they had been in the US, which should have given the researchers a clue that intelligence was not all down to 'nature'. We'll consider the nature/nurture debate in more depth in the next chapter.

In this example you can see how easy it is for psychologists to perpetuate and reinforce the prevailing views of the time: to divide people into categories on the basis of taken-for-granted knowledge without questioning it, and then to find differences between those categories which they assume are down to innate differences between them, because that is widely held opinion, without looking hard enough for other explanations, or examining the inbuilt biases in the materials they're using.

As Carol Tavris points out in her book *The Mismeasure of Women*, there are many similar examples in the history of the psychology of gender. For example, early research on conformity found that women were more likely to conform than men were. This was used to support the theory that women were naturally intellectually inferior to men. Later research found that women and men are actually much the same when it comes to conformity, and that whether we conform or not has far more to do with how much familiarity we have with the task we're given. Early research had given people tasks that were more familiar to men than women because of the way they were brought up – for example, tasks



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Excerpted from *The Psychology of Sex*

about machinery. The psychologists then looked no further because the findings confirmed their misogynist assumptions.

You could conclude from these examples that psychologists in the past were biased but now we know so much more we could never make these kinds of mistakes. That would be a dangerous view as it would leave us much more open to making the same kinds of mistakes again. As psychologist Rosalind Gill so succinctly puts it 'you can't step outside of culture' and we need to shine just as much critical light on what we're doing now as we do on the past.

The shaping of the psychology of sex

Certainly when I look across the psychology textbooks in the area of sex and sexuality it's very clear that they're shaped by both prevailing cultural norms and the ways in which the particular psychologists involved situate themselves within those norms. The topics covered, the research and theories which writers deem important to include, and the ways in which these are discussed vary markedly from book to book. I hope that you'll think critically about the stories that I'm telling about the psychology of sex in this book – just as you would with any other book. Like all authors I'm influenced by my own views and experience on this topic, and my cultural context and how I relate to it.

My plan in this book is to tell you about what psychology has discovered about sex and sexuality, and also about how psychology itself has been involved in creating and sustaining certain understandings of sex and sexuality. It's important for you to hold in mind the fact that it does both of these things. In Chapter 2 you'll see that the ways in which psychologists and sexologists have measured sexuality has been influenced by prevailing cultural understandings of sexuality, as well as contributing to those very understandings. In Chapters 3 and 4 you'll see how the diagnostic categories of sexual problems and 'paraphilias' used by psychiatrists and psychologists have changed dramatically over the years: clear evidence of the relationship between psychology and the shifting culture in which it lives. In Chapter 5 you'll explore research and theories produced by psychologists on the different sides of current debates around sexualisation.

WHAT IS SEX?

This is the question that we'll continually be asking over the course of this book as we explore the psychological theories and research in this area, both in terms of what they have contributed to our knowledge about sex, and how they have



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bolstered or challenged prevailing cultural assumptions.

As with many topics relating to the psychology of everyday life, sex is something that everybody thinks they already know about, both from their own experience and from the ideas about sex which circulate in our culture and tend to be taken as fact. For each of the topics I'm exploring here I'll start with this 'common sense' knowledge. What are the taken-for-granted when people talk about sex, or the popular ideas that are included in sex manuals, TV documentaries, or popular magazines? Then I will unpack the psychological theories and research in the area to examine the evidence for our common sense views, and also to explore the ways in which psychology – and other related academic disciplines – have contributed to our current understandings of sex.

Sex is also a curious topic because it is simultaneously everywhere and nowhere. As you'll see in Chapter 5, there's currently a sense that we're living in a highly sexualised culture, a world saturated with sexual media, advice, and warnings. It's very easy – at the click of a button – to access videos of people having sex, information about any sexual practice or problem, and all kinds of opinions about the latest sex scandal. But at the same time, sex remains hugely taboo. Over the rest of the book you'll see that there's still a vast amount of anxiety about stepping outside the sexual norm, as well as a lot of fear around measuring up sexually and being sexy enough. People don't communicate about sex with health professionals, with their kids, or even with the people they're actually having sex with. And people are still ridiculed, stigmatised, marginalised, pathologised and criminalised on the basis of their sexual practices and preferences.

For these reasons it's particularly important that psychologists – and other academics and professionals – obtain and promote clear, accurate, and helpful information about sex. It's also vital that they recognise the ways in which their theories and research will be *influenced by* their own experiences and the culture they operate within, as well as the power they have to shape that culture and other people's experiences (and the responsibility which goes along with that power). To summarise what we've said in this chapter, the following diagram illustrates the potential interrelationships between psychology, popular culture, and individual experiences in this area.



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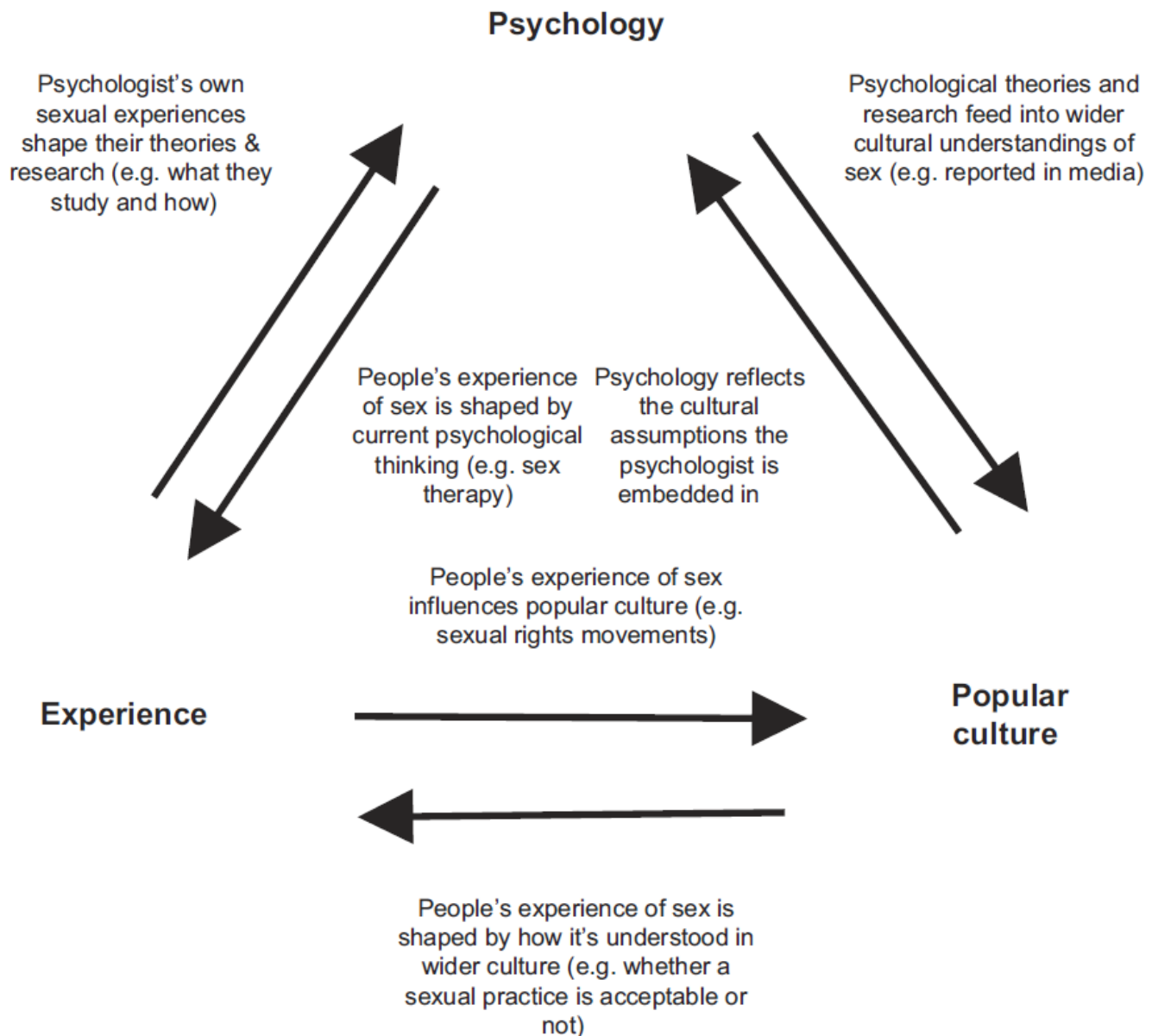


Figure 1.1 Psychology, popular culture, and individual experience



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Excerpted from *The Psychology of Sex*

HOW TO READ THIS BOOK

You might find it helpful to return to this diagram a few times while you're reading the rest of this book because we'll be exploring many examples of the various processes that are summarised here. Many of the examples are historical – because it's often easier to see how such things have happened in the past – but it's vital to keep remembering that they equally apply to the psychology of sex that we're involved in today. In a hundred years' time the work we're doing now may well look just as strange and disturbing to people reading about it as the intelligence testing and gender conformity examples mentioned in this chapter do to us now.

Over the next four chapters we'll consider four different meanings of sex:

- Chapter 2: Sex in the context of sexuality or sexual orientation, and sex meaning gender (the sex you're attracted to).
- Chapter 3: Sex as in 'the sex act' or 'sexual intercourse' and what is considered functional and dysfunctional sex.
- Chapter 4: Sex as in sexual practices and sexual relationships, and which are defined as normal or abnormal.
- Chapter 5: Sex as in sexiness, 'great sex', and concerns around people becoming 'sexualised'.



CHAPTER

6

INTRODUCTION

stewart cotterill



the psychology of
PERFORMANCE

THE
PSYCHOLOGY
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The Psychology of Performance
by Stewart Cotterill.

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INTRODUCTION

Excerpted from *The Psychology of Performance*

As a branch of psychology, the psychology of performance is pretty much what the title suggests: a domain within psychology that focuses on the way the mind works (or needs to work) to be able to perform at a high level when it counts time after time. The ability to perform when it matters is a key characteristic of many performance environments within human existence including: sport, business, surgery, the emergency services, the military, and aviation. Those performers who are successful, and successful on a regular basis, across these domains have developed specific strategies to cope with and excel under the pressure that is associated with performance at the highest level. The psychological strategies utilized to perform when it counts are similar across many performance-focused domains. While the context is different each performance environment is 'pressured' and the key psychological skills and abilities that separate the successful from the unsuccessful are similar across the board. This chapter will seek to introduce this domain by clarifying what performance and performance psychology are, and by outlining key psychological factors that underpin successful performance.

WHAT IS PSYCHOLOGY?

In order to understand what the psychology of performance is, it is important to first re-clarify what we understand by psychology; and how the psychology of performance or 'performance psychology' exists as a subcomponent of the broader field of psychology. At a very simplistic level psychology is a science of the mind and human behaviour, though it does not occupy a completely distinct position as a field of study as there are 'crossovers' around the periphery of the field with other disciplines, including biology, medicine, neuroscience, linguistics, philosophy, anthropology, sociology, and artificial intelligence. The field of psychology is multifaceted and includes many subdisciplines including cognitive, developmental, clinical, evolutionary, forensic, health, occupational, social, biological, and sport and exercise psychology. Of fundamental importance to the field of psychology is developing an understanding of the individual's thoughts and behaviours: how these thoughts and behaviours are developed, and how they change; and by understanding the influence of a broad range of personal, interpersonal, and environmental factors on how individuals and groups think and behave.



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WHAT IS PERFORMANCE?

Successful performance across a range of performance domains is not just about having good technical movement skills; good decision-making is crucial as well (knowing when and how to execute these skills). So good performance is not simply about executing your skills, it is also about executing the right skills at the right time. Indeed, in seeking to further conceptualize performance, sport psychology researchers Jerry Thomas, Karen French and Charlotte Humphries (1986) developed a specific definition that suggests performance is “a complex product of cognitive knowledge about the current situation and past events, combined with a player’s ability to produce the sport skill(s) required” (p. 259). This definition emphasizes the same two important components of performance: mental (knowledge and decision-making) and motor (executing the required skills).

A second fundamental aspect of performance relates to the ability to ‘perform’ under pressure. It is one thing to be able to execute your skills and make the right decisions in practice/training but can this be achieved under pressure? As a result, the performance of the relevant skills and undertaking the required decision-making processes in themselves are not always enough (although it is a good start). Being able to perform under pressure is crucial in ultimately determining how you will perform in real performance settings (the real world). Understanding what performance is and the factors that determine its outcomes are important because these factors should determine what practice for performance looks like and what factors are included in practice design.

PERFORMANCE PSYCHOLOGY

The field of performance psychology is concerned with understanding the psychological factors that both influence and determine performance. There has been an increasing interest in the psychological factors influencing performance across a diverse range of performance domains in the last 10–15 years, which in turn has seen the development of this hybrid field within psychology. Specifically, performance psychology has been defined as “the mental components of superior performance, in situations and performance domains where excellence is a central element” (Hays, 2012, p. 25). The ability to flawlessly execute complex skills under pressure when the stakes are high is a crucial characteristic of a number of performance environments of human endeavour. It is also true that many of the underpinning psychological factors that determine the degree of success achieved



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are also similar across these performance domains. The psychological demands are similar because broadly speaking the key characteristics of a range of different performance environments are similar. Specifically:

- Limited time (time pressures)
- Uncertain outcome(s)
- Successful performance dependent on high skill level and near flawless execution
- A desired outcome
- The existence of perceived pressure

Due to the similarities in the constraints of these environments there are also similarities in the techniques and approaches adopted by performers across these environments to ensure they are able to perform effectively when needed. Another important aspect of performance, and performance psychology, is the preparation that is required to underpin performance. Preparation that focuses solely on technical motor skills is not enough for individuals to consistently perform to a high level. There also needs to be practice of the psychological skills required, and practice for the performance environment. The closer the practice environment replicates the performance environment the more likely it is that successful outcomes will be achieved on a regular basis. Key factors to consider when developing expert performers who deliver under pressure include: understanding how expertise is acquired (how you move from a novice to an expert); appreciating the impact of confidence on performance; understanding the process underpinning decision-making; and understanding key psychological skills that enhance performance.

KEY CONCEPTS WITHIN PERFORMANCE PSYCHOLOGY

As an emerging field, authors to date have explored performance psychology from a range of different perspectives. One of the earliest books that explicitly focused on performance was *Human Performance: Cognition, Stress, and Individual Differences* written by Gerald Matthews, Roy Davies, Stephen Westerman, and Rob Stammers in 2000. In this book the authors considered a broad range of psychological factors linked to human performance, including the underpinning cognitive architecture and key subsystems (including memory and attention). The book also considered a range of relevant related factors including: skilled performance, human error, stress



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and arousal, fatigue, individual differences, and ageing. More recently in *Performance Psychology: A Practitioner's Guide*, edited by Dave Collins, Angela Button, and Hugh Richards (2011), four specific aspects of performance were considered: preparation, provision (of support), practice, and performance. Across these four broad sections the book considers: the development of expertise; the identification and development of talent; the development and organization of the environment in which performance is expected to develop; skill acquisition; and mental practice and decision-making, then considers key performance 'skills' including coping, emotional control, attention, and dealing with pressure. Markus Raab, Babett Lobinger, Sven Hoffmann, Alexandra Pizzera, and Sylvain Laborde, in their 2016 book titled *Performance Psychology: Perception, Action, Cognition, and Emotion*, adopted a slightly different approach to understanding performance. Raab and colleagues adopted a very 'cognitive' perspective on performance, exploring factors such as action-cognition coupling, expectations and performance failure, motor imagery and performance, perception, attention and errors, and emotion and performance. The authors also sought to consider these cognitive-perceptual factors in different performance domains.

Finally, Stewart Cotterill (2017), in his book titled *Performance Psychology: Theory and Practice*, offered a more applied conceptualization of performance psychology, considering the factors that both influence and determine performance under pressure. Cotterill's book starts by providing an overview of factors limiting human psychological performance (such as the nervous system, diet, and rest and recovery). The book then explores key factors that influence performance including cognition, perception, and action; pressure; the decision-making process; the role of emotion in performance; resilience; ageing and experience; and confidence, as well as considering how motor skills are developed; how expertise is achieved; psychological strategies to enhance performance under pressure; and how to practice for performance. The book is organized based on a model of performance psychology the author presents at the start of the text. This model is split into four sections. The first highlights individual characteristics that influence the individual performer's ability to perform, including age and experience, resilience, skill level, strengths, predispositions, and personality. The second section of the model highlights a number of factors determining performance including the quality of performance preparation, environmental factors, state factors (such as sleep and nutrition), personalized performance strategies, and cognition (including decision-making, motivation, problem-solving ability). The third part of the model highlights the impact confidence and coping strategies have on performance,



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with the final section of the model stating that perceptions of preparedness ultimately determine the degree to which there are positive or negative performance outcomes.

These different texts outline a broad range of topics under the umbrella term of performance psychology. However, while this is the case there are some relatively consistent factors that emerge from various sources, which will form the main focus for the current book.

OVERVIEW OF THE BOOK

The remaining chapters of this book seek to provide an introduction and overview of key concepts that form the bedrock of the psychology of performance domain. Chapter 2 focuses on how individuals learn to perform and achieve high levels of both performance and consistency. In particular, the chapter introduces the concept of learning, outlining both traditional (cognitive) and ecological dynamics approaches to understanding the learning process. The chapter also considers the role of deliberate practice in the development of expertise, and considers the psychological differences between novice and expert performers.

The third chapter focuses on the importance of confidence for successful performance in both individual and team contexts. Central to this area of understanding are the related concepts of self-efficacy and collective efficacy. Building upon this knowledge base the chapter also considers how to both develop and enhance efficacy beliefs as well as explores the emerging concept of resilient confidence.

Chapter 4 explores the process of decision-making and how the choices individuals and teams make impact upon performance. The chapter considers classical, naturalistic, and ecological approaches to conceptualizing the decision-making process. The chapter also explores factors that influence the decision-making process including the influence of emotions and risk-taking. The chapter also explores how teams develop a 'shared' approach to decision-making in the formation of shared mental models. The fifth chapter considers a range of factors that both influence and determine psychological performance. Of primary importance in this chapter is the mindset adopted, and understanding how to develop an optimal mindset for performance. The chapter also considers a range of factors that can limit performance, including sleep, rest, and recovery; nutrition and hydration; and the experience of pressure. Linked to the concept of pressure is the ability to cope, and understanding the coping strategies and techniques that



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can be applied. The chapter finishes by considering a range of 'psychological skills' that can be developed and applied, including: goal-setting, relaxation techniques, imagery, self-talk, and the development of pre-performance routines. Finally, the chapter also considers team-related factors including: role clarity, leadership, cohesion, and team emotion.

The final chapter focuses on how best to prepare for the performance environment. In order to do this the chapter considers what preparation is, and how effective performance habits can be developed. The chapter also considers how the way that you prepare impacts upon your performance; considering strategies that can be adopted to better prepare for successful performance. The chapter also considers how to enhance team performance through focusing on the development of a supportive team performance environment.

At the end of the book there are also recommendations for further reading. This section considers books that either offer the next step in terms of understanding, or provide greater clarity regarding some specific concepts.

SUMMARY

The mind and psychological performance can have a significant impact upon overall performance outcomes and the likelihood of a successful performance outcome. Understanding the factors that both influence and determine this psychological performance are important if you want to maximize the potential for performance success. Historically this understanding has been limited to some specific fields of expertise. However, the recent development of the field of performance psychology offers the potential for individuals and teams across different performance domains to better and more broadly understand the nature of performance rather than simply limited to their specific performance domain. This development in turn opens the door to future elevation in performance levels through the sharing of best practice and understanding.



CHAPTER

7

LOSS, BEREAVEMENT AND GRIEF:

WHAT DO THEY MEAN?

richard gross



the psychology of
GRIEF

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The Psychology of Grief
by Richard Gross.

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LOSS, BEREAVEMENT AND GRIEF: WHAT DO THEY MEAN?

Excerpted from *The Psychology of Grief*

INTRODUCTION

It was while running the basic training course for Cruse Bereavement Care a few years ago that the idea of writing a book on grief first occurred to me. That course explores the nature of grief, how it's experienced, the different forms it can take, and beliefs and attitudes regarding what's 'normal' or 'healthy' grief. It also considers social and cultural attitudes to death and grief, as well as major theories of grief, which attempt to describe and explain why grief occurs and what its purpose is.

One major limitation of theories is that they involve *generalisations*, that is, they're meant to apply to everyone equally. But it soon became evident to me when working with bereaved people that everyone's grief is unique to them: generalisations may provide a framework, but real people don't fit neatly into theoretical boxes and patterns.

From my own experience of 'losing' people close to me, I would suggest that part of the uniqueness of everyone's grief is that we never know how another's death will affect us until it happens! What (certain) theories predict will be our likely reaction, and the reality of that reaction, are often worlds apart: it may not be until a person's death that we begin to appreciate the true nature of our relationship with him or her. We might grieve for the relationship we thought we had, or the one we wished we'd had, rather than the one we actually had. Just as relationships are complex, so can be grief.

In this and the following six chapters, I try to sample both personal experiences and theoretical accounts of grief; they are both valid in their different ways. But I think that before you begin reading, you should accept the guiding principle that there's no single 'correct' way to grieve, which includes not being able to put a time limit on the grieving process: sometimes, grief may continue for a lifetime, because we continue to love the person we have lost. While death and taxes have famously been cited as the only certainties in life, we could add grief to that list. The link between death and grief is love (sometimes 'attachment'): we grieve for those we loved who have died.

'I'M SORRY FOR YOUR LOSS'

'I'm sorry for your loss' has become a familiar and an almost clichéd acknowledgement in Western countries (especially the U.S. and U.K.) of the death of someone who was emotionally significant to the person being addressed. If we



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Excerpted from *The Psychology of Grief*

try to 'unpack' the statement, we'll identify a number of key terms – and assumptions – that recur throughout this book. (You might like to have a go at doing this yourself.)

I recognise that X has died (is *deceased*) and I know that s/he was an important person in your life. *Bereavement* is probably the most difficult experience that any of us has to go through in our lives and you will inevitably go through a process of *grieving* for X. This is going to be tough, but it's a necessary part of your attempt to come to terms with X's death in order to be able to move on with your life.

So, what has this 'unpacking' revealed?

Bereavement refers to the loss, through death, of someone to whom we were very close emotionally ('attached') or who, in some other way, played an important part in our lives ('loved one' or 'significant other'). *Grief* refers to the way we respond to bereavement. As we shall see, it can take many different forms, but we assume that, in some form or another, grief is *inevitable*. Grief is commonly defined as a *universal* reaction to bereavement (i.e. observed in all cultures and throughout human history), involving bodily/physical, emotional, cognitive, and spiritual experiences and expressed in a wide range of observable behaviours. These experiences and behaviours are described in detail in Chapter 2.

Not only is grief inevitable, but we need to grieve: this is our way ('nature's way?') of helping us come to terms and accept that our loved one has died. Together, the inevitability and necessity of grief point to the concept of 'grief work' (i.e. the process by which we detach ourselves emotionally from the deceased in order to form new attachments/relationships and get on with the rest of our lives).

PRIMARY AND SECONDARY LOSS

In the above 'unpacking' example, 'loss' is being used *metaphorically* (i.e. in a non-literal way): when someone dies, we haven't 'lost' them in the way we may lose (usually, more accurately, 'mislay') our keys or mobile phone (in fact, we don't usually play any part – active or passive – in their death). Using 'loss' for 'death' is not just metaphorical but also *euphemistic*: while 'dead' is 'forever', 'lost' at least implies the possibility of 'being found'. In other words, 'loss' is much 'softer', much 'kinder' than 'death', a gentler, more 'caring' way of acknowledging what's actually happened.



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The loss in 'I'm sorry for your loss' is also *primary*: it refers to *who* has died and involves both a *physical* loss (the deceased person is no longer physically, literally 'there') and a *relational* loss (the breaking of the relationship or attachment [emotional tie] with that person). Importantly, this display of sympathy makes no acknowledgement – even unconsciously/implicitly – of the (often multiple) *secondary* losses brought about by the primary loss. These refer to what has been lost: the consequences or fallout of the loved one's death. For example, losing a husband or wife instantly deprives you of the status of 'married person': you become a widow/widower, a new, undesirable identity by which society (re-)defines you. Less explicitly and 'officially' is the changed identity that comes with the death of your second parent: many older adults bereaved in this way describe themselves as having become an orphan. (The effects of the death of different relatives – or 'kinship' – are discussed in Chapter 5.)

Traditionally at least, a widow may lose the financial security she enjoyed while married; again traditionally, widowers may find themselves deprived of the person who performed various practical tasks for them (such as cooking and washing). These and other consequences of bereavement are essentially *practical*: they relate to tangible features of everyday life, which, in principle, someone else can easily take over. But they also have *psychological* significance: they derive their *meaning* through forming part of the ongoing relationship between the partners.

Even more psychologically and emotionally relevant are the *symbolic* consequences: the loss of one's dreams, hopes, or faith. Implicitly, and/or explicitly, every attachment is *future-orientated*: there are shared hopes and expectations regarding what lies ahead for the relationship. The death of one of them immediately and fundamentally shatters these hopes and plans.

Such shattering of dreams is seen even more poignantly when the primary loss involves the loss of a child. Most people, in Western countries at least, consider the death of a child as the most 'agonising and distressing source of grief'. Again:

The loss of a child will always be painful, for it is in some way a loss of part of the self. . . . In any society, the death of a young child seems to represent some failure of family or society and some loss of hope.

Whether the death occurs prenatally, at the time of birth, or when the child is still a baby, the parents' hopes and dreams for the life of their child will be destroyed. This applies also with older children or adolescents/young adults. In all cases, the future itself seems to have been destroyed (again, see Chapter 5).



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Questioning one's religious faith – and perhaps even abandoning it (at least temporarily) – may be another major secondary loss ('How could there be a God if He allowed this to happen?'). It's precisely at times like this that people's faith would normally serve as a great source of comfort, so for a bereaved person to question it demonstrates the impact that grief can have.

One theory of grief that puts secondary losses at the heart of the experience of grief is *psychosocial transition theory* (PSTT). When a loved one dies, everything that we previously took for granted about our lives (our *assumptive world* or 'normality') is shattered: we have to construct a 'new normal' in which the deceased plays no part. (PSTT is one of several theories of grief discussed in Chapter 3.)

ARE THERE DIFFERENT KINDS OF GRIEF?

How others perceive and relate to widowed individuals can affect the bereaved person's self-perception (their identity). If the new social status is a more negative one, then the new identity will also be more negative. This is just one example of how bereavement is a *social* phenomenon: it always, inevitably, takes place within a particular social context. If grief represents the individual's attempt to come to terms with his/her bereavement, then this is likely to be influenced by widely-shared beliefs and expectations regarding (a) its expression and (b) its duration. Regarding (a), 'common sense' understanding of grief regards it as 'normal' that bereaved people will be at the very least noticeably upset, and as regards (b) this overt grief (as well as the more private, inner grief) will last for, say, 12 months (up to the first anniversary of the death). Bereaved people are often told (at various intervals, often before the first anniversary) that they should be 'over it by now'.

What this means is that if someone fails to display any obvious signs of grief, or if their overt grief lasts more than, say, 12 months, they might be judged as behaving 'abnormally' ('I'm worried about X; her grief isn't normal'). In fact, these informal, common-sense beliefs correspond to two forms of *complicated grief* that have been investigated scientifically by psychiatrists and psychologists, namely (i) *absent* (*minimal, inhibited or delayed*) grief and (ii) *chronic* grief, respectively.⁶ (Complicated grief is discussed in Chapter 6.)

Disenfranchised Grief

Another important demonstration of the impact of social norms on individuals' response to bereavement comes in the form of *disenfranchised grief*. At its simplest,



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disenfranchised grief (DG) is grief that's not recognised by others as 'legitimate' or 'reasonable'. It refers to a situation where a loss isn't openly acknowledged, socially sanctioned, or publicly shared.

Certain *types* of *losses* (e.g. divorce, parental deaths, pet loss, relationships [e.g. lovers, ex-partners/spouses, gay/lesbian partners/spouses]), *grievors* (e.g. the very old, very young, people with learning disabilities), and *circumstances of the death* (e.g. AIDS, suicide, alcohol or drug abuse) may all be thought of as disenfranchised (see Chapter 4).

In some of these examples, individuals have to conceal their grief from others in order to conceal the relationship whose loss has triggered it. An extreme example would be where the deceased was loved 'from afar' (by someone s/he might not even have known). In all these cases, the bereaved individual would be regarded as 'having no right' to grieve in the eyes of others ('society').

DG could be thought of as comprising two components: (i) it is 'unrecognised' grief (e.g. 'it didn't occur to me that a lesbian would respond in the same way as a heterosexual partner/spouse to death of a partner'); and (ii) 'stigmatised' grief (e.g. 'if homosexual relationships are 'unnatural', then their grief cannot be 'natural' either').

Intuitive and Instrumental Grief

Another important distinction is that between intuitive and instrumental grieving. These represent two distinct *patterns* (or *styles*) of grief and differ according to (i) the cognitive ('intellectual') and affective ('emotional') components of *internal* experience of loss; and (ii) the individual's *outward expression* of that experience.

In *intuitive grief*, more energy is converted into the *affective* domain and less into the *cognitive*. Grief consists primarily of profoundly painful feelings (including shock and disbelief, overwhelming sorrow, and sense of loss of control). Intuitive grievors tend to spontaneously express their painful feelings through crying and want to share their inner experiences with others.

By contrast, *instrumental grief* converts most energy into the *cognitive* domain; painful feelings are tempered: grief is more of an *intellectual* experience. Instrumental grievors may channel energy into *activity*. Most people adopt a *blend* of both patterns, although any one individual may display one to a greater degree than the other. The overall responses of 'blended grievors' are more likely to correlate with the *stage* or *phase* accounts of grief (see Chapter 2). For example, early on, the bereaved person may need to suppress feelings in order to arrange the funeral (and is often still in a state of shock); later, s/he may give full vent



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to feelings, seeking help and support. Later still, cognitive-driven action may take precedence over affective expression: the griever has to go back to work, resume parenting roles, and so on.

Women are more likely to be intuitive grievers, while men are more likely to be instrumental grievers. However, this *doesn't* mean that gender *determines* (or *causes*) an individual's grieving style; rather, gender *influences* how someone will grieve.

BEREAVEMENT SUPPORT

This distinction between intuitive and instrumental grief is relevant to understanding the nature and function of *bereavement support*. At the heart of bereavement support and counselling is the assumption that clients need to acknowledge and express their grief. This may be facilitated in several different ways, but the primary means of expression – and the major tool used by supporters and counsellors to enable the client to do this – is *language*. As Shakespeare put it:

Give sorrow words; the grief, that does not speak, Whispers the o'er-fraught heart, and bids it break.

Shakespeare might have been describing the intuitive griever, who is likely to be better at putting feelings and thoughts into words (or *externalising* them in some other way, as in art or music) than instrumental grievers: they confront their feelings directly, rather than (re-)channelling them through other activities as instrumental grievers tend to do.

Retelling the story and re-enacting the pain is a necessary part of grieving and an integral part of the intuitive pattern of grieving. It also represents the intuitive griever's going 'with' the grief.

GRIEF, GRIEF WORK, AND MOURNING

Sigmund Freud, the famous Austrian psychoanalyst, was the first to formally address the nature of grief (see Chapter 2) and its function (see Chapter 3) in *Mourning and Melancholia* in 1917. 'Mourning' describes the bereaved person's attempts to redefine their relationship to the deceased, their sense of self, and the external world. 'Successful' mourning, according to Freud, involves the severing of



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the emotional ties to the deceased and investing emotional energy in new relationships. This emotional separation from the loved one is achieved through 'grief work' (rather than 'mourning work') and is central to a number of well-known and influential theories/models of grief (see Chapters 2 and 3).

However, 'mourning' is also used in a very different sense to denote 'the culturally patterned expressions or rituals that accompany loss and allow others to recognise that one has become bereaved'.¹⁴ Public displays of grief include funerals, wearing black clothes or armbands, and covering mirrors in Jewish homes. People are often described as 'being in mourning' for a deceased loved one: their normal routines and activities are suspended until the period of mourning is over (see Chapter 4). It would be very odd to describe them as 'being in grieving', rather than just 'grieving', which denotes the *individual* response to bereavement (as opposed to *social* rituals and traditions).

HOW DO WE KNOW WHAT WE KNOW ABOUT GRIEF?

Personal Accounts

One major source of information about the nature of grief are the *personal accounts* of bereaved individuals. Many such accounts have been written by well-known authors (such as C. S. Lewis, Dannie Abse, and Julian Barnes), but also include first-time authors, driven to describing their grief both as a way of coming to terms with their loss and as a form of dedication to their loved one. These accounts tell us how grief is *experienced*; arguably, these first-hand accounts capture the nature of grief more accurately than any other method (see Chapter 2).

Clinical Studies

Freud's *Mourning and Melancholia* represents a more detached, less personal account, but one which reflects a particular theoretical bias, namely psychoanalytic theory (sometimes 'psychoanalysis'). Although Freud's ideas are important in their own right, it is his influence on later theorists and researchers (including Bowlby and Parkes) that makes him such a key figure in the *clinical study* of grief (i.e. the treatment of bereaved people whose grief may be described as complicated, informing us about the nature of both this and 'normal' grief). (These later theories are discussed in Chapters 2 and 3.)

Empirical Studies

Probably most of what we understand about grief derives from research studies



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involving large numbers of bereaved people (as opposed to individuals, as in personal accounts and clinical studies). These *empirical* (i.e. scientific, evidence-based) studies are often conducted by psychiatrists, such as Parkes, in order to understand the circumstances under which bereavement can lead to psychiatric disorders and to set up programmes of treatment and prevention. Four such influential studies are the Bethlem, London, Harvard, and Love and Loss Studies.

The Bethlem Study investigated reactions to bereavement among 21 people (male and female) seeking psychiatric help on average 72 weeks following the death. Interviews were conducted at the Bethlem Royal and Maudsley Hospitals (in London). *The London Study* attempted to find out how an unselected group of widows under 65 would cope within the first year of bereavement (i.e. they weren't seeking psychiatric help). They were interviewed at the end of the first, third, sixth, ninth, and thirteenth months (allowing for the 'anniversary reaction').

The Harvard Study involved 68 unselected widows and widowers (aged 45 and under) at Harvard Medical School in Boston, Massachusetts. They were interviewed 14 months after bereavement and compared with a *control* group of 68 married men and women of the same age, social class background, and family size. Finally, the *Love and Loss Study* involved 278 psychiatric outpatients at the Royal London Hospital and was aimed at testing the hypothesis that love and loss are inseparable, that childhood attachment patterns, separations from parents, and relationships in later life all influence how we cope with stress and loss and predict the kinds of problems which cause people to seek help following bereavement in adult life. A control group of 78 young women who hadn't sought any psychiatric help was used, 35 of whom had suffered bereavement in the previous five years.

Anthropological and Ethnographic Studies

These studies attempt to identify patterns of grief across different cultures and so are essential for testing the claim that grief is a *universal* reaction to bereavement (see page XX). Traditionally, such studies have focused on rituals and beliefs surrounding death (in particular regarding the afterlife) – rather than the psychological (i.e. individual) aspects of grief. A widely-made distinction is that between *individualistic* (typically Western industrialised/capitalist) and *collectivist* (non-Western, traditional) societies/cultures (see Chapter 4).



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IS THERE A POSITIVE SIDE TO GRIEF?

Finally, bereavement is conventionally regarded as just about the worst thing that can happen to a person and, by the same token, grief is seen as an inherently negative experience – by definition, painful and unpleasant. However, research conducted within positive psychology has shown that trauma of various kinds – including sudden and traumatic bereavement – can serve as a catalyst for positive changes. This is referred to as *post-traumatic growth* (PTG) and is the subject of Chapter 7.



CHAPTER

8

INTRODUCTION

gary w. wood



the psychology of
GENDER

THE
PSYCHOLOGY
OF EVERYTHING



This chapter is excerpted from
The Psychology of Gender
by Dr Gary W. Wood.

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INTRODUCTION

Excerpted from *The Psychology of Gender*

Welcome to *The Psychology of Gender* in which we explore the implications of our classification, at birth, of 'boy' or 'girl' and how it impacts on all aspects of our lives.

CONVENTIONAL WISDOM ABOUT GENDER

We hear people say, in times of extreme stress or near-death experiences, 'my whole life flashed before me'. However, what if, in a moment of precognition, our lives did flash before us at our very first breath? What if all the twists and turns, the patterns and choices were pre-determined? What if one flick of the pen mapped out our whole lives, based on a cursory glance of our infant nakedness? What if the 'lottery of our anatomy' was our destiny and biology and physiology determined our psychology. It sounds like a sinister plot from a dystopian science fiction novel. And yet, every day, from every tick on a form we make to every bathroom break we take, we confirm and reconfirm our birth identities in pretty much this way: from girls and boys, to males and females, to ladies and gentlemen.

The Psychology of Gender is a short volume in The Psychology of Everything series offering a critical introduction aiming to bridge the gaps between everyday understanding, pop-psychology and academic writing. Everyday understanding harbours many taken-for-granted assumptions, and pop-psychology, with its comedic metaphors, aims to soothe and simplify – obscuring more than it illuminates. Although academia aims to shine a light on the unexplored, it sometimes over-intellectualizes so that it feels divorced from everyday reality. Sociologist Ken Plummer describes gender as 'the surest of all ideas in the modern world and at the same time one of the most contested concepts in the social sciences'. This book aims to tackle the key hidden assumptions surrounding gender, answer some questions, stimulate your own questions and guide further exploration.

Gender 'hides in plain sight'. Psychologist Vivien Burr describes it as 'the backcloth against which our daily lives are played out'.³ Gender is the 'arena in which we face hard practical issues about justice, identity and even survival'. However, it is often treated as little more than 'an interesting personality trait'. From my experience of teaching research methods, students routinely include 'gender differences' in their projects without questioning if it makes sense. Pop-psychology upholds this view, by encouraging us to think of men and women as so different that they are from different planets. Academic psychology has been slow to challenge this, as social psychologist Mary Crawford contends that the



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Mars/Venus books and workshops gained legitimacy through advertising in academic journals. Throughout the 1990s LGBTQ writers increasingly challenged the 'taken-for-grantedness' of gender. In *The Apartheid of Sex: A Manifesto on the Freedom of Gender*⁷ Martine Rothblatt, compares the challenges to the binary gender paradigm with heretical challenges to the earth-centred paradigm of the universe.

Before we continue, think about the last time you completed an official form. Declarations of sex or gender on such forms traditionally offered two options:

- Are you male?
- Are you female?

It never occurred to many people that it could be anything other than 'either/or'. Then one day the forms changed, offering options such as 'other' and 'prefer not to say'. Some would decry these changes as an assault on the 'natural order' or 'political correctness gone mad'. Why would anyone *prefer* not to say? What else could there be beyond male and female? Others welcomed the opportunity of alternatives to the binary gender labels that better captured the reality of their lives. *The Psychology of Gender* aims to address these issues and more besides. Once you dare to question gender, the questions write themselves.

Why are the 'helpers' in artificial intelligence (AI) applications feminized (e.g. Siri, Cortana) when they do not need to be? Why are sports not organized by body size instead of gender? Are gender stereotypes bad for our health? Are gender roles a benign way of organizing the world? What is the connection between gender, power and inequality? Do self-help books offer the solutions to take us forward or sticking plasters for the status quo? Are gender differences hardwired in the brain? Is there more to you than pink or blue? Can we exist in a world without gender, or is resistance futile?

So where do we begin?

In academic psychology, it is a convention to start by clarifying the terms of the debate – brief, working definitions, so we are all, so to speak, on the same page. What is psychology? What is gender? What's the connection between sex and gender?



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WHAT IS PSYCHOLOGY?

The accepted definition of psychology is ‘the scientific study of mind and behaviour’. It adopts scientific methods (like the natural sciences) to explore, in a systematic way, what it means to be human and what makes us tick. Methods include controlled experiments, observations, surveys and so on. The aim is to generate data, in the form of numbers (quantitative) or words and pictures (qualitative) or a combination. Researchers in psychology analyze these data to test research questions, generate explanations, develop and refine theories, generalize and make predictions of future behaviours. Psychology offers a means to test the assumptions of everyday understanding (and pop-psychology). Sometimes it confirms ‘common sense’, and at other times it offers a radically different view.

Psychology is not infallible, as research can never be conducted in a ‘values vacuum’. It is vulnerable to errors and biases that inevitably creep in when people study people. Psychology is a work in progress, and part of its project is to make visible the invisible and expose human bias in ever increasing approximations to ‘the truth’. It offers an alternative to the phrase that irked many an inquisitive child at school: ‘because that’s just the way things are’.

As a personal and professional development coach, I use the principle with clients that ‘the viewing influences the doing, and vice versa’. How we view the world influences what we do in the world. Sex and gender, as fundamental units of identity, create lenses (or filters) through which we interact with the world, influencing how we think, how we behave and experience the world and ourselves as part of it.

WHAT IS GENDER (AND DOES IT RELATE TO SEX)?

Sex and gender are often used interchangeably, giving the impression that they are different words for expressing the same thing. In everyday language, some use gender as though it is a more polite alternative to saying ‘sex’ (in polite company), rather like using euphemisms for ‘toilet’, such as restroom, powder room, little boys’ room and the loo. Sex and gender are interrelated, but they are not synonymous. The tendency to blend and blur the terms tends to colour our thinking and obscures the fundamental differences. It makes it easier to assume that gender is a natural and inevitable product of our biology when it isn’t.

Sex has two meanings: a physical activity or a biological status. The act of having (or doing) sex is to engage in physical/genital intimacy with another person



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or persons, or of any self-stimulation, and not excluding inanimate objects. Sex as part of our identity – a state of being – is usually allocated at birth, primarily based on the appearance of our genitals. Mainly, it is an either/or binary classification of boy or girl which appears on our birth certificates. This sets in motion a series of expectations for the rest of our lives – that is, our gender.

Gender is the sociocultural (and psychological) interpretation of our biological sex, that is, how we make sense of the biology in everyday life. Whereas ‘male’ and ‘female’ are biological distinctions, ‘masculine’ and ‘feminine’ are gender distinctions. According to the hard-line view, masculinity results from maleness and femininity results from femaleness. This book aims to explore the grey areas, beyond this broad assumption, including whether sex and gender can be ‘divorced’ from one another. To begin questioning this, it helps to think of sex as a noun (something we are) and gender as the verb (something we do).

WHAT TO EXPECT FROM THIS BOOK

The Psychology of Gender draws on a wealth of theories and evidence from a broad review of disciplines to consider the impact of gender on our individual and collective psychologies, including our relationships and society in general. This short book cannot possibly offer an exhaustive examination, but rather highlight key themes and issues to offer a springboard for further critical reading. Gender is found in biology, sociology, gender studies, physiology, social geography, queer theory, LGBTQI+ writing, feminist writing, cognitive neuroscience, cultural studies and so on. All inform and impact on our psychology. I also draw on my own research, which explains homophobia in terms of gender-role transgression, making explicit the link between homophobia and sexism. By a critical examination of the evidence, hopefully, we can arrive at a new psychology of gender, one that is less prescriptive and more meaningfully descriptive. One that draws parallels between future models of gender and models from cross-cultural and historical perspectives. One that considers the psychological complexity of the human experience.

- Chapter 2 considers the distinctions between sex and gender in greater depth, discusses gender roles and their relationship to our anatomy and how neither biological sex nor socialized gender is necessarily binary. It also considers the links between gender identity and having sex.



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- What does the research say about biological sex differences and ‘gendered brains’, their links to gender-role stereotypes and how they are interpreted and reported in pop-psychology circles? Chapter 3 takes a more in-depth look at the basis of perceived differences in gender.
- Are gender roles a benign way of organizing the world? The ‘equal but different’ view of gender often ignores the power relations (and inequalities). Chapter 4 considers the impact of enforcing gender-role stereotypes, including the individual psychological and health implications, the impact on friendships, relationships and society.
- Chapter 5 considers alternative stories for making sense of gender, other than the modern-day Western binary perspective that inhabits pop-psychology books. It considers where the story started and other world views as well as fairy tales, science fiction and cyber identities to help us begin to formulate a new blueprint for the psychology of gender.

Our journey through the psychology of gender concludes by drawing together the main themes and asking you to consider how the information impacts on you. What has struck a chord with you or struck fear into your heart? How will you make sense of it in relation to your understanding of yourself? How would you describe a gender that is meaningful to your life? What’s your story?

So, let’s begin by going back to basics and exploring the links between sex and gender.



CHAPTER

9

STEPPING INTO THE GARDEN:

THE GARDENING CONTEXT



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The Psychology of Gardening
by Harriet Gross.

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STEPPING INTO THE GARDEN: THE GARDENING CONTEXT

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Gardening is one of the most popular leisure activities. Twenty-seven million people in the UK report a personal interest or active engagement in gardening, and many millions of people visit gardens every year. When they are asked, gardeners can talk at length about doing their garden and the opportunity for being creative or growing their own food. If asked why they garden, they say it 'keeps me sane' or 'connects me to nature'.

People who garden at home or on their allotment are healthier and happier than those who do not. In 2004, the psychologist Aric Sigman suggested that regular gardening could cut health care costs, even claiming that gardening could be saving lives. Research regularly demonstrates that activities done outdoors (including exercise and gardening), the presence of plants or trees in outdoor and indoor public spaces, visits to urban parks and seeing natural views from a window, can all lower stress hormone levels and improve adults' and children's mental health, well-being and productivity. There is now strong and growing evidence that nature is good for human physical and mental health and that 'a regular dose of gardening can improve public health'. Given this ringing endorsement of the many potential benefits of gardening and nature, what does psychology have to contribute? The purpose of this book is to find out.

In its broadest sense, psychology is about understanding human behaviour and human relationships. Gardening is certainly a form of human behaviour, carried out in a particular place and involving a relationship with nature, but can it really save lives? What is the evidence for the positive effects of gardening, where does it come from and how does research explain the enduring attraction of gardens and gardening for some people? And what about people who are no longer able to garden or are not interested in gardening? The following chapters examine the research and the theories that might explain what is special about gardening and why it matters so much to the people who do it. First, this chapter briefly summarises some background information about gardens and gardening and reviews how research is carried out to find out about gardening and psychology.

DEFINING GARDENING

Dictionary definitions say that a 'garden' is an area, piece or plot of land, near to or adjoining a house, where plants, flowers, shrubs, trees, grass and vegetables may be grown or cultivated. A garden can also be a container, like a window box, planted with a variety of plants. In the United States, garden refers typically to a vegetable garden and 'yard' (as in backyard) to a flower or ornamental garden. The definitions

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People garden not only at home if they can, but they also garden for themselves on allotments or similar plots, which are not necessarily next to a house. An allotment is a piece of ground let out for spare time cultivation under a public scheme. In the UK, allotment gardens are located on sites in towns, cities and in the country, and are owned and administered by local authorities who charge a minimal rent for the individual plots.



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These sites are usually run by a member association and often have outer boundary fencing, although they vary in the way that individual plots are demarcated from one another, typically paths or hedges. Allotment gardens exist elsewhere, involving community or municipality ownership, making garden and growing facilities available to local residents without gardens or with limited economic resources. Allotments are strongly supported in Denmark, Sweden, Germany and the Netherlands, and in Canada and the US allotments are known as community gardens. As in the UK, plots were originally intended for vegetable production, but ornamental gardening is allowed. Sheds or structures are permitted, but permanent residence is not allowed.

Gardening is defined as a range of activities related to a place, an activity and plants/nature, incorporating the concepts of work, care and land. Definitions encompass ideas of beauty and enjoyment. These ideas regularly appear in gardeners' conversations about their gardens and underpin evidence for the psychological meaning of gardening. Thus, gardening can be characterised as an activity that happens in a (private) bounded space or area, usually but not always near home. It involves human input to make a difference to the space, namely cultivation and tending to achieve both edible and aesthetic outcomes. These two distinguishing features are explored further in Chapters 2 and 4.

WHO GARDENS?

Gardening is something that anyone can do, at any age and at any scale as long as they have somewhere or something to garden. It is estimated that 87% of households in the UK have access to a domestic garden of some kind. Even without a home garden, there are balconies, roofs and window ledges for small or large containers, pots, window boxes and indoor plants in pots. Some evidence from Australia suggests that homeowners there are incorporating more of their garden into space for the house, potentially restricting the plot for gardening at home. Domestic gardens and allotments provide vital urban green spaces for wildlife and biodiversity as well as spaces for personal and social activity. Community-owned and municipal allotments have had a resurgence; in some places the waiting lists for allotments are closed because demand is so high. There are also community garden projects and increasing sightings of opportunistic or guerrilla gardening in unused spaces on pavements, around trees and in vacant or disused lots as well as roadside pop-up and pocket gardens, available to those without a garden (see Chapter 6).



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Gardening is most commonly reported as a leisure activity by homeowners over the age of 35. In a 2010 UK survey, 62% of homeowners ages between 45 and 65 reported that they had gardened in the last 12 months. People under 35 are catching up fast, but only 16% of 16–24-year-olds admitted to gardening (source: Social Trends 41). In 2015, a survey showed that nearly three quarters of 65–74-year-olds were engaged in gardening in the UK, rather confirming the view that gardening is for old people. Certainly, gardening seems to be more common in older age groups. Also, 57% of the 27 million gardeners in the UK are women. It could be either that women are over-represented in older age groups because they live longer than men, or that gardening has special meaning for women (see Chapters 2 and 6).

Gardening is popular everywhere. In Japan, 32 million people (25% of the population) take part in daily gardening as a hobby; in the US in 2016, 118 million people (around 35% of population) had gardened in the previous six months (Statista, 2016) and five million of these were new gardeners, under age 35 (so-called millennials). In addition, there are many long-standing programmes and new initiatives taking place through schools and gardening organisations around the world to engage children (and other non-gardeners) in gardening activities as a means of improving diet and environmental awareness and putting children in touch with nature.

GARDEN VISITING

Visitor numbers confirm the continuing popularity of garden visiting. For example, the Royal Botanic Gardens at Kew had 1.6 million visitors in 2015, and the Eden Project biodomes in Cornwall received one million visitors. In the same year, the Australian National Botanic Gardens at Canberra and Monet's Garden at Giverny in France each received around 500,000 visitors. People also attend national and local horticultural or garden shows and open their own gardens to the public. Under national and open garden schemes, around 4,000 private gardens across the UK (and Europe) are opened to the public every year (the proceeds of which go to charity), with visitor numbers well over half a million annually in the UK. The internationally renowned RHS Chelsea Flower Show, held in London in May, attracts approximately 157,000 paying visitors over its five days (a number limited by the site capacity) and millions see it on television, 3.14m in 2017. These formally recorded visits are only the tip of the iceberg, since they do not include regular everyday use of public parks in cities and towns, designed to provide



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'green lungs' for urban spaces. Chapter 5 explores whether garden visiting has the same potentially beneficial qualities as gardening.

GARDEN HISTORY AND GARDEN MEANINGS

For most people who garden today, it is in their own domestic garden or on their allotment in the town or in the country. The principle of Garden Cities, proposed by Ebenezer Howard in the late 19th century, was to provide green spaces for private and public use and affordable housing for all citizens, with front and back gardens, on tree-lined roads (see also Chapters 5 and 6). His ideas led to the development of the first Garden City in the UK at Letchworth in Hertfordshire. They were subsequently carried through into other British planning developments like Hampstead Garden Suburb and prefigured the rise of the suburbs, which arose during the expansion of towns and cities between and after the two world wars. The suburbs were seen as a refuge from city life, a peaceful place to return to and do the garden after work. The 'everyday Eden' that emerged in the process undoubtedly contributed to the iconic image of England as 'a nation of gardeners', and makes reference to an idyllic Arcadian past, where everything in the garden was lovely, certainly for some people if not for all. The opportunity for gardening as a leisure pursuit for the many, rather than as a necessity or as a form of paid or unpaid labour, is relatively recent in the long history of gardens.

Garden history has described and delighted in the creation of both famous gardens that have changed the landscape and domestic gardens, specialist gardens and the human efforts devoted to the collection and development of plant species, and of course the various technical innovations (such as the lawnmower) to assist budding and established gardeners. Garden historians have also explored the value of gardens for personal and social pleasure as well as changing fashions and techniques that influence how choices are made in and about gardens. In this history, the creation of gardens either as spaces for contemplation, beautification or food production represents the combination of nature and human effort that defines gardening. The meaning of gardens is also part of garden history; the idea of the Garden of Eden and Paradise as a garden has permeated literature, art and design. Gardens continue to symbolise, for example, refuge and safety, as well as representing social and cultural meanings of order and control over nature.

Gardens feature prominently in literature because 'they offer an abundant metaphoric range of images that help propel fictive, poetic and dramatic narratives'. The concept of plot embedded in the garden metaphor represents



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execution of a political scheme or a dramatic narrative. In Shakespeare, garden similes can denote sinister goings-on. The 'unweeded garden that grows to seed ... possessed by things rank and gross in nature merely' in Hamlet (Act 1, Scene 2), for example, refers to the depravity of the state of Denmark evidenced by Hamlet's father's murder, and his mother's marriage to his uncle. Literature is filled with examples of the garden as a simile or as a metaphor, frequently for enclosure and privacy, for retreat, for hidden thoughts and activities and for representing natural (and sexual) instincts and human interventions into natural processes. Symbolising gardens as retreats has them as places of mystery and containment, where magical things can happen. Frances Hodgson Burnett's *The Secret Garden* illustrates both the trope of the garden in literature and the concept of the healing power of gardens and gardening. Literary references to gardens abound, particularly as a proxy for keeping nature under control, including human attempts to overcome primitive urges. For example, in *Mansfield Park*, Jane Austen refers to the dangers associated with leaving the confines of the garden and straying into the wilderness beyond the garden boundary. Her heroine, Mary Crawford, envies gardeners as 'the only people who can go where they like', able to transgress the boundaries between nature under control and the wilderness beyond; well-brought-up young women strayed beyond the gate at their peril.

The language and metaphors of gardening and cultivation are not limited to literature; they are part of everyday conversation. It doesn't take long to harvest a crop of English words and phrases referring to some aspect of gardens, plants or gardening. Examples might include being *rooted* to the spot, *cultivating* your potential or *sowing* the seeds of an idea, having roses in your cheeks, being *a shrinking violet* or *a late bloomer*, deciding to *branch out*, get rid of the *dead wood*, avoid being *led up the garden path* and *digging your heels in*. Online searches for 'growing' and 'cultivating' produce over one billion and 48 million hits, respectively. Clearly, gardens and gardening activities have taken root in people's daily lives.

WHO IS INTERESTED IN GARDENING?

Academic and professional interest in gardens, gardening and horticulture has blossomed. Experts and practitioners in geography, sociology, health, sports sciences, occupational therapies, landscape design and architecture as well as in the arts and literature, have dominated research on gardens and gardening. Despite the interest from other disciplines, gardening received surprisingly little attention from psychology, apart from a study by a pioneer of the psychological



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benefits of gardening, Rachel Kaplan. Psychology has tended to focus instead on the potential benefits of nature, where nature is a separate, go-to location away from home. And yet, 'gardens allow nature to enter the reality of daily life'. If nature is considered beneficial and of interest to psychology, then the apparently mundane activity of gardening is a psychological experience too. Given that so many people do garden, and that it can be hard work, the question is what does gardening do for them? The following chapters explore whether there is a 'psychology of gardening', what gardening offers people and how it contributes to well-being.

Before moving on to examine why people garden, the next section gives a brief overview of the ways that research has been carried out on gardening and considers the methods and samples used in the research.

DIGGING UP GARDENING

Searching for garden research yields a long list of diverse projects. Projects explore leisure and gardening, gardening as a physical activity, gender and gardening, community and allotment gardening, gardening identities, environmental and ecological practices, the place of animals in gardens and cities, the meaning of gardens, gardens in literature and poetry, gardens as memorials, landscape and garden design, garden histories and garden visiting, to name but a few. Much of this research has something to do with psychology, because it concerns individuals and their relationship with nature. The area of psychology that directly addresses human–nature relationships is environmental psychology, and to a lesser extent the related field of ecopsychology.

Environmental psychology

Environmental psychology has a broad remit covering human–nature interaction and the investigation of the interaction between individuals and their natural and built environments. Kurt Lewin, whose work formed the basis for this area of psychology, believed strongly that behaviour is affected by the social (and physical) environment in which it happens, and that this environment should be taken into account in research. Environmental psychology started by looking at the built environment; now it has a greater interest in the biophysical environment. It examines how human behaviour and quality of life can be affected by good and poor environments as well as how human behaviour contributes to those. The remit includes ways to change behaviour that will reduce or reverse the human impact



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on the environment, in the interests of sustainability. Ecopsychology has a similar concern to reduce the negative human impact on the natural world. It is especially keen to restore emotional bonds with the natural world and starts from a position that humans are disposed to be in touch with nature through a process of evolutionary experiences. The human–nature relationship is explored with respect to gardening in Chapters 3 and 4.

Researching gardening

There is no single psychological theory of gardening as such. Environmental psychology takes an interactive and collaborative approach, combining ideas from different areas, such as social psychology and health psychology, to understand how aspects of the individual and the environment affect behaviour or emotion. So research into the human–nature relationship, including gardening, draws on a range of theories and evidence. There are two interrelated strands of research on nature and on gardening. One strand involves the effects of nature (from wilderness to nearby nature): what makes natural environments beneficial and are the effects consistent (see Chapters 3 and 4). The other strand focuses on the gardener or the practice of gardening to discover what being a gardener means to individuals, by investigating personal experiences of gardening, including gardening. This includes gardening as a therapeutic or healing activity in natural settings (see Chapters 2 and 5).

To examine these two strands, a variety of research tools is used to gather evidence. The tools include specialised measures of personality characteristics (traits, such as nature connectedness) or psychological health and well-being (such as mood or self-esteem). These are used to see how people are affected by natural settings, or whether personality affects environmental awareness, for example. Natural settings and environments usually mean rural settings or nature at a distance. Domestic gardens are considered a combination of natural and built environments because they are located close to houses or apartment buildings. Studies also use images of different natural or urban scenes, intended to represent views from a window, to test which environments people prefer. Images are also used to measure whether environments impact people's behaviour or affects their performance (e.g. on problem-solving tasks). Many studies ask people directly about their gardening experiences through surveys and questionnaires, or interviews with individuals or focus groups, and some research also includes analysis of textual material and images.



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Although it might seem the obvious thing to do, using real natural settings rather than pictures for research has been limited because it is difficult to ensure that participants are experiencing the same things. Using images means that everyone taking part sees a similar set of features. Eye-tracking technologies now make it possible to gather details of where someone is looking in an image by recording fixation times and locations, but up to now this has been difficult in a real setting. With the increasing availability of virtual environment technologies (e.g. Oculus Rift), the possibilities for immersive experiences of natural settings are extended, giving a potentially more realistic and varied environmental context for studying the benefits of exposure to nature.

The following section summarises some key concepts examined in the later chapters and some of the practical ways that the two strands of research are carried out. The section concludes with a brief discussion of whether it matters who gets included in research on gardening and nature.

Key concepts in research on natural environments

Gardens have always been considered restorative. In environmental psychology, 'restoration' refers to the positive effect of an environment on individual behaviour or performance, and to the features of the environment that make it 'restorative', that is suited to recovery or restoration (see Chapter 3). Some research on restoration is concerned to establish whether natural environments are more effective at restoring mood, stress or performance than built ones. To do this, people in a controlled setting (experiment) are exposed to a challenging experience like watching a scary movie or doing a demanding task, to induce a level of stress, and then exposed to rural or urban environment scenes, to see whether one is better at reducing the person's level of stress. The studies can involve comparison with people who receive the stress-inducing task but do not see the scenes. The value of controlled studies like these is that researchers can be sure that the outcome is due to the rural or urban scenes presented, rather than other factors.

The other aspect of restoration concerns what makes natural environments restorative. Research investigating 'restorativeness' asks people either to look at photographs of contrasting natural and built environment images, including positive (e.g. attractive) and negative (e.g. dirty) urban and rural images, and say how suitable they would be for restoration, or how much they like them. For this, environmental psychologists have developed dedicated measures of perceived restorativeness and restoration outcomes, so that findings from different studies



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can be more easily compared with each other. Other studies ask people to imagine a favourite place and then get them to rate it for how suitable it would be for restoration. Natural settings of open grassy landscapes with trees and shrubs are frequently preferred over more dramatic or forested landscape, or pleasant or unpleasant urban scenes. Preferred environments are likely to be regarded as more restorative. Favourite and restorative places are discussed in Chapters 2 and 5.

Connectedness or Relatedness to Nature, or Environmental Identity, is considered as a human connection to the non-human natural environment which affects how people will perceive and behave towards it. Psychologists have developed specialised measures (such as the Connectedness to Nature Scale) to see whether greater interest in contact with nature might be an individual characteristic or trait, that also determines behaviour in relation to nature. Thus, a person who agrees strongly with a statement such as 'I think of myself as part of nature, not separate from it' might be more likely to recycle garden waste, or harvest rainwater and so on. The concept of nature relatedness has emotional and cognitive or intellectual elements; people may feel strongly that they are part of nature and want to conserve it and also seek out and evaluate evidence that supports sustainable behaviour. The measures allow researchers to compare different people and to investigate relationships between nature relatedness and emotional states. It is possible that such measures would be useful to find out which people would benefit most from contact with nature, or gardening.

Individuals and the gardening experience

Research on individuals and their experience is the most varied. It involves exploring meanings of being a gardener and creating a garden, identity and gender, through personal accounts and stories. Interviews with individual gardeners provide a rich source of information about people's gardening experience, their own meanings and identities. Some studies use surveys and questionnaires to gather information from larger numbers of people, which can include measures of health, psychological well-being and connectedness to nature, to help identify whether different psychological factors explain people's interest in gardening. Work on gardening and meaning has used magazine material or historic images and documents, and the sociologist Mark Bhatti has made use of personal written accounts of gardens and gardening written material to explore the meaning and importance of gardens and gardening for people in Britain in the late 20th and early 21st century.



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Bhatti used a unique source of written material, the Mass Observation Archive housed at the University of Sussex. The Archive contains material covering the period 1937–1955, and the original database has been regularly updated since through Directives requesting contributions on particular topics from panel members. In 1998, a Directive on Gardens and Gardening was sent out, asking panel members to write in about their own gardens, about sources of gardening knowledge, and about gardening and the environment. It resulted in 250 written responses and 350 photographs. A You and Gardens Directive (2007) generated 160 responses to questions about people's ideal gardens, gardens on TV and radio, environmental issues and whether they had special places in their gardens. In addition, 387 responses generated by a 1993 Directive on Pleasure and Enjoyment included references to nature and to the garden. Twice as many women responded to the Directives as men. Bhatti points out that the Directive respondents were writing for an (unseen) audience, which could affect what they write, and that the process of writing itself may generate thoughts that had not previously been present. The impossibility of following up or clarifying content means that the researcher/reader may be making partial interpretations of the meaning which were not intended by the anonymous respondents.

Whatever the method, research on personal meanings of gardening so far gives rise to consistent themes which recur in studies of individual private gardeners, allotment gardeners and therapeutic gardening participants. The themes are ownership, identity and creativity; contact or connection with nature; escape or retreat; self-efficacy and being productive; stress reduction; caring and social relationships or networks. The importance of being physically active also emerges for many of the gardeners studied. Some of these themes form the basis for the following chapters (see Chapters 2–6).

Who takes part in research?

Research frequently uses students as participants, especially research that investigates the restorative benefits of natural scenes or opportunities to spend time in natural settings. Studies of gardeners and gardening tend to involve older adults. Do these differences in the groups being studied matter? Probably not, since most people who garden are older too. However, one issue is who actually takes part in research.

Access to participants is always a factor for researchers, and this relates to gardeners as much as to students. Allotment gardeners are relatively easy to access compared with private home gardeners, but there may be differences



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between private and allotment gardeners and non-gardeners, that could affect the outcomes of the research. Some studies find no demographic differences between gardeners and non-gardeners, whereas others found their allotment gardeners were slightly physically fitter and weighed less than their non-gardening control group.

Gardening survey data also suggest that the gardening population does not always represent the population at large. For example, gardeners taking part in UK studies typically include larger numbers of older people and of women, most of whom are householders, than the general population. Austrian and Japanese studies seem to include more men than UK or US studies. Volunteers taking part are more likely to be female, older, white, middle class, healthier and better educated than those who do not volunteer. People less willing to volunteer, and less accessible to researchers, could be excluded, and researchers have to be imaginative to involve a greater range of participants. On the other hand, therapeutic and community gardening schemes are designed to encourage more marginalised groups to take part, which means that these individuals will potentially have a voice (see Chapter 5). So there may be differences between groups of gardeners, and between gardeners and other groups depending on age, gender, method of recruitment or the measures used to compare them, and these differences may influence the outcomes of research.

By contrast, projects on restoration and on the human–nature relationship, which underpin some of the psychology of gardening, have mostly been carried out with samples of university students. One reason for using students is that they are easily available to researchers and they may have experience of activities in nature away from home. It is assumed that students are psychologically similar to each other and the general population. However, university students are likely to be more highly educated than a truly representative sample, which may make them different from the rest of their age cohort at least. In addition, a study of 8,500 students at 30 US universities suggests that the personality profile of students could vary depending on the type of university they attend. This casts some doubt on their uniformity as a group.

Student-age adults (typically 18–25-year-olds) are currently the least likely age group to garden, so their absence from gardening research may not be a problem. However, their missing contributions could perpetuate a sense that gardening is not meaningful for young people. Younger adults do have some experience of gardens, and activities in gardens, and they may have different perspectives on gardening, which would be of interest to researchers. These issues



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of participation are by no means exclusive to gardening research but may influence thinking about gardening and what it means to different people.

WHERE NOW?

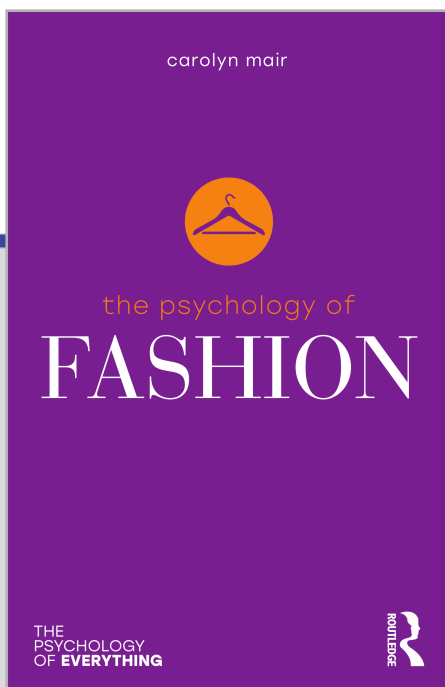
Gardening is popular: it reaches beyond the physical garden space to appear in literature and art. There is some evidence that, like nature, it may be good for people, and there are a number of ways to find out more about this and gardening as a potentially life-saving activity. Critically, however, gardening is not just about nature, but also it is about people and their gardens, and this is where we begin.



CHAPTER

10

INTRODUCTION



This chapter is excerpted from
The Psychology of Fashion
by Carolyn Mair.

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INTRODUCTION

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OVERVIEW

Welcome to *The Psychology of Fashion*, part of Routledge's Psychology of Everything series. This book is designed to introduce you to a new field of applied psychology: the psychology of fashion. The aim of this emerging sub-discipline of psychology, the psychology of fashion, is to develop a deeper understanding of the reciprocal influence of fashion (and the fashion industries) and human behaviour and ultimately to use fashion as a vehicle for enhancing wellbeing.

Many fashion magazines, blogs and consultants tell us that what we wear says a lot about who we are. According to these commentators, fashion expresses who we are, our personality and identity, through nonverbal communication. This intuitive reasoning is appealing, but while it encourages conversations about these and other psychological concepts, a scientific underpinning is often missing from the argument. Since launching the sub-discipline of psychology of fashion, I have been asked many times about the psychology underlying what particular fashion items or their features say about the wearer. As you'll discover when you read this book, the answers are not necessarily intuitive.

Although we make judgements about a person based on their appearance alone in under 1 second, these judgements are often flawed. Interpretations of the psychological meaning of clothing are influenced not only by the wearer but also by the observer, as well as by the social and cultural context. Nevertheless, our clothing, like other objects, becomes part of our identity and enables us to align with particular groups while separating us from others. We should be aware, however, that others may not make the same associations about our clothing as we do.

You will be used to seeing fashion imagery in the streets, press and media. You might feel differing degrees of confidence about yourself at different times, in different contexts, as a result. These feelings might have affected your self-esteem, mental health and wellbeing. Because of the ubiquitous nature of fashion imagery, you may not even be aware of its influence. You may have heard about the fashion industry's contribution to environmental and social issues and want to find out more – to go beyond simply knowing more to knowing how individuals can do more. These issues, and many more, can be addressed by psychology, the scientific study of human behaviour.

The intentions of this book are to provide an understanding of the reciprocal influences between fashion in its broadest sense and human behaviour,



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and to motivate you to become more confident in your involvement with fashion and, in doing so, contribute to a more ethical and sustainable industry.

This book is designed for a general audience. There is no assumption of expertise in either fashion or psychology. This chapter provides definitions of fashion and psychology, a rationale for the importance of applying psychology in the context of fashion, a brief history of fashion, an overview of how evidence can be derived in psychology and a road map for the remainder of the book. Finally, some resources for further reading are provided. Let's get started.

DEFINITIONS

Psychology

The Oxford English Dictionary defines psychology as “the scientific study of the human mind and its functions, especially those affecting behaviour in a given context” and “the mental characteristics or attitude of a person or group”. The British Psychological Society, the professional body for psychologists in the UK, defines psychology as

the scientific study of the mind and how it dictates and influences behaviour, from communication and memory to thought and emotion. Psychology is . . . concerned with all aspects of behaviour and the thoughts, feelings, and motivations underlying it. It's about understanding what makes people tick and how this understanding can help us address and solve many of the problems in society. As a science, psychology is dedicated to the study of human behaviour through observation, measurement, and testing in order to form conclusions that are based on sound scientific methodology.

According to the British Psychological Society, psychologists are concerned with understanding theories, and ultimately developing and testing them to enable the prediction of outcomes to improve quality of life (see <https://beta.bps.org.uk/DiscoverPsychology>). The American Psychological Association's definition states:

Psychology is the study of the mind and behavior. The discipline embraces all aspects of the human experience – from the functions of the brain to the actions of nations, from child development to care for the aged. In every



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conceivable setting from scientific research centers to mental healthcare services, the understanding of behavior is the enterprise of psychologists.

Fashion

An agreed definition of fashion is elusive. *The Oxford English Dictionary* defines it as a noun, “a popular or the latest style of clothing, hair, decoration, or behaviour”, and as a verb, “a manner of doing something”. Valerie Steele, an American fashion historian, curator and director of the Museum at the Fashion Institute of Technology, as well as editor of the journal, *Fashion Theory*, defines *fashion* for the purposes of the journal as the cultural construction of the embodied identity. As such, fashion encompasses all forms of ‘self-fashioning’, including street styles and high fashion. Fashion is commonly understood to refer to the prevailing style of dress or behaviour, with the result that it is characterised by change. Steele argues that fashion attracts attention because of its intimate relationship with the physical body and therefore the identity of the wearer. Tansey Hoskins, in *Stitched Up: The Anti-Capitalist Book of Fashion* (2014), describes how fashion offers a social process of negotiation and navigation which has a “cultivated mystique”. She argues that the industry perpetuates the notion that Milan, London, Paris and New York produce fashion, and that everything produced outside these centres is simply apparel or clothing. *Fashion* by definition is related to change and is typically associated with younger groups, whereas *clothing* is used as an umbrella term encompassing functional as well as decorative items. In this book we use the terms interchangeably for ease of reading.

THE IMPORTANCE OF APPLYING PSYCHOLOGY IN THE CONTEXT OF FASHION

Fashion is creative, exciting and dynamic, and because of its nature and inextricably close relationship with the body, the fashion industry manifests many issues which affect us psychologically at individual, societal and global levels.

Clothing is our second skin; it sits next to our bodies and becomes part of our identity. Fashion garments are often described in sensory terms such as vision and touch. The other senses are also important in fashion. Consider the sense of smell for the fragrance and beauty industries, as well as for items made from leather. Sound may be overlooked when thinking of sensory aspects of fashion, but consider the sound of heels on pavement, or the rustle of taffeta. Sensory input is processed in the brain through the psychological phenomenon of perception. In



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order for sensory stimulation from the environment to be perceived, it needs attention. For interpretation of sensory input to take place, we draw on memory, creativity and communication. All these are psychological in nature because they take place in the brain. Clothing is also important in terms of functionality and protection, but equally importantly it is the vehicle by which we promote ourselves to others. As a cultural phenomenon, fashion is concerned with meanings and symbols which provide instant visual communication to be interpreted and responded to by those we interact with. Although researchers have found that clothing style can convey qualities such as character, sociability, competence and intelligence, often what is conveyed is different from what was intended because communication in any medium is complex.

Because communication involves many brain processes, it is considered psychological. Interpreting the meaning of any message is complex as there are so many opportunities for distortion of the meaning. As Barnard argues in *Fashion as Communication*, interpreting meaning from fashion or clothing is difficult and fraught with problems. Nevertheless, clothing and fashion can be used in many positive ways to enhance our life chances, self-esteem and wellbeing. Once more, these are psychological constructs.

Fashion is an important global industry employing millions worldwide. The global apparel market (including sub-industries such as menswear, womenswear and sportswear) is valued at US\$3 trillion. It accounts for 2% of the world's gross domestic product and employs 57.8 million people across the world, generating an income of more than £26 billion annually in the UK alone. Fascinating as it is to analyse an individual's clothing, fashion is concerned with far more than what we wear. The fashion industry's employees work in many different disciplines, including the obvious ones such as fashion and textile design, textile production, manufacturing, marketing, distribution, retail and visual merchandising, and the less obvious ones, such as computer programming, law, accountancy, copywriting, social media, project management and increasingly psychology.

Because fashion is inherently concerned with human behaviour, it can be considered a form of psychology. Despite this, most of the literature on fashion comes from cultural theorists, fashion historians, sociologists, anthropologists and philosophers; until recently, few psychologists engaged in the debate. Kaiser, in *The Social Psychology of Clothing* (1997), describes psychologists' slow development of interest in clothing and fashion, but, fortunately, times have changed. We are now seeing enthusiasm from the industry for psychological evidence to enable a deeper understanding and better prediction of human behaviour. This evidence can be



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used to help improve the industry's practices in response to its ethical and social responsibilities.

By now I hope to have convinced you that the application of psychology in the context of fashion is important, but before I move on to an in-depth discussion of this, it seems just to provide a brief history of fashion. Please note that this is not intended to be comprehensive. Rather, it is intended to provide context for the remainder of the book.

A BRIEF HISTORY OF FASHION

Fashion ranges from high couture to high street, but regardless of its origins, fashion is conceived of, produced and sold by people for people. Fashion can be considered a continual process of change over time and over space. In some cases, fashion precedes political change; at other times, it follows it. The globalisation of fashion has resulted in more homogeneous dressing around the world, but it wasn't always this way.

Anthropologists argue that humans began wearing clothes in the Neanderthal period (approximately 200,000–30,000 BCE) when they started using tools made of bone rather than stone. Bone tools enabled Neanderthals to soften skins without tearing them, making them more pliable and more able to be made into clothing. Prior to this, humans had decorated their bodies for rituals and as a sign of status. As body decorations were hidden once humans started wearing clothing, they began to decorate the clothing, which assumed a decorative as well as a functional purpose. Spun, dyed and knotted wild flax fibres found in caves in Georgia, dating back hundreds of thousands of years, are considered to be remnants of clothing made in response to decreasing amounts of body hair and the resulting need to keep warm. Other accounts claim that the need for clothing arose as humans moved from Africa to colder climates and settled in Mesopotamia (present-day Iraq). The Mesopotamians spun and wove wool and made felt and other fibres to produce clothing and footwear such as loin cloths for men and shawls and skirts for women. Even then, wealthy people wore large, elaborate jewellery made of gold and silver and used perfume and cosmetics. According to these accounts, later, as the diaspora spread, the first Egyptian cultures formed the banks of the Nile. At this time, men and women dressed in light, loose, flowing woollen or linen clothing draped around the body. They cared for and decorated their skin with cosmetics and wore headdresses as status symbols. Similarly, as humans moved to Greece, clothing and jewellery were worn as an indicator of



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status. Evidence suggests that around 2500 to 1600 BCE, the societies who lived in the Indus Valley, in modern-day Pakistan, created jewellery and wore fine woven, dyed and decorated fabrics draped around their body. Clothing styles hardly changed for centuries across swathes of the populated world. This 'fashion' lasted for centuries and can be seen as late as the Roman Republic, which started in 509 BCE, when wealthy men and women wore togas draped over a tunic, or a cloak over a long dress.

Clothing was similar in the Far East, where for centuries the majority of people in China wore a tunic or jacket and loose trousers, while the upper classes wore a long-sleeved, loose-fitting silk robe which fastened either down the middle or across the right side of the chest. Chinese traditional practices for clothing were maintained until Emperor Pu Yi was toppled in 1911 and 'Western' dress was allowed. However, when Mao Tse-tung's government came to power in 1949, the Mao suit – plain trousers and a tunic with a mandarin collar and two pockets on the chest – was worn across China regardless of class. In recent years, China has become one of world's most important producers of fashion garments and accessories and is increasingly influential in terms of design. Chinese design was influential in Japan from the 6th century CE, when many clothing traditions were adopted; like in China, Western dress was not adopted in Japan until the late 19th century.

In medieval Europe, people wore tunics and capes made of rough wool or animal fur. Later, tailors made garments for wealthy people, with women wearing fitted clothing, with lower necklines over corsets which gave an exaggerated shape to the hips and bust. Men wore tunics over leggings and trousers. Velvet, brocade and linen clothing became popular with the wealthy classes at the time of the Renaissance, and during Elizabethan times (1558–1603), clothing for the wealthy became even more elaborate, with ruffled collars, small waists, broad shoulders, puffed sleeves and wide headdresses. After this came the baroque period (1604–1682), which began in France under King Louis XIV and later spread across Europe. Women wore looser, less elaborate gowns, and men wore doublets and utilitarian leather jackets over full, knee-length breeches rather than hose.

Major changes in clothing occurred during the Georgian and Regency periods because of the Industrial Revolution (1760–1840), when new manufacturing processes were developed, hand-production methods were replaced by machines, water power was harnessed more efficiently, and use of steam power increased. As a result, during the Georgian period (1714–1830), fashion became increasingly important for indicating status. Clothing was



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characterised by expensively tailored garments in lace and silk brocade. Both men and women wore tall, powdered wigs and high-heeled shoes. Women's dresses featured panniers to widen the silhouette, and men wore plain coats with tails and long, tight breeches. After this, fashion became simpler again. During the Regency period (1811–1837), women wore simple, draped dresses without corsets, tied at the waist; men wore pantaloons and tall boots. Until the Industrial Revolution, clothing and therefore fashion trends had been created by the royalty and copied by dressmakers for their wealthy clients. Poor people and peasants wore hand-me-downs or made their own.

The Industrial Revolution led to a surplus of rural workers seeking employment in industry and a better standard of living in cities. Many people who had lived in rural areas with their extended families moved to cities to live among strangers. In such situations, where we interact with strangers, we have little information other than appearance to use to infer identity, class and so on. Consequently, that which had previously been the preserve of wealthy people, 'fashion', became more important for more people. Yet, despite increased accessibility and demand, fashionable clothing remained the preserve of the wealthy until the treadle sewing machine, invented by Singer in 1869, made mass production of clothing a reality. The increased disposable income of the new middle classes in industrialised cities led to an increased demand for goods. Retail stores opened in cities to meet this need, and marketing strategies encouraged consumerism as an essential element self-worth. This extended to consumption for appearance management, and by the end of the 19th century, fashion magazines were being published in New York and Philadelphia.

Ordinary women and men were becoming more aware of fashion and the notion of being fashionable. It was during this time that the notion of conspicuous consumption was developed by Thorstein Veblen and described in his 1899 work, *Theory of the Leisure Class: An Economic Study in the Evolution of Institutions*. During Queen Victoria's reign, fashion became far more accessible. To meet demand, fashion production became faster, and working conditions deteriorated. The tragic death of 146 workers trapped by fire at the Triangle Shirtwaist Company in New York City in 1911 prompted the introduction of legislation requiring regular hours, paid leave, sick benefits and better working conditions. Although this benefited workers, fashion became less elaborate. Sadly, more than a century later, we are still witnessing disasters at fashion's sweatshops.

In the 1920s, women become more liberated. They discarded their restrictive clothing and adopted the androgynous 'flapper' style. This era is



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considered the golden age of French fashion, when designers, including Jean Patou and Coco Chanel, designed sporty, athletic looks for men and women. After the Great Depression of 1929–1939, the ‘flapper’ look was replaced by long, flowing dresses influenced by French designers Coco Chanel, Madeleine Vionnet and Jeanne Lanvin, as well as Italian designer, Elsa Schiaparelli. During World War II, when resources for clothing were limited, clothing needed to be produced more efficiently, and the UK government’s utility clothing scheme was developed. This comprised a limited range of garments, styles and fabrics which guaranteed quality and value for money. In autumn 1941, it became compulsory for all utility fabrics and garments to be marked ‘CC41’, which stood for “Civilian Clothing 1941”. Additional austerity measures introduced in 1942 and 1943 by the British Board of Trade made further savings in labour and manufacturing costs. In men’s clothing, for example, lapels became narrower, single breasted jackets replaced double breasted ones, turn-ups were banned, and pockets were reduced. But style remained an important factor for clothing, so the Board of Trade established the Incorporated Society of London Fashion Designers in 1942 to counter the potential lack of style and differentiation in clothing. Eight leading fashion designers designed an attractive, stylish and varied range of utility clothing which was economical and within the austerity regulations.

After World War II, haute couture became popular, influenced by Christian Dior’s ‘New Look’ silhouette of longer, fuller skirts; smooth, rounded shoulders; and tiny, fitted waists. In addition, as a result of new technology, synthetic and easy-care fabrics were used to create a less structured, more casual look. Simultaneously, social changes allowed young people in their teens to stay in education, which led to the development of the ‘beat generation’ and the ‘beatnik’, exemplified by students who wore the ‘beat’ (beaten) look of plain dark clothing and sunglasses. In parallel, working teenage boys opted for suits, ties and button-down shirts. Working teenage girls accentuated their hourglass silhouette with full skirts over petticoats with tight cardigans or sweaters. Others in the 1950s preferred the ‘Teddy Boy’ look inspired by American rock and roll idols; they wore leather jackets, skinny ties, tight trousers and brightly coloured socks. For the first time, teenagers wore clothes that were different to their parents’ clothes and thus became influential in fashion. After the beat generation, students opted for the ‘preppie’ look of sweaters and T-shirts with skirts or blue jeans.

International fashion trends were influenced by the London pop music scene in the 1960s, with the ‘mod’ look created by British designers Mary Quant, Zandra Rhodes and Jean Muir. The ‘mod’ look was uncluttered, with geometric



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shapes for women and a sleek, sharp style for men. Mods have been described as lower-class dandies who desired upward mobility and an escape from working-class life. While appearance mattered hugely to the mods, who cruised around on scooters, their opposites, rockers, wore leather, rode motor bikes and were perceived as tough, masculine types. During this period, London became a fashion hub as boutiques for young consumers opened across the city. However, by the late 1960s, the desire for mass-produced fashion was being replaced by the desire for less materialism and a more natural lifestyle. The 'hippy' movement, which began on the west coast of America, spread to the UK fashion scene and brought with it loose and bright clothing, based on styles from Eastern ethnicities. Leading designers in the UK at that time were Ossie Clark, Jean Muir, Thea Porter and Zandra Rhodes. The early 1970s brought more variety in fashion, influenced by music, and although the hippy look remained, young urbanites opted for a more androgynous silhouette with platform shoes and high-waisted trousers and a glamorous look in discos. Later that decade, the punk movement was characterised by torn, black clothing held together with straps, zippers, studs, safety-pins and chains, worn with work boots or Doc Martins. Hair was dyed into unnatural colours and styled in Mohican spikes. The 1980s saw a dramatic shift from the punk and hippy look. Women's styles featured shoulder pads, short skirts, leg warmers, stretch ski pants and over-sized shirts.

The 1990s saw an increase in the rave culture, with England, Germany and America creating new genres of dance music and fashion. Neon colours, glow sticks, short skirts and crop tops were the uniform for clubbing. In addition to new movements in music and fashion, the 1990s saw a lot of movement in the fashion industry. For example, after Isabella Blow, a stylist for *Vogue*, saw Alexander McQueen's graduation collection in 1992, he was featured in *Vogue's* November issue. John Galliano became head of the French couture house Givenchy and then replaced Gianfranco Ferré at Dior. McQueen went to Givenchy, and Michael Kors to Celine. Stella McCartney took over at Chloé, while Marc Jacobs went to Louis Vuitton, and Alber Elbaz moved to Guy Laroche before becoming Yves Saint Laurent's head of the ready-to-wear collections. Rapid advances in technology in the 1990s meant we were seeing more images and video footage of designers, models and fashion in general. People aspired to the lifestyles portrayed by designer brands, and the supermodels of the time were shown alongside the new faces of young unknowns, including Kate Moss, who was chosen by photographer Mario Testino because he refused to pay the prices demanded by the likes of top models Linda Evangelista and Cindy Crawford.



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Since this time, although materials have developed, fashion has recycled styles from previous decades. In the 2000s, many fashion styles emerged from young people in the lower socio-economic groups who belonged to subcultures or 'style tribes'; these styles trickled down through celebrities to the wealthy young people who wished to look 'cool'. In addition, high-end fashion, couture and luxury, once the preserve of royals and the wealthy, became accessible anywhere to anyone with an internet connection and a credit card. Designer outfits worn on the red carpet for celebrity events are copied directly and available in high street stores and even in your home within hours.

This fast fashion has changed the way fashion is designed, produced and consumed, to the detriment of all three aspects. Designers are pressured to work much faster and produce more collections, which affects the design process and the mental health of designers. In addition, although many consumers are becoming educated about the environmental problems resulting from the fashion supply chain and manufacturing process, they still tend to buy more than they need. Furthermore, many consumers dispose of unwanted items carelessly, sometimes without ever wearing them. Fortunately, some individuals are becoming increasingly concerned about the detrimental effects of unethical fashion production and consumption on workers, consumers and the environment. As a result, they are becoming activists for a more sustainable fashion industry.

The fashion industry has grown at a rate of 5.5% annually and is now worth an estimated US\$2.4 trillion per year globally, but recent years have been especially turbulent for the global economy, and certainty seems a long way off. Like in many industries, growth in the fashion industry is slowing, according to the McKinsey Global Fashion Index, reported in the *State of Fashion* report (2017). The three main reasons for the decline are cited as the global economy, consumer behaviour and the fashion business model. Consumers are become more demanding, more discerning and less predictable in their purchasing behaviour. An evidence-based understanding has never been more needed.

The increasing interest in wearable tech for monitoring of health and wellbeing and for decorative fashion is driving innovation and change. The technological developments of 3D printing and augmented and virtual reality are being combined with technology that monitors our physical responses and motivates us to form new habits and achieve a better quality of life. Psychologists understand not only behaviour and ways to implement behaviour change but also user experience and engagement.

Clothing has developed from being purely functional to being one of the



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world's most important and fascinating industries. As humans have developed and their basic needs are met, they experience greater motivation for belonging, esteem and self-actualisation. Fashion and fashion-related products can satisfy these needs in some while driving motivations in others. Humans are involved in every aspect of fashion: design, production, manufacture, advertising and marketing, visual merchandising, retail, consumption and disposal.

Fashion matters beyond what our clothes say about us. Fashion affects how we view ourselves and others, our self and identity, and how we navigate our worlds. To better understand the role and value of applying psychology in the context of fashion, we now provide a brief overview of how psychologists derive and interpret data.

HOW EVIDENCE IN PSYCHOLOGY IS DERIVED AND INTERPRETED

Call it clothing, apparel or fashion, what we wear is without doubt an important aspect of human experience. However, there has been a general lack of interest in investigating fashion from psychologists (other than a few exceptional social psychologists). The evolving discipline of psychology of fashion demands the application of existing theories in novel contexts and the proposing of interpretations tentatively as hypotheses. These will be tested over the coming years to support or refute existing theory. As a science, psychology emphasises rigour and seeks an evidence-based approach considered through a critical-thinking lens. Because of the scarcity of evidence-based psychology in the context of fashion, we need to apply existing theories to hypothesise and test potential outcomes. Psychological research is typically defined as 'pure' or 'applied'. Pure research is lab-based and is used to inform applied research. Applied research tests models and theories in situ (as opposed to in the lab) derived from pure research and is used to improve pure research by making it more ecologically valid (applicable beyond the lab situation). Psychologists working in industry or other 'applied' settings might be employed to work with staff to understand and improve their experience and quality of life. Other psychologists apply design thinking to develop inclusive, creative innovations that help people live better, while others work in law, music, medicine, media and even fashion. Of course, psychologists also work in the traditional areas of clinical psychology, counselling, sports and exercise, health, education, forensics, and occupational/industry psychology. Regardless of context, psychologists apply theories and models to help others by increasing knowledge, improving performance or enhancing wellbeing.



INTRODUCTION

Excerpted from *The Psychology of Fashion*

Psychologists typically describe themselves as trained in one or another of the core sub-disciplines in psychology. For example, cognitive psychologists work to understand brain processes including sensation and perception, emotion, communication, memory, thinking and reasoning, creativity, and problem-solving and decision-making. All these topics are relevant if we are to develop a better understanding of the reciprocal influence of fashion and human behaviour. Social psychologists aim to understand and explain how the attitudes, thoughts, feelings and behaviour of individuals are influenced by the actual, imagined or implied presence of others. Social psychologists tend to take an interactional approach to understanding human behaviour in social contexts. This emphasises a person's cognitive and personality factors as well as the immediate social situation. Developmental psychologists study behaviour across the lifespan. Many people consider the psychology of fashion to be concerned mainly with consumer behaviour and marketing. However, consumer behaviour and marketing cannot exist without the underpinning of the 'basic' sub-disciplines of psychology, including biological, cognitive, social and developmental. In many cases, consumer behaviour also requires input from applied areas of psychology, including, but not limited to, organisational and business psychology. Psychologists are increasingly working with or as neuroscientists, striving to understand where the neural correlates of particular behaviours lie within the brain. This exciting work is beyond the scope of this book, but if you are interested, there are many excellent texts on this subject.

People are interested in psychology for many different reasons. Psychology allows us to understand why we do the things we do. This enables us to predict and, ultimately, change behaviour. In psychology, the outcomes of observations and interventions are interpreted in terms of probability, not certainty. The application of psychology requires critical thinking because human behaviour is complex and unpredictable. Taking a scientific approach means that samples (sub-populations) must be representative of the population of interest and that each sample is drawn randomly from that population. This means that everyone in the population has an equal chance of being selected. Using random sampling from the population of interest and selecting a large enough group allow us to make generalisations from the analysis of the data we collect. However, interpretations are always articulated in terms of probability or likelihood and therefore are always tentative. Psychologists apply critical thinking to scrutinise methods, results and theories in order to derive a better understanding and eventually establish new theories through iterative hypothesis testing.



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Excerpted from *The Psychology of Fashion*

Psychologists analyse the responses they collect through observations which depend on many factors, including whether they wish to gain deep and rich meaning from a small number of individuals or whether they wish to generalise to an entire population. In the first case, they would use qualitative methods, and in the second case, they would use quantitative methods. An in-depth coverage of psychological research methods is beyond the scope of this text. Therefore, if you're interested in learning more about designing, analysing and interpreting data in research studies in psychology, please refer to the many research methods texts available (see the suggestions for further reading at the end of this book). Despite psychology being one of the most popular subjects to study at university, public understanding remains riddled with myths and misunderstandings. Some common examples are the claims that 'learning styles' for enhanced performance exist, that we use only 10% of our brain, that people are right-brained or left-brained and that psychologists can read minds. Interested readers are encouraged to read Christian Jarrett's 2014 work, *Great Myths of the Brain*, which discusses popular myths about the human brain.

ROAD MAP

This chapter has provided information that underpins the remainder of the book: definitions, the rationale for the importance of psychology in fashion, a brief history of fashion and an overview of how evidence is derived and interpreted in psychology. The remainder of the book is organised as follows: Chapter 2, "Wellbeing in the Fashion Industry", introduces the concepts of positive psychology and psychological wellbeing. It looks at mental health in the fashion industry as experienced by fashion designers and models. The focus of Chapter 3, "The Influence of Fashion on Body Image and 'Beauty'", focuses on body image, beauty and cosmetic interventions, the influence of social media, and objectification. Chapter 4, "Fashion, Self and Identity", is concerned with the concepts of self and identity; it discusses theories of self and identity and their relation to fashion and inclusivity, as well as social groups and fashion. Chapter 5, "Fashion Consumption", deals with shopping for fashion, sustainable fashion and clothing for wellbeing. Chapter 6, "Fashion and Behaviour", is concerned with the reasons behind our clothing choices, the messages that our clothes communicate and the reciprocal relationship of body and mind. Finally, Chapter 7 concludes the book by bringing it all together and proposing what's next for the fashion industries. At the end of the book is a selection of suggestions for further reading.



CHAPTER

11

ADDICTION: FROM PREJUDICE TO COMPASSION

jenny svanberg



the psychology of

ADDICTION

THE
PSYCHOLOGY
OF **EVERYTHING**



This chapter is excerpted from
The Psychology of Addiction
by Jenny Svanberg.

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Over the years, there have been many attempts to find a comprehensive definition of addiction. You might have heard it described as an unhealthy dependence on an object or experience, like drugs, or gambling, even a relationship. It's in our everyday language: when we say 'I'm addicted to chocolate', we mean that we want it too much, we maybe eat it too much, with the implication that we know we're doing something that isn't good for us. This isn't that dissimilar to formal definitions of addiction, with the defining feature being compulsive use of a substance (or pursuit of a behaviour) despite a wish to stop, and in the face of mounting negative consequences. It isn't about how much you do the thing – how much you drink, or smoke – but more about your relationship with the behaviour. In the case of drug addiction, manuals of psychiatric diagnosis reflect this in their criteria for a 'substance use disorder': you take more of the substance for longer than you intend to; you want to cut down or stop but can't; you end up spending lots of time in pursuit of the substance; you crave it; it stops you from meeting obligations at work or home or school; you carry on using even when it is causing you social or interpersonal problems; you become 'tolerant' (more on this below); or you experience withdrawal symptoms (APA, 2013).

These criteria were developed from historical studies of addiction, which included ideas around 'substance dependence', still a diagnosis within European guidelines (WHO, 1992). To be physically dependent on a substance means that your body is accustomed to it because you have used it over a period of time, so that you might need more of the substance to notice its effect, known as being 'tolerant' to it. If you stop using it, you might experience 'withdrawal' symptoms. Anyone who has ever experienced a hangover after drinking alcohol has experienced the physical withdrawal symptoms associated with alcohol. If you have ever been in hospital for a major operation or treatment, and been given opiates as pain relief, you may have experienced flu-like symptoms when you came home, as a result of the physical withdrawal symptoms from the opiate medication. In fact, if you have experienced these often-mild withdrawal symptoms after receiving strong pain relief, you may well have an inkling of what it is like to experience heroin withdrawal, as diamorphine hydrochloride, or medical-grade heroin, is commonly used in hospitals due to its success at relieving severe pain. It might not have seemed too bad, right? So why all the fuss about heroin being so addictive? Tolerance, withdrawal and dependence can be associated with particular drugs (and behaviours), but are not defining features of addiction, and are not even defining features of repeated use of every drug (cocaine and amphetamines don't cause physical dependence in the same way as heroin and



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alcohol, for example). Physical dependence is not the same as addiction. This might come as a relief to anyone reading this book who has just diagnosed themselves with a mild alcohol use disorder after a big night out, more alcohol than intended and a hangover the next day! Clearly, cultural expectations play a part here too. Harmful consequences of drug addiction depend to some extent on personal circumstances. If you can afford it, you might be able to maintain a high standard of living despite being addicted to heroin, and will be less likely to face some of the potential consequences around unstable housing or access to treatment.

It's also important to clarify that drug use is not the same as drug *addiction*, although drug and alcohol intoxication can lead to its own negative consequences. You don't need to be addicted to something for it to cause harm to you or other people. The whole spectrum linking drug use and drug addiction draws more social disapproval and stigma than other potentially addictive behaviours because of their criminality, but is drug addiction different to other addictive behaviours? The American Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013), the 'bible of diagnosis', has set out criteria to diagnose other addictive behaviours including alcohol addiction and gambling, with a question mark over video gaming addiction (more research required), but excludes compulsive eating, shopping, sex, workaholism and chocaholism. Although this may sound glib, you might notice that the criteria given at the end of the first paragraph to diagnose substance use disorders could potentially be adapted to many other behaviours. What about if you replace the 'drug' or 'using' with being head over heels in love with someone that your friends don't approve of? Do you crave your lover's company? Do you spend more time with them than you should, at the expense of other obligations? Do you waste time pursuing them or stalking them on social media? Does it cause problems with friendships because you know how your friends feel? Do you stop telling them about this new love and become secretive about what's really going on, even lying to people about it? Do you start to see their point eventually, feel angry with yourself and ashamed, break off the relationship but then end up going back more times than you meant to? Can a relationship be a 'chronic-relapsing condition'? The processes underlying any rewarding behaviour are the same, and all have the potential to become addictive. Addiction is a process rather than an end point, and can be understood as an extreme habit that has become dysfunctional, and is hard to break. The relapses, or failed attempts to reduce or stop the addictive behaviour, have been seen as its core essence: Professor of Psychology Nick Heather has defined addiction as "a repeated and continuing failure to refrain from or radically reduce a specified



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behaviour despite prior resolutions to do so” (Heather, 2017, p. 11).

DSM-5 criteria are based on a biological understanding of addiction and mental ill health, which understands addiction (and mental health difficulties) as brain diseases with biological causes. The National Institute on Drug Abuse in the US describes addiction as a ‘chronic-relapsing brain disease’, comparing it to other diseases such as diabetes and chronic heart disease. There are some difficulties with this view, which we will look at in detail later in this chapter. For now, it’s important to point out that a biological understanding of addiction is necessary, but by no means sufficient, to give a comprehensive overview of such a complex problem with roots in our biology, psychology and social environments. Psychological and social models of understanding addiction place it in a developmental context, emphasising that it develops gradually over time, and can be more accurately understood as a learned adaptation to particular environments, but one that can become entrenched and compulsive. Different theories focus on different aspects of addiction, such as whether it is a choice (Heyman, 2013) and/or a way of medicating intolerable psychological or physical pain (Khantzian, 1985). In their extremely thorough review of 98 addiction theories and models, Professor Robert West and Dr Jamie Brown at University College London developed a ‘synthetic theory of addiction’, based on a multifaceted theory of motivation, which takes into account the biological, psychological and social elements of this complex problem (West and Brown, 2013). Their theory is broad enough to encompass the varying forms of addiction, and points out that addiction is related to other behaviours for which reason loses out to strong drives or motivations.

This illustrates a helpful way of seeing addiction. It isn’t something you have or don’t have, but exists on a spectrum with normal behaviour. We all have the capacity to become addicted to different things at different times in our life, depending on what happens to us and the opportunities available to us, and we all have the capacity to grow beyond it. It isn’t that some of us have a disease and some of us don’t. There are genetic influences to the way that addiction develops, but it cannot be reduced to a genetic vulnerability alone, even if this offers an attractive way of wrapping up a complex and messy problem. We can’t fully understand addiction unless we are willing to put ourselves in the shoes of those it has affected, and to do that, we need to consider how effectively stigma compounds addiction in our society.



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Excerpted from *The Psychology of Addiction*

ADDICTION AND STIGMA

What do you see in your mind's eye when you think 'addict'? We are immersed in stories and images about addiction that stigmatise and dehumanise people who have become addicted, particularly to drugs and alcohol, and this can't help but influence the way we think about addiction and those who struggle with it. Tabloid media outlets paint addicts as deviants, weak and manipulative, or glamorous and tragic. The implications are that they choose to be addicted. They lie and steal to feed their irresistible habits. They're homeless, they prostitute themselves, they would sell their granny for a fix. They're *different from us*. These messages have created stereotypes of 'the addict' and 'the alcoholic' that are vivid in our social consciousness, and blind us to the myriad problems that feed addiction, and then entrench it in communities. They also blind us to the full range of what constitutes addiction. The use of illegal drugs brings with it the social disapproval of carrying out an activity that has been deemed criminal. However, there are grades of social disapproval, depending on your background and type of addiction, and the greatest stigma and moral outrage is reserved for groups that have already been deemed as 'other', whether due to their poverty or their different skin colour. One illustration of this comes from the numbers of arrests and jail sentences for young black men in the US and UK for drug-related crimes (Human Rights Watch, 2009). This group is over ten times more likely to be arrested and sentenced for drug-related crimes in the US, despite almost identical rates of drug use and drug dealing. In the UK, people from black and ethnic minority communities have lower rates of drug use than other groups, but are six times more likely to be stopped and searched for drugs, and are more likely to be charged with a drug-related offence rather than cautioned (Eastwood et al., 2013).

This stigma and prejudice continue to have far-reaching effects. Imagine that you've been drinking more and more, and you're starting to worry that you're getting a problem. Things start sliding out of control. Can you tell anyone? What will they think of you? What do you think of yourself at this point? What about if it's your drug use that's getting out of hand, but you don't identify with the stereotype of an 'addict' or a 'junkie'? All of your friends have been using drugs and it's been fine, so why is it not fine for you? Would you feel comfortable asking for help? What if you get locked up? What if you get a criminal record? The opposite is also true. What if you see how people treat drug users and drug addicts, but you've been using for ages and you're fine with that, as are all of your friends. People look down on you and judge you, so why not reclaim the 'junkie' label and turn it back



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Excerpted from *The Psychology of Addiction*

on them? You've never felt so accepted as when you're with other 'junkies', so bring it on, they're your group and you'll stick with them. If people are treated as 'lying, thieving scum', some may try to live up to this expectation; others might internalise it and feel shamed by the prejudice.

The stigma surrounding substance use can blind us to the things that have led to it or keep an individual stuck, such as mental health problems, difficult or traumatic early experiences, poverty or social deprivation. This misattribution has serious consequences. Many people with the most severe addictions have histories characterised by traumas that most of us, thankfully, can only imagine, and there are high rates of mental health difficulties among those attending addiction services (more on this in Chapter 3). Stigma can reinforce the shame associated with both substance use and histories of trauma, which makes relapse much more likely. It influences how families and societies see addiction and drug use, and tends to breed pessimism about recovery. If shame and disconnection feed addiction, creating further divisions can only intensify the problem. Essentially, the stereotype of an addict is someone who is morally weak, who makes bad choices because they have a flawed character or personality, a view that dates back to the seventeenth century if not earlier, when loss of control over substance use and inebriation were seen as sins, and those afflicted as sinners

You see the effect of these stereotypes every time addiction is described as 'self-inflicted', or in the catastrophic 'War on Drugs', announced by US President Richard Nixon in 1972, and adopted by most other countries worldwide as a result of heavy pressure from the US. This policy has entrenched addiction and violence in multiple communities around the world, and has led to people with addictions being dehumanised to such an extent that it is used in some countries to justify their torture and death (Kine, 2017). If addiction is a moral failing, then drugs are evil and addicts should be punished for their sins. Sounds pretty medieval, doesn't it? And yet we continue to prohibit substances in a way that bears no relation to the amount of harm the substances cause (Nutt et al., 2010), and we lock up young people and adults, particularly those from ethnic minority and lower socioeconomic groups, because of their use of these substances. A vast gulf has opened between what we know about addiction from research and personal experiences, and the way that addiction is understood and treated in our society.

ADDICTION, DISCRIMINATION AND POLICY

The idea of addiction being a moral failing came out of the religiously driven



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temperance movements of the nineteenth and twentieth centuries. The ‘demon drink’ was thought to lead to poverty and crime, and destroyed families. However, from the earliest days of legislation designed to control consumption of substances, policies targeting addiction have focused on groups politically targeted as ‘problematic’ in society, and used in a discriminatory way. The Gin Acts of the early eighteenth century attempted to ban gin alone, due to it being “the principal cause of all the vice and debauchery committed among the inferior sort of people” (Dillon, 2002, p. 52), although other types of alcohol (those that didn’t tend to be used by poor people) remained legal. Gin prohibition was repealed in 1743, following mass social disorder and violence, and the UK did not prohibit alcohol again, although there were a number of attempts. Temperance groups had more success in other countries, and alcohol prohibition spread across parts of the world including Scandinavia, Russia and the US in the early twentieth century.

At the end of the nineteenth century, Freud laid the foundations for psychodynamic theories of addiction, which interpret addiction as an unconscious defence against helplessness or powerlessness: a way to regulate repressed desires or unmet needs. These ideas have developed substantially since Freud himself, who theorised that addictions came into existence only as replacements and substitutes for “masturbation . . . the one major habit . . . the ‘primal addiction’ ” (Freud’s letter to Wilhelm Fleiss of December 22, 1897, from Masson, 1985). This isn’t a theory that has been supported by empirical data. A number of years earlier, Freud had also written the first known description and study of the uses of cocaine, after studying its effects on himself, and recommending therapeutic uses of the drug as a stimulant, for digestive disorders, for asthma, as an aphrodisiac and as a local anaesthetic (Shaffer, 1984). He was in good company in the late nineteenth century. A number of drugs had not yet come under the class of ‘sinful substances’, and although opium use was causing concern, it was marketed in remedies such as ‘Mrs Winslow’s Soothing Syrup’, to calm teething infants, up until 1930.

When drug prohibition arrived in the US in the early twentieth century, it actually had very little to do with drugs and more to do with racism and xenophobia. As with the Gin Acts in the eighteenth century, the laws that criminalised certain drugs over others focused specifically on those perceived as associated with particular groups. Opium smoking was banned in San Francisco in 1875, because of the association between opium dens and Chinese immigrants, while opium ingestion via remedies and ‘tinctures’ used by white, middle-class America remained legal (Musto, 1999). Cocaine and marijuana were targeted because of their use among African American and Hispanic populations, with the



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early advocates of drug prohibition openly illustrating the racism behind the discriminatory laws. Drug prohibition continues today, criminalising those who use even small quantities of illicit substances, without making a noticeable difference to drug use or drug dealing. In America, almost one in ten African American men in their thirties is in prison, and the War on Drugs has been described as the largest single contributory factor to the racial disparities in the US criminal justice system (The Sentencing Project, 2013). The book *Chasing the Scream*, by the writer and journalist Johann Hari, offers a vivid account of the history and consequences of the War on Drugs. He describes the drug war as a search for

easy answers to complex fears. . . . The public wanted to be told that these deep, complex problems – race, inequality, geopolitics – came down to a few powders and pills, and if these powders and pills could be wiped from the world, these problems would disappear.

(Hari, 2015, p. 44)

In effect, drug prohibition encouraged the moral view of addiction to become mainstream, amplified the stigma faced by particular minority groups in society, and in doing so tainted attempts to understand and treat addiction with more compassion.

FROM MORALITY TO MEDICINE

Throughout the early twentieth century, medical professionals and others argued that addiction should be understood and treated as a disease, and were even jailed for their attempts to support addicts back into mainstream society (Hari, 2015). At that time, fighting to recognise addiction as an illness provided enormous relief for those stigmatised and excluded from society, and offered hope of treatment and care. In many places, it still does. This was a vital paradigm shift, and offered a more compassionate approach to helping people. Instead of being morally sick and wrong, people had a medical disease. It wasn't their fault. It lifted the stigma, to some extent, and mitigated personal guilt. It led to research into effective treatments, resulted in the production of medicines to reduce withdrawals, maintain stability and suppress cravings, and has reduced the harm associated with chaotic drug and alcohol use dramatically through 'harm reduction' approaches, described in Chapter 4. An understanding of 'addiction as a disease' grew alongside the 'addiction as moral weakness' idea for a time, with addiction



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initially being seen as a disease that affected those of weak morals, before this moved towards a 'biological vulnerability'. This was mirrored in the development of the Diagnostic and Statistical Manual of Mental Disorders (DSM), which has evolved its definitions of addiction from a sign of a disordered personality in 1952, to the spectrum of 'substance use disorders' described earlier in this chapter.

Today, the definition of addiction as a 'chronic, relapsing brain disease' is argued through research that has found that areas of the brain responsible for reward, judgement, learning, memory and self-control change during addiction, thought to be because of the toxicity of the substances. An extreme biological view sees addiction as biologically determined with a genetic basis – a 'ticking time bomb' for those with particular genes. There is no cure, but because it is defined as a disease, it requires specialist treatment from addiction teams and rehabilitation centres led by medical and psychiatric specialists, and demands that abstinence is the only option for longterm recovery. Research priorities are around isolating the faulty genes in order to develop medical treatments. However, as the neuroscientist and developmental psychologist Marc Lewis points out, *all* learning changes the brain, and addiction can be better understood as a dysfunctional and compulsive habit (Lewis, 2015). He and many others argue that the disease model has become a problem, and actually hinders recovery.

Why is the disease model so problematic? At first, it provided relief and compassion, and many people who have struggled with alcohol and drug addiction in particular see it as part of their identities. *I have a disease, I'm not bad, it's not my fault.* It still provides an explanation to families desperate to understand behaviour that can seem incomprehensible. At the most severe end of the addiction spectrum, the brain changes caused by decades of drug and alcohol abuse, alongside the equally (if not more) toxic decades of poor nutrition, poverty, poor mental health and self-neglect that often go along with it, can become irreversible. Recovery from this extreme position is longer and more difficult, and is more likely to require specialist support. Is this not the sign of a disease? While interminable debates over how to classify addiction can feel like ivory tower bickering and may be irrelevant to many people's personal experiences, it is worth considering why aspects of the disease model are damaging. The way that we define addiction influences its treatment. Understanding the flaws of the disease model will allow us to move towards a more empowering and evidence-based model, which doesn't reduce complex behaviour to our biology alone.



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Excerpted from *The Psychology of Addiction*

CHALLENGING THE DISEASE MODEL MONOPOLY

If addiction is a disease, it is unique in that some of its consequences are criminalised and its sufferers are punished in a way that would not be acceptable for any other physical disease. Diagnostic labels are useful in enabling communication and treatment planning. For example if the only way to access treatment is through receiving a medical diagnosis, you can see why it would be worth the label. However, seeing addiction as a disease may also increase stigma. Diagnoses of mental and emotional distress lead to assumptions that people experiencing such conditions are less predictable, less in control and less responsible for their actions (Buchman and Reiner, 2010). And what does it do to those that have the 'disease'? For some, as already discussed, it might be a relief, and an explanation for behaviours and situations that may have felt uncontrollable and overwhelming. It can provide a positive identity as an 'addict', or 'alcoholic', which provides a connection with others in similar groups, such as 12-step programmes like Alcoholics Anonymous (AA). For others, it may hang an unwanted label around their necks that is hard to shake, and reinforce the already existing 'us-them' dichotomy. Although methadone, for example, is an important part of drug treatment and can support stability and reduce harm, those that take it under supervision in a pharmacy sometimes describe feeling like "pariahs . . . second class citizens . . . it excludes you from society". The act of needing methadone, a prescribed medication, has become stigmatising in itself.

This model also skews our understanding of addiction towards the most severe end of the spectrum, which feeds pessimism about recovery. Out of the quarter of a billion people worldwide who used an illegal drug in 2013, around 10% will use problematically (UNODC, 2015), a figure that holds across different types of addictive behaviour. This is not to diminish the severity of addiction, but it is important to acknowledge that it is not the norm, even when exposed to behaviours or experiences that could be addictive. It might be surprising to know that recovery from addiction is the norm, and most people eventually stop or reduce addictive behaviours themselves, or through the support of their social networks and personal resources. Many are able to continue using their substance of choice, but in a more controlled and less harmful way. This is a challenge to the AA mantra, "once an alcoholic, always an alcoholic" (AAUK, 2017). The American National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) surveyed 4,000 people who had a history of alcohol dependence and found that half had become abstinent or reduced their drinking substantially in the past year.



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Another quarter had improved a little, and out of everyone that had reduced their drinking, only a quarter had sought specialist help. The majority recovered, and did so without formal treatment (Dawson et al., 2005). This isn't just true for alcohol. The vast majority of people dependent on nicotine, cannabis and cocaine also stop using without treatment (Lopez-Quintero et al., 2011), and 'significant numbers' of people addicted to opiates recover naturally (Waldorf and Biernacki, 1981).

So what causes this natural recovery? In the sixties and seventies, there were suggestions that people who were treated for heroin addiction recovered at about the same rate as those who recovered without treatment. Those who recovered spontaneously (without treatment) tended to have higher self-esteem, better family relationships and higher levels of educational attainment – internal and external assets now described as 'recovery capital' (White and Cloud, 2008). Fast-forward to the present, and we now know that most people addicted to a variety of different substances just grow out of it, and stop using by the age of 30, although most have a few unsuccessful attempts to quit before they stop (Lopez-Quintero et al., 2011). If addiction is a chronic and relapsing disease, how is this possible? People who quit talk about life becoming more important than the addiction. It's as though there is a tug-of-war between the addictive behaviour and other hoped-for life goals like being a parent, being a partner or having a good job and keeping it. For those who are pulled further into addiction, a look at their histories shows some of the contributing factors. Their lives tend to be complicated by physical or mental health difficulties, they have fewer healthy social connections, they have had fewer years in education and they earn less. People in stable relationships stop using before their single friends, an unusual indicator of recovery from a disease. There are also more practical reasons, such as how accessible and available substances are and how acceptable they are among your peer group, which we will hear more about in Chapter 3. So although difficult, and with inevitable slips along the way, recovery from addiction is the norm, often without input from treatment services. Although severe addiction is often chronic, and there are likely to be multiple relapses before breaking the habit, this is one end of a spectrum, and not the whole story.

The disease model tends to encourage a 'them and us' approach. Doctors and health professionals see patients to deliver specific treatments for their diagnosed problems, and if they stick to their treatment and do what the professionals say, then they should get better. This is an ideal model for many physical illnesses, for which diagnoses lead to effective treatment decisions. It also works well with people who have severe addictions and need coordinated



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care to support their physical and mental health in order to reach stability. Once stability has been attained, the medical model can struggle to help people move on from the 'disease' label, as psychological and social needs become more pressing. When we become physically unwell, we want to go to people with the expertise to tell us how to get better. And most of the time, we listen and act on the advice we are given. However, it isn't always helpful to see ourselves as passive recipients of treatment. In fact, if we want to change our behaviour, giving power to something outside ourselves makes any resulting change more fragile, not less. The strongest predictor of changing addictive behaviour is the belief that we can do it, known as our self-efficacy, in other words how effective we think we can be (Bandura, 1977). What happens to our self-efficacy if we label ourselves as 'diseased' or 'sick'? How does it affect us to think we are biologically predisposed to being addicted, or that we have an 'addictive personality'? What happens to us if we believe we are ill and must depend on a service to help us? These beliefs undermine the potential to build confidence in our ability to change and develop, and overcome addiction through other means. The more you see yourself as an active participant in your addiction, with choices to make about which way things are going to go, the more able you are to move away from those compulsions.

Diagnostic systems of understanding mental health difficulties and addiction (such as the DSM-5; APA, 2013; or ICD-10; WHO, 1992) provide a common language to understand what happens when our minds trip us up, and offer a framework for addressing these difficulties. However, it is difficult to draw the line between what is 'disordered' and what is not. When does a compulsive behaviour become a disorder? What about when a behaviour is abnormal? But is normal just what is socially acceptable? Our terminology for mental health problems and addiction is full of words like 'maladaptive' and 'dysfunctional'. However, from a psychological perspective, even unusual behaviours can be understood as highly functional. If you grow up in an environment where emotional expression is discouraged, it becomes functional and adaptive to suppress your emotions. When these emotional needs demand to be met (as they have a habit of doing), it is functional to seek ways of doing so, that fit with the environmental rules that you have been taught, and the opportunities available to you. Maybe you get too drunk every weekend because you feel socially anxious without alcohol. You know this isn't good for you, but you're not sure how to break the cycle. Maybe you started taking drugs because all your friends did, and now you're using regularly. Behaviours that we repeat enough times become habits, and under certain circumstances these habits can tip into addiction. At what point



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Excerpted from *The Psychology of Addiction*

does this become a disease? Addiction isn't something you have or don't have. It's something that develops in people vulnerable to it, particularly at sensitive points in their lives.

One last difficulty faced by the disease model of addiction is its explanation that addiction is driven in part by the toxicity of drugs and alcohol. Substances, particularly addictive drugs, 'hijack' the brain, so they must be banned. No substance use is without risk, but is it the substances that cause the addiction? What about other types of compulsive, self-destructive behaviours that some of us follow despite negative consequences? Do you work yourself into the ground because you feel compelled by duty, or because it's easier than facing your personal life? Do you overeat because it gives you a brief moment of comfort and contentment? What about staying in an intense but destructive relationship that you keep going back to despite your better judgement? Eating, relationships, exercise, sex, the internet, dancing, even Harry Potter – a whole host of behavioural addictions have been described in the research literature. The same brain pathways that light up in response to heroin do the same thing in response to high-fat foods, giving us memorable headlines about cheese being as addictive as crack cocaine (Gutteridge, 2015). Advertising and corporations within the capitalist economic system actively encourage addiction to consumer goods of all kinds. The computer gaming industry researches and manipulates our addictive tendencies in order to keep us hooked to our screens. Addictive processes follow the same pathways, no matter the object of addiction, and although illicit drug use is criminalised, the slide from drug use to addiction has parallels with the development of other addictive behaviours. Canadian Professor of Psychology Bruce Alexander has reflected this in his definition of addiction: "overwhelming involvement with any pursuit whatsoever (including, but not limited to, drugs or alcohol) that is harmful to the addicted person, to society, or to both" (Alexander, 2008, p. 29).

Our understanding of addiction has been corrupted by the stigma and discrimination from which it developed, confusing morality and medicine. The disease model alone is not sufficient to understand or treat addiction effectively, and often exacerbates the problem through promoting passive and controlling treatment models instead of empowering, strength-based models, failing to promote recovery and pathologising emotional distress. It has brought compassion and a scientific approach to treating alcohol and drug addiction in particular, but in a social and political climate which criminalises drug addiction, the stigma is impossible to shift. The biomedical model and the treatments that it has



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developed need to be better integrated with psychological and social models in order to offer a comprehensive understanding of addiction, and effective, integrated interventions. There are many routes into addiction, and in order to understand it well, we need to consider how biology, psychology and our social environments interact, and to understand how each of us makes sense of our own experiences.