



Issue 8

— MAZE —



**a
note
from the
editor**

I am excited to present the eighth issue of Maze. This edition has something exciting and new with a special feature displaying the incredible and diverse internships people in the School of Psychology and Neuroscience had this summer. What started out as an idea for a double page spread transformed into a much larger feature after the amazing and detailed responses we got from the interns we reached out to. I hope you enjoy this insight into what your colleagues spent their summers doing and maybe pick up some tips for getting your own summer work experiences.

We also have a diverse range of other articles with our very own Akira's piece on using hypnosis as a psychological method. We also have a couple pieces looking at how psychological treatments are changing in the modern world; from how the refugee crisis is challenging psychologists to how virtual reality can be used as a tool for treating phobias.

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HYPNOSIS AS A PSYCHOLOGICAL TOOL

I first encountered it as an undergraduate psychology student at Leeds University. In amongst the standard developmental psychology, cognition, and social psychology modules, was an over-subscribed class in which, it was promised, we would learn the theory and practice of what has previously been called animal magnetism, mesmerism and now, hypnosis. I was lucky enough to get a place. In the first hour of each class, we studied the techniques that we would attempt on our classmates in the hour that followed. As the semester progressed, I experienced total, blissful, weightless relaxation, the near magical feeling of controlling my friends' movements, and the awkward humiliation of being made to 'sleep' by a housemate's stealthily-implanted posthypnotic suggestion. It was a wonderful module, a weekly dose of Hogwarts in amongst the necessary tedium of BPS requirements and never-ending statistics.

I would go on to use hypnosis in my final-year project. In 1941, Banister and Zangwill had published a pair of papers [1, 2] in which they had experimentally generated paramnesias, illusions of memory, by hypnotically manipulating their participants. Sixty years later, my project replicated these experiments with the goal of assessing the similarity of these hypnotically-induced paramnesias to the sensation of déjà vu. This study began my career as a déjà vu researcher, stimulated an interest in some of the more esoteric and historical branches of psychology, and took me to one of the best hypnosis research labs in the world, at the University of New South Wales (UNSW).



Been here before? — chronic déjà vu sufferers relive the same event again and again (M.C. Escher image © Cordon Art BV, Holland)

Hypnotised — Akira O'Connor (right) is recreating déjà vu in the lab



During my PhD, I spent 3 months in Sydney working with one of the world's leading hypnosis researchers, Amanda Barnier. Amanda introduced me to the rigorous, professionalism of hypnosis research. Investigating any cognitive process requires the diligent psychologist to collect as many observations as possible, to triangulate on the unobservable. In applying this to our experiments, we video-recorded our participants as they underwent hypnosis, we measured their responses during experimental tasks, we video-recorded their hypnotically suggested behaviour, and we interviewed them about this behaviour. These observations gave us as much evidence as we could gather on the cognitive processes that could underlie delusions such as mirrored-self misidentification [3] and, the subject of my PhD research, déjà vu [4]. Their analysis told us whether hypnotically-suggested building blocks that are thought to underlie these strange phenomena lead to behaviours we recognise as consistent with the experiences, or not.

The most important lesson I learned from my time in Australia was that the hypnotees, not the hypnotist, are the key players a hypnosis experiment. About 10% of the general population are hypnotic virtuosos – a term that acknowledges their special talent. These are people whose abilities to undergo hypnosis and experience the most challenging of suggestions are ludicrously powerful. One aspect of the hypnosis research programme at UNSW that made it so strong was the time invested in identifying virtuosos amongst the student body. Lab classes included routine hypnotic suggestibility screening, meaning that future experiments would always be able to offer participation to the most talented subjects. If we were to do the same here in our PS1001 classes, we would likely identify a pool of 120 virtuosos across the four years of the undergraduate degree, on whom we could conduct an experiment. Such a pool of participants would make hypnosis research viable here, even at such a small university.

As it stands though, there is no hypnosis lab at St Andrews. Given its absence from our psychology curriculum, you could be forgiven for being unaware of hypnosis as a research method altogether. Nevertheless, there are serious researchers conducting rigorous work using the technique. You could even be a dormant hypnotic virtuoso. If only there was some way of finding out.

“Now, I want you just to close your eyes, and listen carefully to my voice...”

INTERNSHIP SPOTLIGHT

Annie Rickard

My 10-week summer internship was with Bedfordshire Police Force. I worked in the Public Protection Unit (PPU) investigating repeat domestic abuse and domestic homicide within Bedfordshire. My findings uncovered further questions for the force to focus on and answer. Throughout the internship I drew my attention to investigate the different types of crimes repeat offenders were committing compared to single time offenders. I then focused on the children who were registered at addresses where domestic abuse incidents had been recorded. The results regarding the children of Bedfordshire were so surprising that my report was then given to the three children services and I was then asked to do a further presentation to the force as a whole. Following my internship, I have changed the way the force records the data about these children and how the force communicates with the three different children social services.

How did you hear about it?

I regularly checked police force websites and knew to look out for applications opening up with the Metropolitan police and Bedfordshire Police force.

What did you gain from your experience and how has it helped you decide what you want to do after uni?

The 10-week experience with Bedfordshire Police was an ideal opportunity to experience day to day roles a Police officer carries out. I also had to liaise with officers of all ranks, especially my project commissioner who was a detective chief superintendent. I got to see the inside process that is carried out when reports are made and how they are dealt with between the different policing areas. Even before my internship I had aspirations to join the Police following my psychology degree. This internship has only enhanced this and has made it even more possible as I was offered a job to come back to Bedfordshire Police following my time in St Andrews.

What was the best thing about the experience?

The best experience was going on response with trained officers. I did this regularly both in Luton town centre on night shifts and Bedford Borough during the week. I did this as extra to my project and was fascinated by the variety of calls each evening. I was on the scene for everything and anything with some quite serious incidents happening most evenings. As my project was focusing on domestic abuse I was also given the opportunity to follow a DA incident, from the 999 call being made in the force control room to arriving at the scene with the officers.

Laras Yuniarto

My internship was with a Baby & Child Lab project looking at the cognition of tool use in 2.5 year olds. My supervisors were Sarah Gerson (now at Cardiff) and Amanda Seed, but I ended up working with a lot of people in the Baby & Child Lab as a whole, particularly the lab manager Geraldine Brown, PhD student Zeynep Civelek and our visiting scholar Patience Stevens.

Officially, I recruited families at the testing sites, explained the goals of our study to parents, tested the kids themselves, and learnt how to carry out real live developmental research in the field. Unofficially, I carried bulky equipment up and down the travelator, honed my ability to guess kids' ages, gave the evil eye to parents who cued their children, and peeled enough Minion stickers to last me the next few lifetimes.

What did you gain from your experience and how has it help you decide what you want to do after uni?

I came to St Andrews pretty dead set on a career in counselling or therapy, something along the applied side of the field. I'd heard about academia's 'publish or perish' mentality and that had me convinced that research just wasn't my thing, because I am perhaps the least confrontational person on earth, and the thought of constantly fighting for my ideas was exhausting. But the internship really changed my understanding of what research entails and helped me realise that maybe this was what I wanted to do. So now I'm looking at masters' programmes and PhD positions, and I absolutely wouldn't be doing so if I hadn't had this experience.

What was the best and worst thing about the experience?

The worst part was how inconsistent it was. Recruiting children/families is a lot like fishing: some days you get loads of interest, other days you get none, and there's pretty much no rhyme or reason behind it.

The best part was feeling like I was becoming part of the Child Lab. The kids themselves are also great fun and ridiculously cute. I don't think I'd be half as invested if I'd just been testing undergraduates this whole time (Minion stickers aside).



Kostas Liverakos

I conducted my own study during summer as part of the Laidlaw Undergraduate Internship in Research and Leadership. The title of the project was 'Investigating the effects of physical exercise intensity on cognition throughout the day', and my supervisor was Akira O'Connor. I was the one who came up with the topic and Akira found it interesting enough to supervise me. My internship was essentially a senior honours dissertation, as I had 10 weeks to have my ethics application approved, design the study, collect and analyse data, and then produce a short report and a poster.

Sarah Godfrey

From August 2015 to July 2016, I worked as a full time special education teacher's assistant at the Graham Academy in Kingston, Pennsylvania. It was my job to co-facilitate the education of students in an autism support classroom, alongside managing behaviours, assisting with individual self-care needs, and providing positive reinforcement. I encouraged healthy communication among the students, peers, and staff and ensured that the students were always learning and interacting in a well-prepared, clearly structured, clean, and safe environment. I interpreted each student's goals in their Individualized Education Plan, and tailored them to their developmental needs by implementing preferred hands on educational manipulatives. This positive, strength-based, hands-on approach really helped the students reach their goals.

What was the best thing about this experience?

The best thing for me was the people I got to work with. I met such intelligent, strong, compassionate individuals that supported the whole team and were constantly amazing me with the depth of their knowledge and dedication. We came together with different skills, and all contributed to make the team an efficient tool dedicated to the success of our students.

Eve Holden

I volunteered at the Inkawu Vervet Project in South Africa where I worked with monkeys starting last summer and did it for 9 months. I was a volunteer field assistant there, working with three of their groups of wild vervet monkeys. I was helping collect general long term behavioural and social data for the project and assisted with masters and Phd students on their projects. I also helped maintain long term files, such as description files for the individuals in the groups and cleaning errors from the database.

I gained great first hand fieldwork experience for relatively little cost compared to other fieldwork opportunities (they had a grant for my flights to be reimbursed and I didn't have to pay for rent).

I lived and worked with amazing people, other volunteers and students, and it was interesting to see people at different stages of their career and knowing what problems they can come across when designing and conducting their fieldwork. I even met some authors from influential research papers I had read before and got to know them on a personal level. I made friends from all over the world that I will never forget.

Where did you find this placement?

The opportunity was advertised on primate info net (<http://pin.primat.wisc.edu/>) and a PhD student presented a talk advertising for volunteers.

What was the best thing about this experience?

There are countless 'best' things. The incredible people I met and the overall experience of living in Africa – seeing wild animals such as elephants and giraffes on foot. But probably the overall best thing was getting to know the personalities of the individual monkeys and seeing how they grew across the time I was there, for example, a female having her first baby, and males growing from juveniles into adult males ready to migrate.

“I made friends from all over the world”



INTROSPECT

The Importance of initiatives like Introspect and encouraging positive expression of mental illness

Now I understand that I will be biased – but Introspect is something I am passionate about. If you have not yet heard of it, Introspect it is an art exhibition based on mental health that has run for the past 3 years here in St Andrews. It is fairly new and it is still only growing, but most of all I genuinely believe it is important. It gives people a space to express thoughts, worries, perceptions and experiences of mental health. I'm not just passionate because I'm managing it this year – but because I have seen first-hand the difference that art can make to mental illness, and because I believe in any initiative that tries to promote openness, acceptance and understanding.

When you're ill, no matter the illness or problem, you almost always feel some level of isolation. I sometimes wonder if this is because we feel, often correctly, that people will not understand. I hope with exhibitions, initiatives and campaigns focused on raising awareness then it can help people to see and experience (here through the art of others) what mental illness is truly like. Slowly this isolation may be reduced if more and more people can start to understand what sufferers are going through and how the world appears to them. Now it is important to mention for Introspect that not everyone who submits pieces has ever personally had any contact with mental illness. That is more than fine, because to try to understand something then you do not need to have experience of it. Admittedly it helps, but it is by no means necessary to have experienced or come into contact with mental illnesses to be able to be sensitive, compassionate and increase your knowledge about how people can suffer. If you want to try to understand then you often have to explore. If the way people want to do this is through their artwork then this is brilliant – because all conversation (including through art) can be helpful to widen and explore people's perceptions. Some people just submit because they find the topic interesting, and that is just as good as useful because genuine interest is needed to fuel debates that matter.

Mental health does not just mean illness. Your mental health can be under strain from work, from stress, from social isolation. Emotions like anger, sadness and frustration are aspects of mental health that if prolonged or dealt with inappropriately can be an issue. Even feeling down (or any of those above emotions) is a perfectly fine motivation to want to express yourself. Mental health is so broad and everything is relevant.

“When you're ill, no matter the illness or problem, you almost always feel some level of isolation”

On a different note – when I say this exhibition is themed on mental health, then this does not mean it has to be themed on the negatives. You can create art expressing or encouraging the importance of good mental health without knowing the side of poor mental health. You can encourage and motivate others by your work without having experienced, or even having met anyone who has experienced mental illness, as long as you are genuine and understand some people struggle. All too often we focus on being ill, rather than on recovering or staying stable and happy. I know that no one has a specific answer on how to have good mental health (or even what that means). Yet surely this should be part of the debate as much as anything else. The purpose of the exhibition and various campaigns and organisations, is to talk openly about mental health to decrease the stigma and discrimination around mental illness – and to do this I think we have to remember the importance of promoting recovery and maintaining good mental health.

“Talking openly and admitting to mental illness still feels frowned upon”

On the other side, sometimes people who submit art to exhibitions like this do, or have suffered. There are several reasons this matters. Firstly, because they all will have a completely unique insight to express. Every single person who suffers any single symptom, can suffer it differently. To begin understanding what life can be like for them, then we need to have a variety of these insights where we can see them – whether that is an exhibition like this, or articles in magazines, and any other method people use to express to the world. Secondly, it matters because with we need people who have experienced (or have known others who have experienced) mental issues to help reduce the stigma. Talking openly and admitting mental illness still feels frowned upon by society, and we need content coming from raw experience in order to have something to stimulate us to talk openly about it.

The third point is perhaps one of the most important. Art can help. It has been shown that taking part in artistic projects in a non-clinical environment can both promote recovery and stabilise and encourage good mental health. Art and writing have been shown to improve recovery from trauma. It is used widely for many things with positive results – from improving symptoms and quality of life in Alzheimer's and Dementia, to allowing both children and adults to confront and recover from sexual abuse, from domestic violence and from eating disorders.



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Whatever your viewpoint and experience, what I hoped to have shown here is that art can begin to make a difference. It can make a practical difference to people who use it as a therapy or an outlet, and it can also hopefully make a difference to the way society views mental health.

The point of Introspect seems to me to be allowing all this to take place in St Andrews. I want people to be encouraged to use art as an outlet (for whatever reason they require it), and hopefully to have some of this become submissions that can pass on statements and expressions of individual experiences so we can all begin to start understanding and reduce judgement.

As Ella has said, Introspect is an art exhibition based on the experiences of mental health that has run now for its third year. It is an exhibition with the aim of giving people a space to express thoughts, perceptions and experiences of mental health through the medium of art. Its main goal is to promote openness and understanding with the aim of reducing stigma around mental illness. Suffice to say, Introspect 2017 did an incredible job.

The art came in a variety of forms ranging from photography, painting, illustration to poetry. The quality of the art was remarkable and gave a true insight into the experiences the artists had with mental illness. What was striking was the range of mental illness covered in the artwork. It was a reminder of how mental illness can manifest itself in so many ways. It reiterates that while we continue to make progress in our understanding of mental health, it is important to remember that every person has their own personal experience with it that is deeply significant to them. That is what is so powerful about Introspect: seeing the individuality of these experiences while also bringing them together in an atmosphere of openness and unity.

A talk by art history lecturer Stephanie O'Rourke on madness in art finished off the evening by wonderfully bridging the science of mental health and mediums of human expression. No doubt, this exhibition left you thinking. Its main take home message was showing how art can be used to make a practical difference to people who use it as a therapy or an outlet, but also how having such work on display can make a difference in how society views mental health.

INTROSPECT: a review

Madeleine Thursfield

PATIENTS AS TEACHERS: What can the refugee crisis teach us about Psychotherapy?

Until now, the migration crisis has tested the western world in quite a few ways: we have had an opportunity to learn much about the functioning of our political systems; we have had a chance to observe the response of our social and charitable services to an emergency situation taking place right on our doorstep; and, perhaps most importantly, we have had a chance to learn something about ourselves and about our own responses to other human beings dealing with crisis. The migration crisis thus meant an unexpected opportunity for psychologists to assess such aspect of the modern society such as the motivations behind altruistic behaviour, xenophobia, or victim-blaming (Erlandsson et al., 2016). With this level of attention being paid to the psychology of the western world, it is therefore surprising that comparatively less attention has been paid to the psychology of refugees themselves, and to the problems their experiences have marked them with. However, those problems are there. When in January 2016 Swedish clinical psychologist Emily Holmes interviewed young immigrants in Stockholm, she realised that those

people reported on average two episodes of post-traumatic stress disorder a day – significantly more frequently than the “common” PTSD sufferer. Holmes herself then admitted, in rather emotional terms, that the most distressing thought to her was the fact that some of those people had undergone the whole journey from their homeland to Europe while dealing with the condition (Abbott, 2016). She accompanied her description with words of praise to those who had managed to get so far with such symptoms. Yet, what was intended as a gesture of sympathy unintentionally revealed perhaps the greatest risk of the whole situation.

Holmes took her understanding of what a person is supposed to feel and look like and imposed this understanding on people from different cultural and social background. Her evaluation of post-traumatic stress disorder in refugees was based on asking them to record any flashbacks of past events that would eventually come to their minds. The fragility of such approach is immediately obvious.

First and foremost, Abbott's article tells us that Holmes approached her volunteers on her own, and the only source of information were written journals. Why does this matter? Well, the native language of most of the immigrants is not English, and even though some of them have very good command of the language, the threat of a language barrier still persists. Interpreters can be asked to participate in therapy, yet if it is so, it is necessary to remember that the interpreter's own knowledge, training and perspectives can have a significant influence on the final outcome of the conversation. It is also necessary to consider that the patients come from social background significantly different from the one of their therapists, and so may interpret situations and experience differently. African and Middle-eastern societies are generally more community-oriented than western ones, and it can be expected that for a patient coming from such community, the events involving their social groups will carry more significance than events involving oneself, a trend completely opposite to the one most psychotherapists are used to seeing. Therapists should also be prepared to invest much more energy into creating a relationship of trust. Opening to a stranger about one's most internal fears and worries is never an easy task, but it can be especially challenging when said

stranger represents a different culture. How can trust be built? Rachel Tribe (2002) suggested several "Dos and Don'ts" when dealing with such a situation. First of all, she warned therapists against trying to inform local embassies about their patients. Contacting the official institution, especially for seeking information and medical history of a patient, may seem attractive, but Tribe reminded her readers that many of those who flee from their country do so illegally, often without valid documentation and so notifying the officials of their

"With this level of attention being paid to the psychology of the western world, it is therefore surprising that less attention has been paid to the psychology of refugees themselves"

presence will be against the patient's desires. Tribe also discouraged the therapists from automatically placing people of the same country of origin into the same therapeutic group, or at least doing so without thorough previous research. Different people may come from strikingly different social and ethnic groups with complex relationships between them, and placing them together may therefore increase the tension in the group rather than eliminating it.

This being said, therapists seem to be coming short in every aspect of the care of the mental health of refugees. Many refugees are left with severely disrupted and complex personalities, about whose history, presence and future the therapists know little to nothing, and they are expected to do the best they can with very limited time and means. How can current psychotherapy possibly benefit from such situation? The crisis can paradoxically help the practitioners to embrace the skills which come into little use in their common practice. As standardised procedures, such as questionnaires and other diagnostic tools seem to be of limited use, therapists have a chance to use their intuition, humanity and common sense, skills that they are usually advised to avoid in name of objective evaluation.



Pictures courtesy of The Guardian



the Stanford Prison Experiment

Madeleine
Thursfield

On February 8th, MAZE hosted a film screening of the recent 2015 film 'The Stanford Prison Experiment'. The film depicted Zimbardo's 1971 prison experiment, a study aimed to investigate the psychological effects of perceived power. The film depicted the study using actors such as Ezra Miller as one of the college students, and focused on the details of the experiment itself, starting with the recruitment of participants and finishing with Zimbardo ending the experiment.

The study is one of the most famous in psychology due to the way it illustrated how everyday people, when given too much power and an authoritarian role, can commit aggressive and tyrannical acts. As a result, all kinds of students attended the film screening, all fascinated by this landmark study. From the perspective of a psychology and neuroscience student, who has learnt about the intricacies and limitations of the experiment, it was clear the film was dramatized but had a few factual errors. However, what was poignant (and emphasised) was the trauma the participants of the experiment went through. The film did an excellent job of portraying the distress and claustrophobia the participants experienced, with points in the film that were truly uncomfortable to watch. It brought home that while we study many historical experiments in psychology and neuroscience that have inspired entire fields of study and research, the lack of ethics and harm to the participants should not be forgotten or underemphasised. In this aspect, the Stanford Prison Experiment Film was very good in that it was harrowing yet fascinating, hopefully inspiring people to become more interested in social psychology. For the psychology and neuroscience students who have studied Zimbardo's experiment, the film left its mark in terms of its message about ethics and the importance of it.

SPECIFIC PHOBIA AND VIRTUAL REALITY

James Febery

phobic

/ˈfəʊbɪk/

adjective

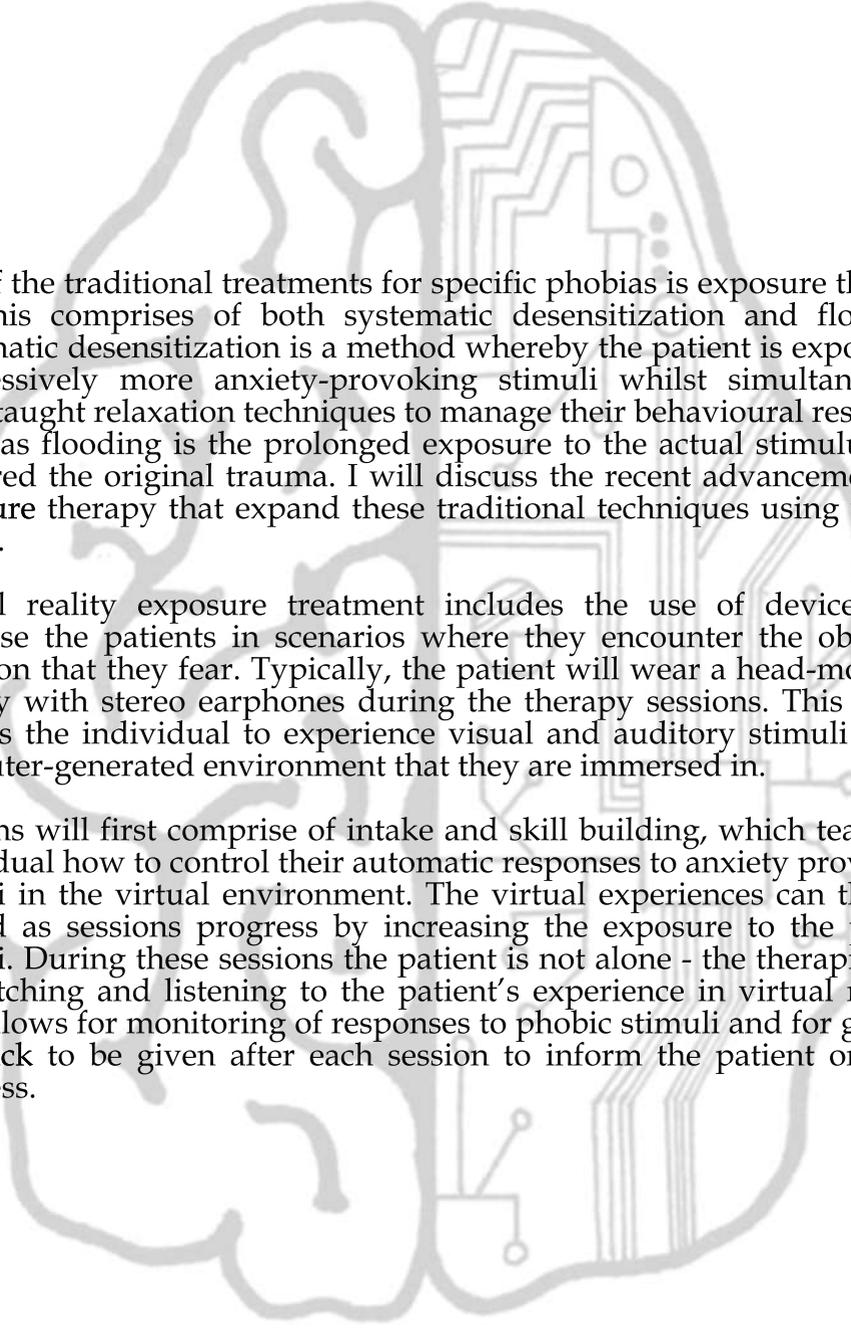
1. having or involving an extreme or irrational fear of or aversion to something.
"she's phobic about spiders"

noun

1. a person with an extreme or irrational fear of or aversion to something.
"a snake phobic"

When thinking of phobias, what usually springs to mind? A fear of heights (acrophobia), spiders (arachnophobia) or, perhaps, flying (aerophobia)? These phobias, and many others, despite their prevalence, are actually categorised under the title of major anxiety disorders. An anxiety disorder triggers excessive or aroused states, characterised by feelings of apprehension, uncertainty and fear. The aforementioned phobias are called specific phobias, where the phobic displays fear of objects or situations that is disproportionate to any real danger.

Individuals suffering from specific phobias tend to develop a set of avoidance responses to triggering objects and situations. The diagnostic criteria (DSM-IV-TR) for specific phobias considers this, defining them as having a persistent fear that is excessive or unreasonable, cued by the presence or just the anticipation of a specific object or situation. Exposure and/or anticipation of the phobic stimulus can provoke an immediate anxiety response, commonly referred to as a panic attack (either situationally bound or situationally predisposed). Interestingly, the phobic person actually tends to recognize that the fear is excessive or unreasonable, but will ultimately try to avoid the object or situation due to encounters resulting in intense anxiety and distress. Phobic beliefs are rarely challenged because the phobic avoids all circumstances where the beliefs might be disconfirmed, causing the fear to be maintained over time.



One of the traditional treatments for specific phobias is exposure therapy and this comprises of both systematic desensitization and flooding. Systematic desensitization is a method whereby the patient is exposed to progressively more anxiety-provoking stimuli whilst simultaneously being taught relaxation techniques to manage their behavioural response. Whereas flooding is the prolonged exposure to the actual stimulus that triggered the original trauma. I will discuss the recent advancements in exposure therapy that expand these traditional techniques using virtual reality.

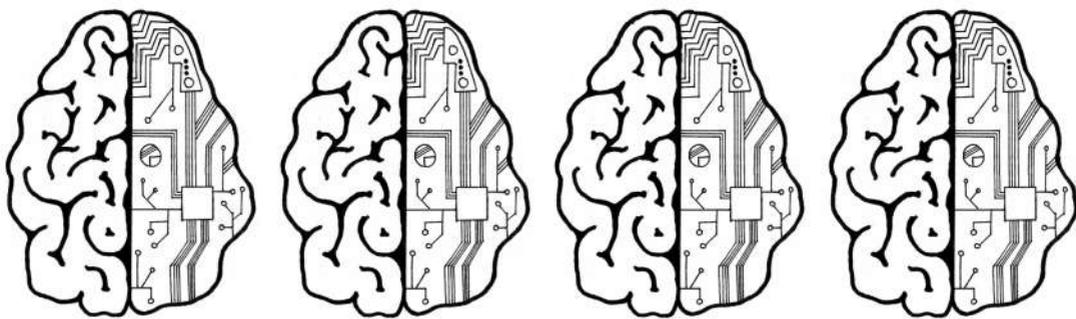
Virtual reality exposure treatment includes the use of devices that immerse the patients in scenarios where they encounter the object or situation that they fear. Typically, the patient will wear a head-mounted display with stereo earphones during the therapy sessions. This set up enables the individual to experience visual and auditory stimuli in the computer-generated environment that they are immersed in.

Sessions will first comprise of intake and skill building, which teach the individual how to control their automatic responses to anxiety provoking stimuli in the virtual environment. The virtual experiences can then be graded as sessions progress by increasing the exposure to the phobic stimuli. During these sessions the patient is not alone - the therapist will be watching and listening to the patient's experience in virtual reality. This allows for monitoring of responses to phobic stimuli and for general feedback to be given after each session to inform the patient on their progress.



There are many advantages to this type of treatment over the more conventional methods of exposure. The key advantage is the complete control of the experience that the therapist has. For instance, the treatment for a patient suffering from arachnophobia would traditionally be reliant upon the presence of a live spider. Not only does this require care for said spider but crucially the behaviour of this spider is unpredictable. Whereas, when utilising virtual reality, the behaviour of the virtual spider can be programmed, allowing for a more tailored experience for the patient. This method also allows for any segment of the phobic experience to be repeated with ease, thus giving the patient the opportunity to improve on certain aspects of exposure to the phobic stimuli.

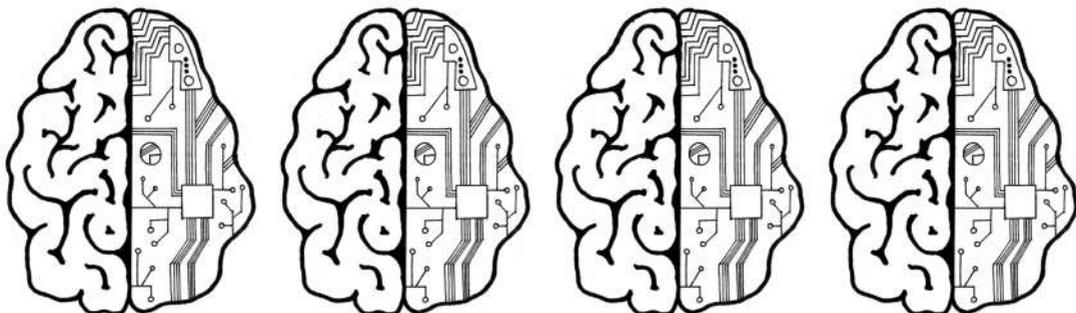




In addition to treating specific phobias, virtual reality can be used to help alleviate post-traumatic stress disorder (PTSD). This technology has been specifically enrolled to help soldiers returning home from war. Virtual reality treatments allow for the authentic recreation specific, situationally accessed memories to then facilitate new learning and resolution.

“The key advantage is the complete control of the experience that the therapist has.”

In conclusion I believe that the future of treating specific phobias utilising virtual reality shows great promise. It allows for more personalised and complex treatment methods, all within the safety of the therapist office. Not only does this technology have the application to treat almost any specific phobia but it can also help to effectively treat PTSD. Therefore, with its multiple uses and ease of use, I believe the world of virtual reality will continue to grow and will soon become the standard method for the treatment of phobias.



ADVICE from our internship spotlight writers

What advice do the people who have had summer internships have for you?

"You have to be proactive and willing to contact people"

Annie Rickard

"Ask, ask, ask! In my experience people have been incredibly friendly and helpful when responding to inquiries about helping with research"

Laras Yuniarto

"Start researching potential internships as soon as you can"

Kostas Liverakos

"Research the lecturers that you find interesting and ask them if they know of any opportunities"

Eve Holden

"Network, network, network!! Talk to people, read the newspaper/websites and look for job opportunities"

Sarah Godfrey

MAZE

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