

Health, Education and Behaviour Change Research Group Showcase

Dr Kimberley Hill and Dr Josephine Chen Wilson

8th June 2020
15:30 – 16:30



#HEBC

@KimberleyM_Hill

@DrJoUK1



Health, Education and Behaviour Change (HEBC) Research Group Showcase

- Centre for Psychological Sciences.
- Applied, changemaker and inter-disciplinary.
- Showcase valuable research: 4 papers.
- 10 minutes and 3 minutes Qs – please use chat feature.



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1. Supporting children's friendships in primary schools: research, publishing and building impact

Dr Rachel Maunder

Presentation: 15.33 – 15.43



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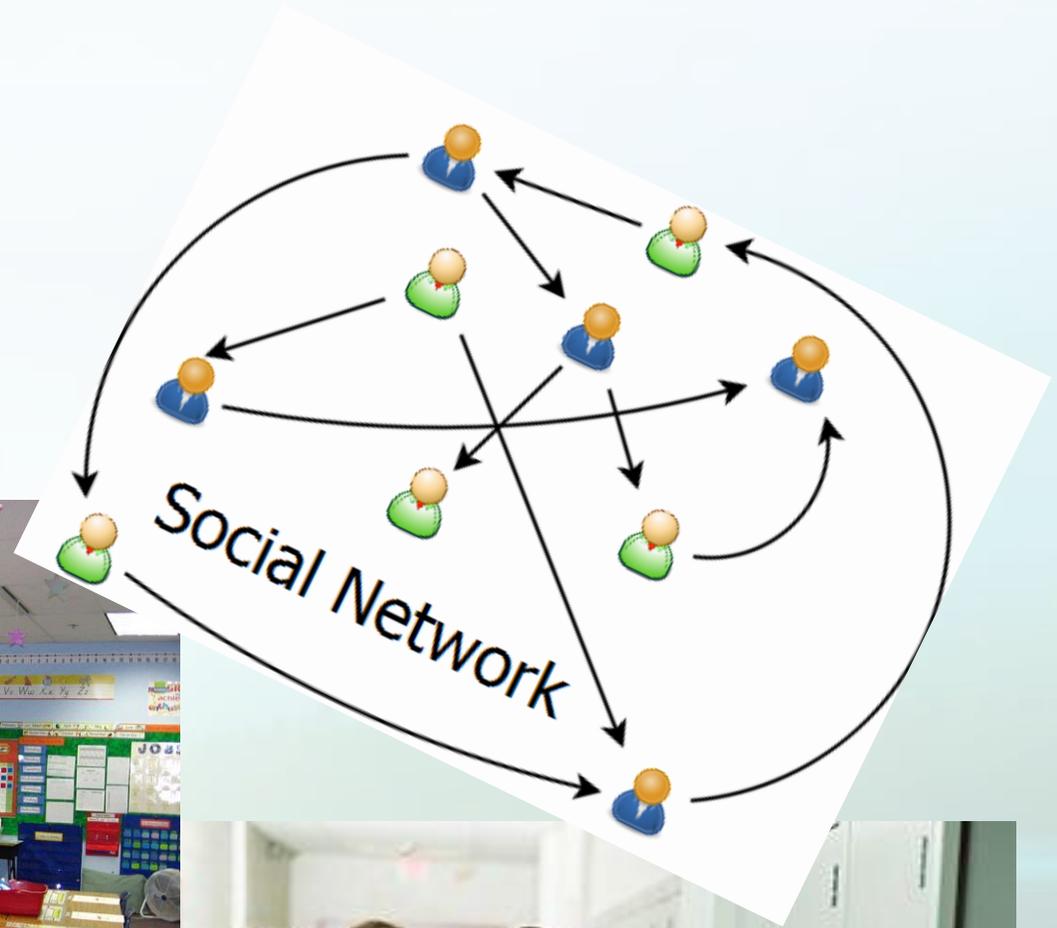
@DrJoUK1



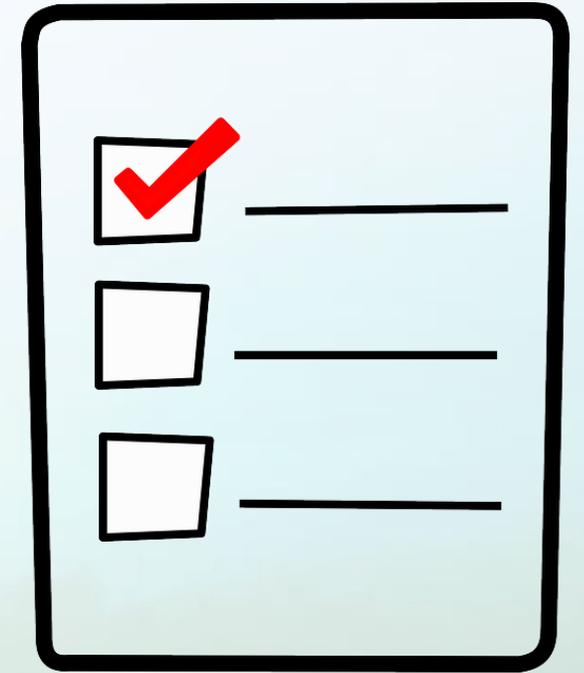
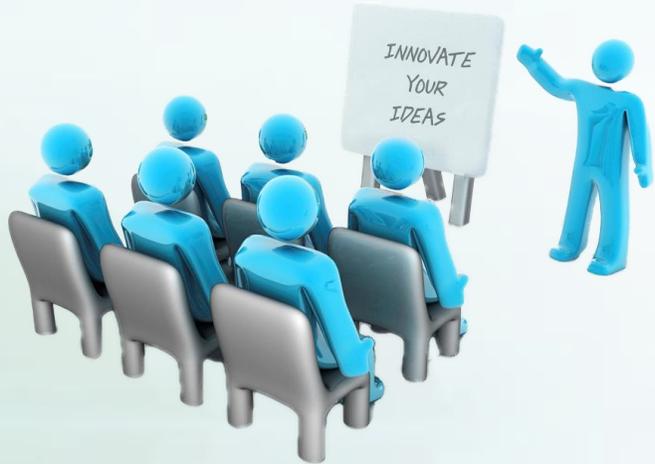
Overview

- In this presentation I will discuss a project on children's friendships that I have been working on with Professor Claire Monks (University of Greenwich). I will provide a brief overview of the study, and summarise our journey in getting the paper published. I will then discuss our current work arising out of the research, which involves designing and piloting Key Stage 2 PSHE resources for primary schools. The overarching purpose of the presentation is to provide a first hand account of the research journey from conceptualisation, empirical phase, dissemination and building impact.

The research



Publishing

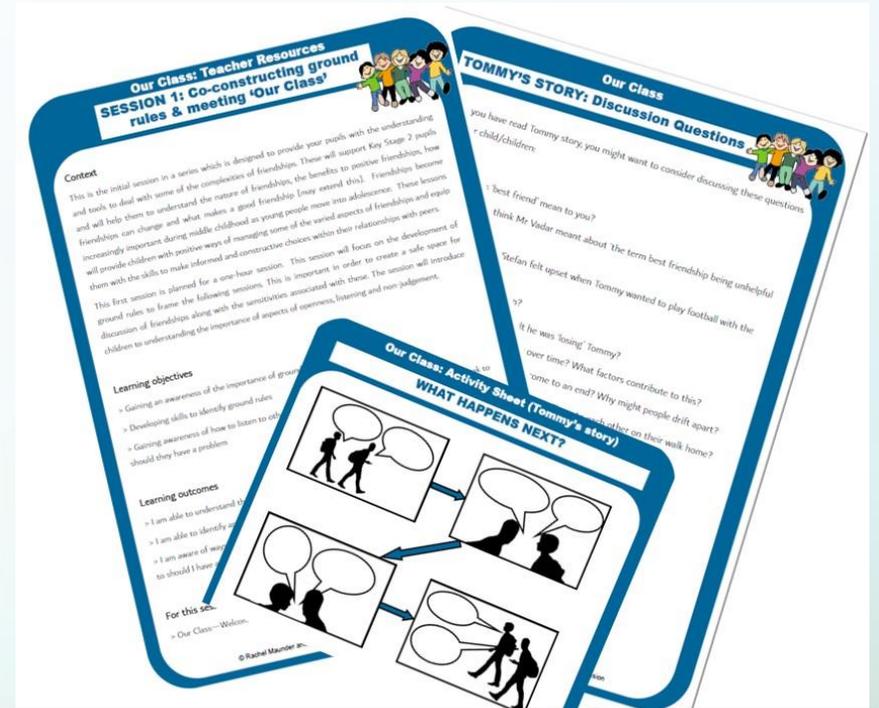


**UNDER
REVIEW**

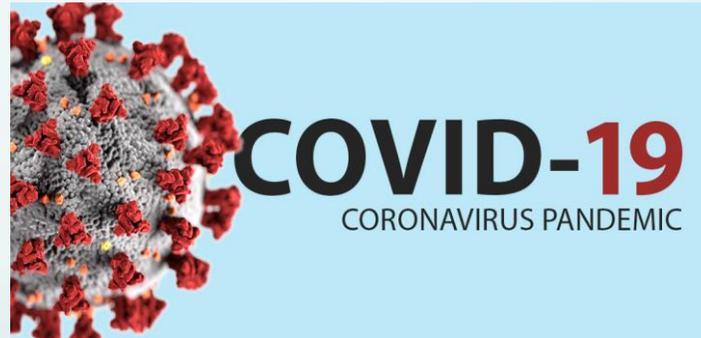
ISSN
Scientific
Journal



Building impact



Department for Education



<https://mypad.northampton.ac.uk/ourclassfriendships/>

1. Supporting children's friendships in primary schools: research, publishing and building impact

Dr Rachel Maunder

Questions: 15.43 – 15.46



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2. 50 Years of Using Suicide Risk Assessment: Is It Time to Change?

Dr Elsie Li Chen Ong

Presentation: 15.46 – 15.56



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Problems with tackling suicide

- Suicide is a socially taboo topic that is rarely discussed with others,
- **800,000 people die** due to suicide every year, which is one person every **40 seconds** (Who.int, 2017).
- **extremely personal** and **sensitive** topic (Nock, Ramirez & Rankin, 2019).



- **stigmatization.**
- **CBT** is useful but widespread implementation is limited by ...
- **regular meetings** or activities between patients and therapist.



Costly in **time, money,** potential stigma and effort/persistence in homework tasks

Understanding young people



- Nowadays **94%** of the young adults own a mobile phone
- **75%** of users **have accessed health information** through this device in the United States (Demographics of Mobile Device Ownership and Adoption in the United States, 2019).
- **digital interventions** at a relatively **low-cost, convenient** and **discreet** way compared to traditional intervention of seeing a counsellor (Larsen, Nicholas & Christensen, 2016)
- The **BBC news** (2014) titled:
 - **“Could the future hospital be in the home?”**
- easy access via **mobile phones may be crucial**



What we have in the market?

- **SPARX** (Smart, Positive, Active, Realistic, X-factor thoughts)
- **Dojo** developed by GameDesk; <http://gamedesk.org/project/dojo/>).
train emotion
regulation strategies



Here2Help

Information



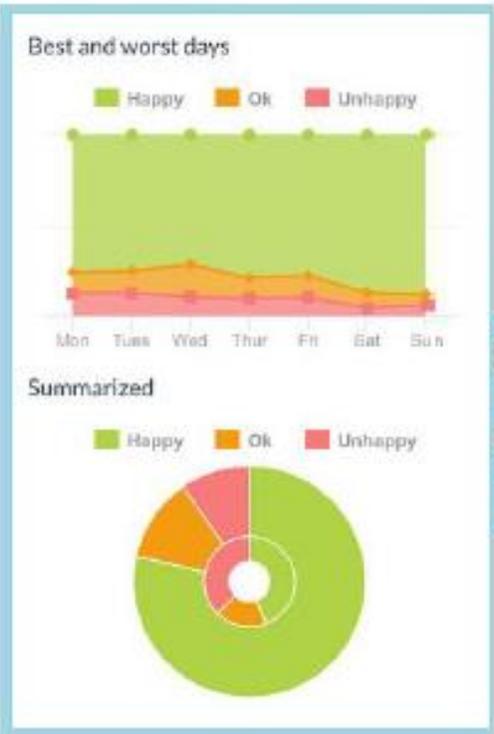
Chat 窿



新推手機App「Chat窿」 迎合通訊潮流 助年輕一群求助



Gamified intervention

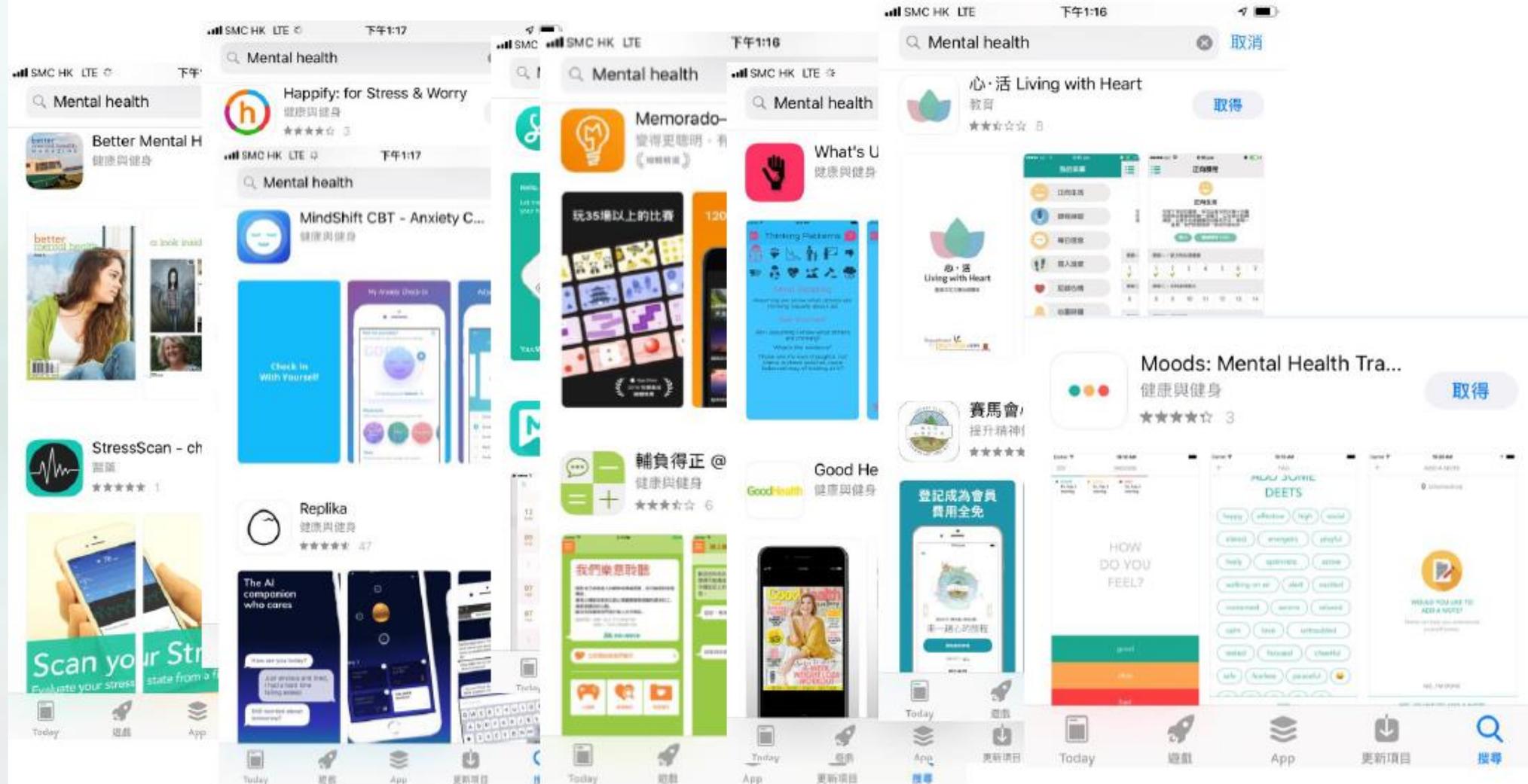


Emotion monitor



Problems

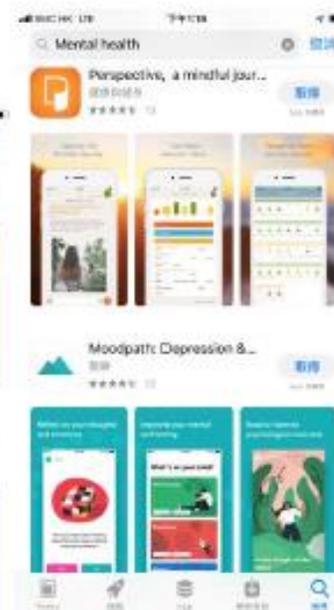
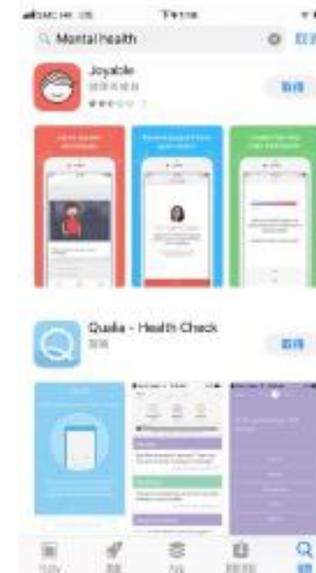
- lack of empirical data, many apps have been developed to help people with regulating their emotions via mobile apps



Problems

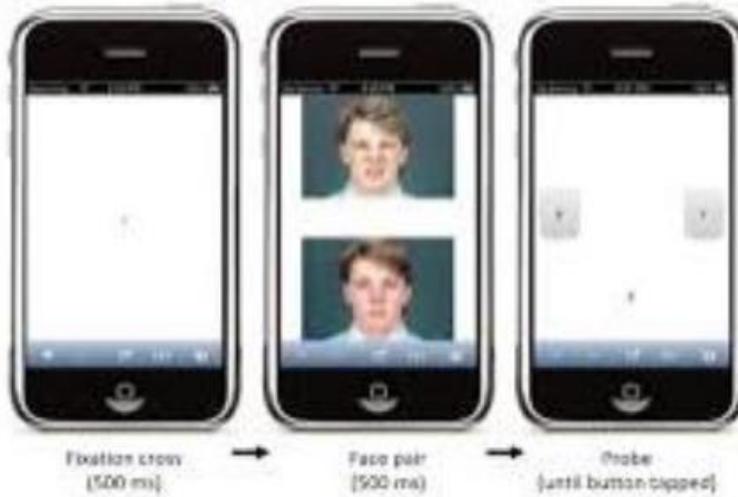
- Despite a **lack of published research** to demonstrate that apps can be effective at reducing suicidal ideation or behaviors,
- developers are pushing ahead with apps for suicide prevention
—**with unclear benefits and risks.**

- a problem in bridging the understanding of researchers and apps creators on **how games can be used to create digital interventions in mental health**

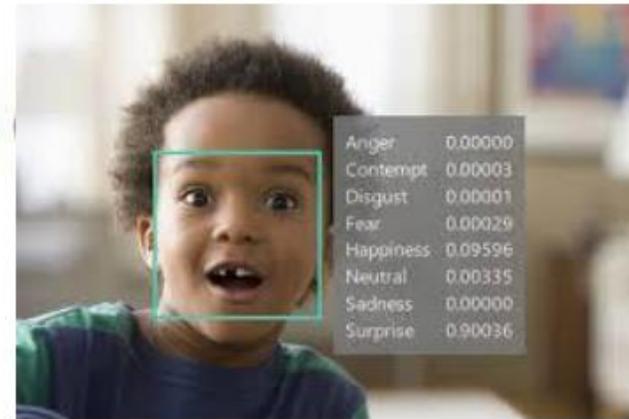


The current development in my project

- Gamified intervention using **ABM**
(Attention bias modification)



- Machine learning algorithms to **identify and analyze emotions** of users



```
Detection result:
1 faces detected
350M:
{
  "faceRectangle": {
    "top": 141,
    "left": 130,
    "width": 162,
    "height": 162
  },
  "scores": {
    "anger": 0.29041E-06,
    "contempt": 0.90018081574,
    "disgust": 3.15619363E-05,
    "fear": 0.000589630,
    "happiness": 0.0630074,
    "neutral": 0.0955094273,
    "sadness": 7.44669524E-06,
    "surprise": 0.927963
  }
}
```

https://www.researchgate.net/profile/Elsie_Ong

Thanks



Publication and related research:

PhD completed in July 2018: *The cognitive and neural basis of suicide: investigating factors that help to identify individuals at risk* Elsie Ong. School of Health Sciences, University of Salford, UK

Article: *The Association Between Suicidal Behavior, Attentional Control, and Frontal Asymmetry*
Catherine Thompson, Elsie Ong. March 2018, *Frontiers in Psychiatry* 9, DOI10.3389/fpsy.2018.00079

Article: *The importance of coping and emotional regulation in the occurrence of suicidal behavior*
Elsie Ong, Catherine Thompson *Psychological Reports*

Conference Paper: *Variations in bilingual processing of positive and negative information*
Elsie Ong · Samara Hussain · Yvonne Chow · Catherine Thompson
7th Annual International Conference on Cognitive and Behavioral Psychology (CBP), March 2017

Conference Paper: *Executive function in relation to suicidal thinking*
Elsie Ong, Catherine Thompson
6th Annual International Conference on Cognitive and Behavioral Psychology (CBP), February, 2016

Conference Paper: *Suicide Ideation is Predicted by Deficits in Executive Function*
Elsie Ong, Peter Eachus, Andrew Tang, Catherine Thompson
The European Conference on Psychology & the Behavioral Sciences 2015, Brighton, UK; 07/2015

Conference Paper: *Cross-cultural study of suicide ideation in relation to coping, well-being, and executive function*
Elsie Ong, Catherine Thompson, Andrew Tang, Peter Eachus
International Conference on Social Sciences, Tokyo, Japan; 12/2014

Processing Emotional Information – The association between attentional control and suicidal behaviour
Elsie Ong, Catherine Thompson
Enhancing Human Performance Vol. 2



2. 50 Years of Using Suicide Risk Assessment: Is It Time to Change?

Dr Elsie Li Chen Ong

Questions: 15.56 – 15.59



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3. Exploring the influence of therapeutic relationships and shared decision making on attitudes towards antipsychotic medication: service user and clinician perspectives.

Dr Karishma Jivraj

Presentation: 15.59 – 16.09

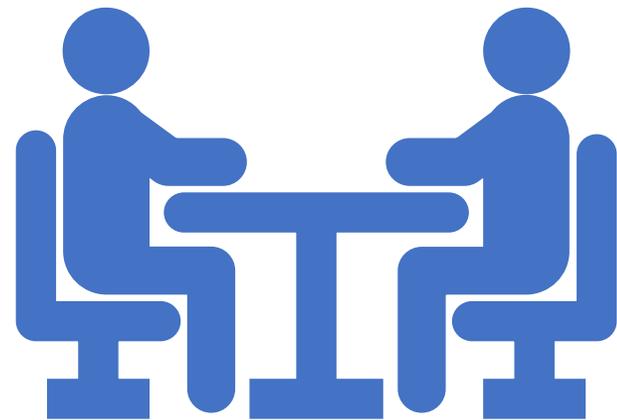


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CONTEXT

- IMAGINE YOU WERE IN A CONSULTATION WITH A DOCTOR/HEALTH CARE PROFESSIONAL FOR TREATMENT
 - BRIEF / NOT COLLABORATIVE / COMMUNICATIVE / LACK OF INFORMATION / OPTIONS / PATERNALISTIC
- HOW WOULD YOU FEEL?
- WOULD THIS SUPPORT YOUR RECOVERY?

OVERVIEW

What did we already know

- About mental health treatment and facilitators of recovery?

What didn't we know

- And what was needed/recommended?

What did we do about it

- And how did we go about doing it?

What do we know now

- What has our research shown us?

Where do we go from here

- What are the implications for future research / education / practice?

WHAT DID WE ALREADY KNOW

Mental health in England / Facilitating recovery

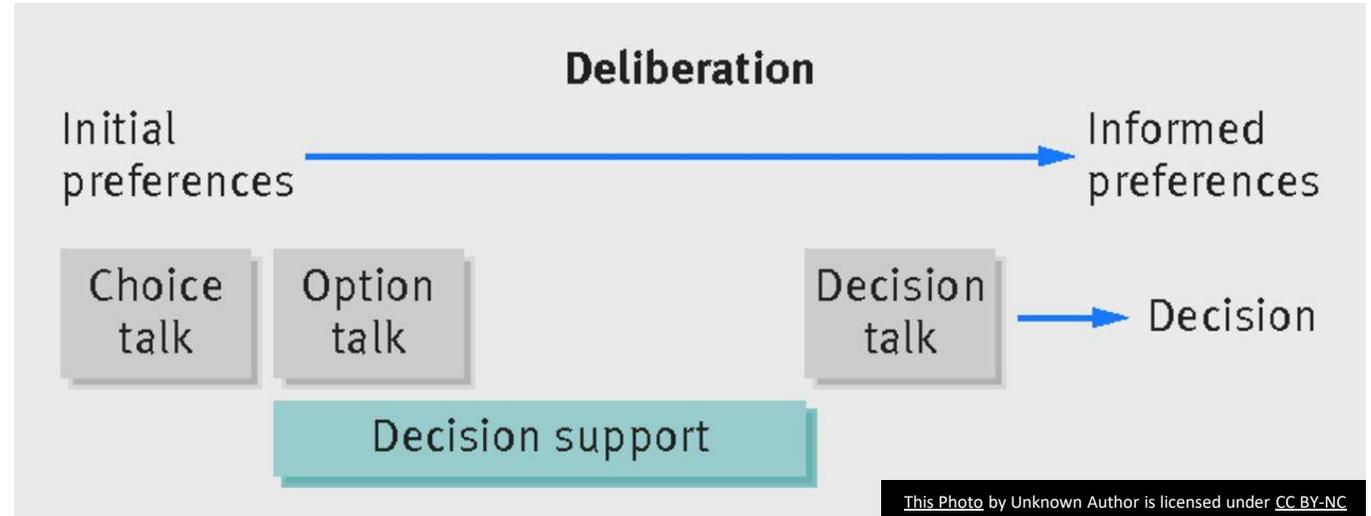
NHS
National Institute for
Health and Clinical Excellence

- Prevalence is high (DoH, 2016) and treatment consumes a disproportionate share of health care costs.
- NICE (2014) suggest antipsychotic medication use alongside psychological interventions, offered using a collaborative person centred approach
- How effectively is medication used in treatment? ('Schizophrenia, The Abandoned Illness' – Rethink 2012, 2017)
- Recovery
- *"a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness"* (Anthony, 1993 pg. 527).
- Recovery orientated framework – CHIME (Leamy et al., 2011)



Shared Decision Making

- Step away from traditional paternalistic medical models (Morant, Kaminskiy and Ramon, 2015)
- Promotes and can be promoted by, a healthy relationship between clinician and service user
- 3-step model for clinical practice (Elwyn *et al.*, 2012)



Therapeutic Relationships

- “an interaction between two people (usually a caregiver and a care receiver), in which input from both participants contributes towards a climate of healing, growth promotion, and/or illness prevention” (Townsend and Morgan, 2017, p. 135).
- Can be measured from clinician and service user perspectives (McCabe *et al.*, 2012).
- Play a key role in treatment adherence (Day *et al.*, 2005)



Positive attitudes towards medication

- Positive attitudes associated with better adherence behaviours (Beck *et al.*, 2011)
- Predictors of attitudes
 - Service Users (Emsley, Rabinowitz and Medori 2007, Medina *et al.*, 2012)
 - Clinicians (Hamann *et al.*, 2010, Das, Malik and Haddad 2014)
- Understanding attitudes → beneficial for health care services to identify possible non-adherence behaviours

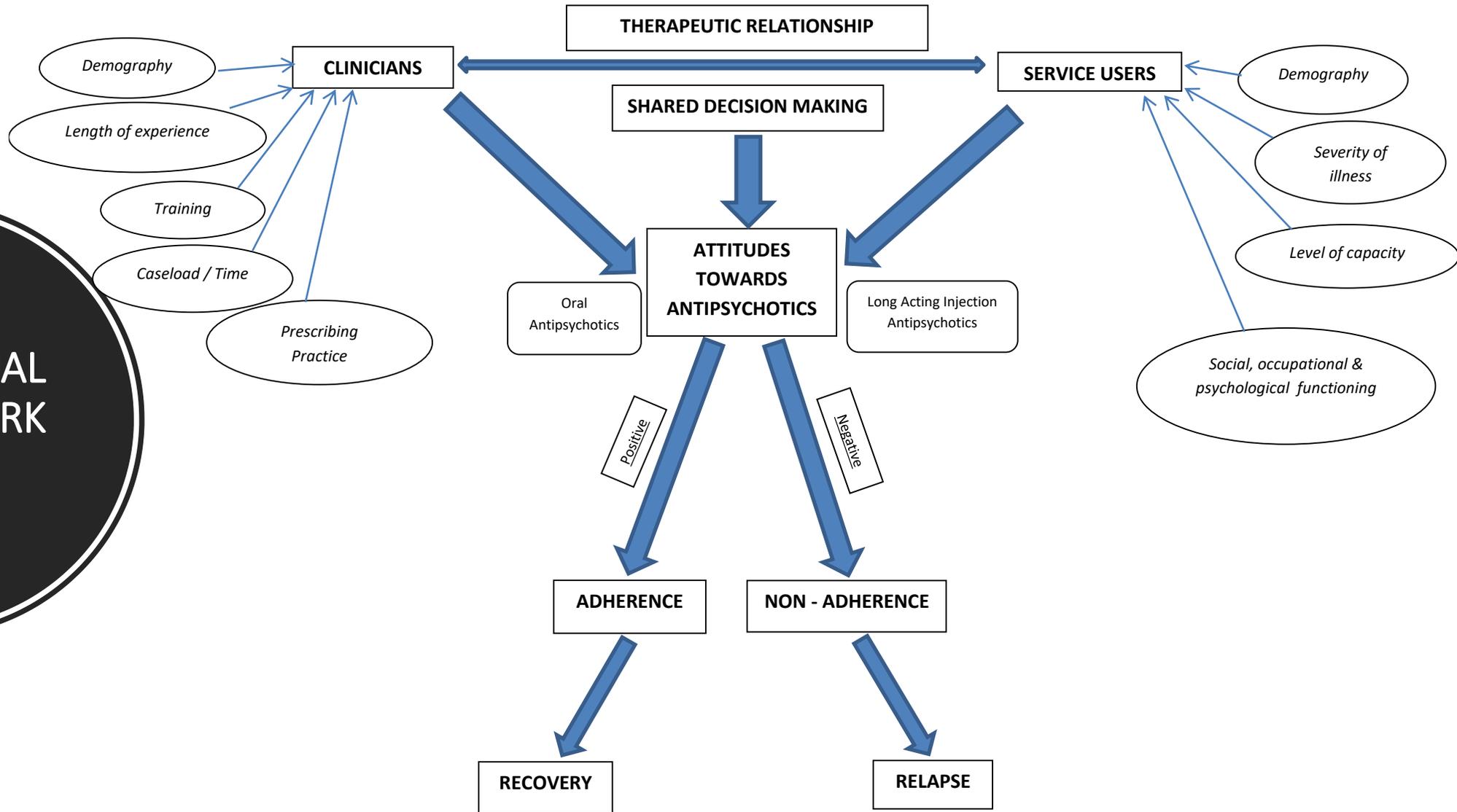


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WHAT DIDN'T WE KNOW?

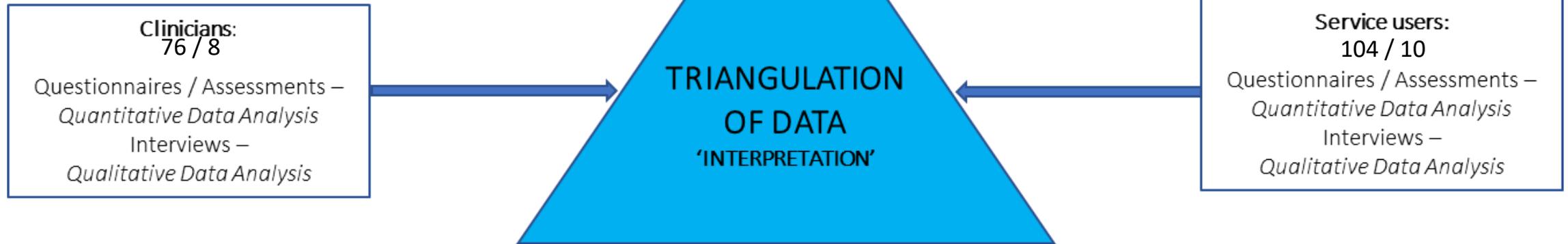
- Enough about the SU and clinician experience of TRs, SDM and attitudes towards medication.
- NICE guidance – qualitative perspectives from concerned stakeholders
- To our knowledge this was the first study to investigate both clinician and service user perceptions of the therapeutic relationship and shared decision making to understand how these form attitudes toward antipsychotic medication.
- Exploring these ideas would contribute to better evidence based practice, provide better service user orientated services and improve the effectiveness of mental health service provision in the NHS.
- Research Aim: Understand how therapeutic relationships and shared decision making influence attitudes towards antipsychotic medication

CONCEPTUAL FRAMEWORK



WHAT DID WE DO?

MIXED METHODS



WHAT DO WE KNOW NOW?

Differences between SU and clinician reports of TRs – clinicians more positive



Positive attitudes towards medication can be explained by

Length of time on AP

Social, occupational and psychological functioning

Therapeutic relationship (positive collaboration)

Capacity (Need for treatment)



Negative attitudes towards medication can be explained by

Forensic history

CTO in past 3 years

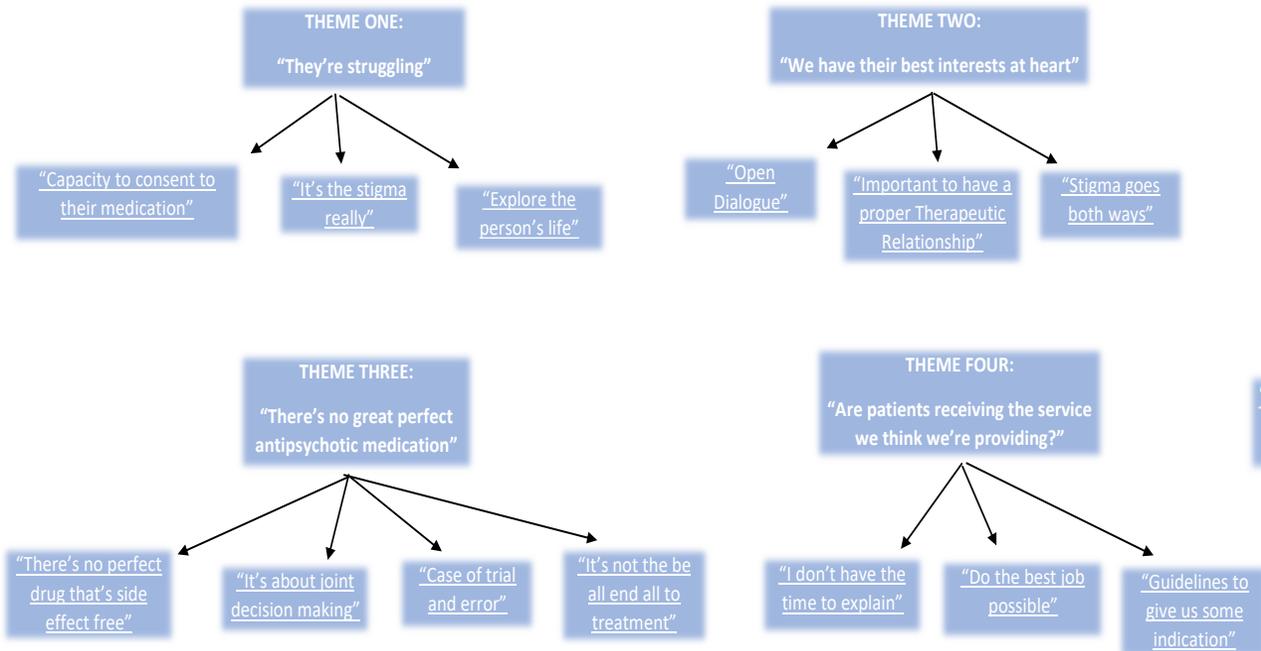
Length of time with service/s

Admission in the past year

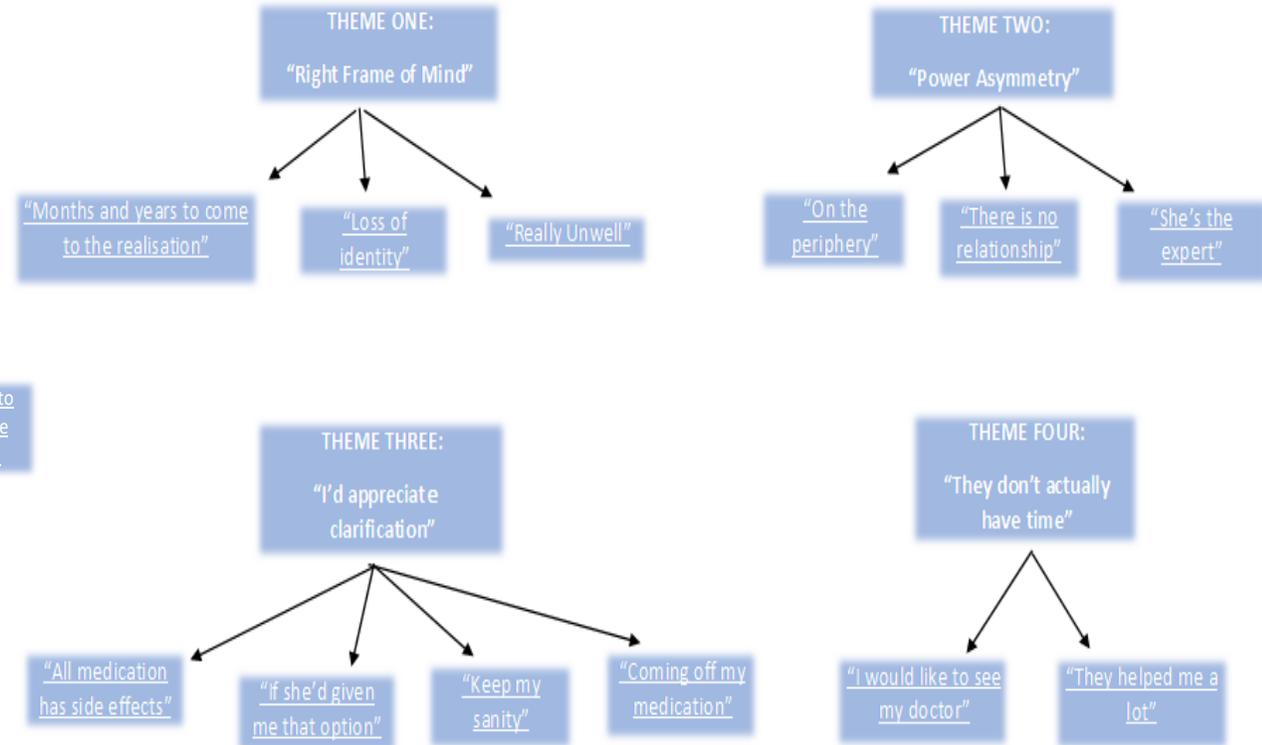
History of non adherence

WHAT DO WE KNOW NOW?

THE CLINICIAN'S JOURNEY



THE SERVICE USER'S JOURNEY



WHERE DO WE GO?

FOR FUTURE RESEARCH

- Prospective studies exploring evolving nature of facilitators to recovery
- Mixed method paradigms involving various stakeholders-dyads
- Clinician experiences of wellbeing/stigma/ burnout

FOR EDUCATION, POLICY AND CLINICAL GUIDANCE

- Routinely offering all treatment options
- Promote TRs and SDM via psychoeducation
- Reduce Power Asymmetry
- PPI involvement / coproduction
- Review allocation of resources



REFERENCES

- Beck, E.M., Cavelti, M., Kvrjic, S., Kleim, B. and Vauth, R., 2011. Are we addressing the 'right stuff' to enhance adherence in schizophrenia? Understanding the role of insight and attitudes towards medication. *Schizophrenia research*, 132(1), pp.42-49.
- Day, J. C., Bentall, R. P., Roberts, C., Randall, F., Rogers, A., Cattell, D., Healy, D., Rae, P. and Power, C. (2005) 'Attitudes toward antipsychotic medication: the impact of clinical variables and relationships with health professionals', *Archives of General Psychiatry*, 62 (7), pp. 717-724.
- Elwyn, G., Frosch, D., Thomson, R., Joseph-Williams, N., Lloyd, A., Kinnersley, P., ... & Edwards, A. (2012). Shared decision making: a model for clinical practice. *Journal of general internal medicine*, 27(10), 1361-1367.
- England, N. H. S., & DoHaS, C. (2016). Implementing the five year forward view for mental health. London: *NHS England*.
- Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *The British Journal of Psychiatry*, 199(6), 445-452.
- Morant, N., Kaminskiy, E. and Ramon, S., (2016). Shared decision making for psychiatric medication management: beyond the micro-social. *Health Expectations*, 19(5), pp.1002-1014.
- National Collaborating Centre for Mental Health (UK, 2014). "Psychosis and Schizophrenia in Adults: Treatment and Management."
- Schizophrenia Commission, (2012). The abandoned illness: a report from the Schizophrenia Commission (Rethink Mental Illness, London).
- Townsend, M. C., & Morgan, K. I. (2017). *Psychiatric mental health nursing: Concepts of care in evidence-based practice*. FA Davis.
- Karishma Jivraj - <https://orcid.org/0000-0003-0041-4273>

3. Exploring the influence of therapeutic relationships and shared decision making on attitudes towards antipsychotic medication: service user and clinician perspectives.

Dr Karishma Jivraj

Questions: 16.09 – 16.12



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4. The Shadow Side of Gratitude

Dr Liz Gulliford

Presentation: 16.12 – 16.22



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The Shadow Side of Gratitude

Dr Liz Gulliford

Senior Lecturer in Psychology

Faculty of Health, Education and Society

Liz.Gulliford@Northampton.ac.uk



**University of
Northampton**

Overview

1. Gratitude in recent research

- What is gratitude? Benefits of gratitude, gratitude interventions

2. Factors influencing gratitude, measuring individual differences

3. Negative features of gratitude

- A prototype analysis of gratitude

4. Gratitude, ingratiation and impression management

- Gratitude and social intelligence

5. Pedagogical Implications

- Teaching and learning about gratitude

What is Gratitude?

- State – temporary mood
- Trait – stable disposition
- Cognition/Emotion/Attitude/Behaviour (inner & outer aspects)
- Triadic concept – Benefactor, Benefit and Beneficiary
- Dyadic concept – Benefit and Beneficiary
- ‘Quadratic’ concept (!) – Benefactor, Benefit, Beneficiary, Behavioural Return



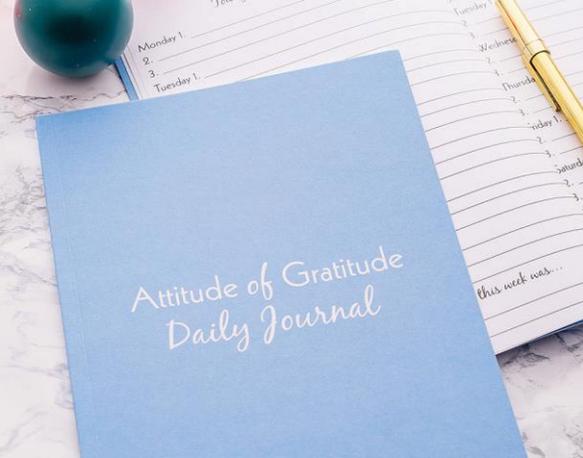
For a comprehensive review:

Gulliford, L., Morgan, B. & Kristjansson, K. (2013). Recent work on the concept of gratitude in philosophy and psychology. *Journal of Value Inquiry*, 47 (3), 285-377.

Benefits of gratitude...



- Improved **wellbeing and mental health** (Emmons & McCullough, 2003)
- Improved **sleep and coping strategies** (Wood et al., 2007; 2009)
- Helps to **build and maintain relationships** (Algoe, 2012)
- Positively related to **school enjoyment and academic attainment** (Froh et al., 2008)
- Leads to **prosocial behaviours** (Bartlett & DeSteno, 2006)
- Positively related to **job satisfaction** (Waters, 2012)
- **Reduces materialism** (Chaplin et al., 2018)
- Positively related to **empathy** (McCullough et al, 2002)
- Negatively related to **risk-taking behaviours** in adolescents (such as drug and alcohol use; Ma et al., 2013)
- Associated with **lower levels of body dissatisfaction** (Geraghty et al., 2010)



Gratitude Interventions

University students who kept
Gratitude diaries (2 studies)



Reported fewer physical
symptoms

More optimistic about
the upcoming week

Felt better about their
lives as a whole

Higher alertness &
enthusiasm

More likely to help someone
with a personal problem or
offer emotional support

Increased determination,
attentiveness and energy

Emmons, R. A., & McCullough, M. E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective wellbeing in daily life. *Journal of Personality and Social Psychology*, 84, 377–389.



The Gratitude 'Aperture': Factors Influencing Gratitude

People differ in terms of conceptual (cognitive) *conditions they place on gratitude*. This has implications for how (much) they experience gratitude.

Some may take a 'broader' view of gratitude: For example, being grateful for a benefit which came about *accidentally*, or which was not obviously motivated by a benefactor's altruistic ends.

Others place tighter constraints on gratitude: For example, gratitude is appropriate *only* when a benefactor *intentionally* benefits another. Or, not being grateful for benefits that are of no real value/ruling out being grateful for a benefit that came about through an ulterior motive.

We Explored & Operationalised these Factors

In a vignette questionnaire:

Gulliford, L. & Morgan, B. (2016). An empirical exploration of the normative dimensions of gratitude. In Carr, D (ed). *Gratitude: An interdisciplinary approach*. London: Routledge

Gulliford, L. & Morgan, B. (2016). *Taking thanks for granted: Unravelling the concept of gratitude in a developmental cross-cultural analysis*. Report for the Society for Educational Studies (SES)

Morgan, B. & Gulliford, L. (2018). Assessing influences on gratitude experience: age-related differences in how gratitude is understood and experienced. Tudge, J. & Freitas, L. (eds). *Developing Gratitude in Children and Adolescents*. Cambridge, CUP.

In a multi-component measure:

Morgan, B., Gulliford, L., & Kristjansson, K. (2017). A new approach to examining moral virtues: The Multi-Component Gratitude Measure. *Personality and Individual Differences*, 107, 179-89.

Prototype Analyses of Gratitude

- ‘Features’ of gratitude in three anglophone cultures, includes ‘negative’ features
- Study 1: UK N=108 (18-40 yrs, 90% female); US N=94 (18-34, 82% female); Australia N=88 (17-39, 76% female)
- Australians and Americans are less likely to reference negative associations of gratitude than UK respondents

Gratitude Feature	UK		Australia		US*	
	%	Valence (1-5)	%	Valence (1-5)	%	Valence (1-6)
Indebtedness/ obligation	29.2	2.26	6.5	2.18	8.8	2
Guilt	16.7	1.71	2.6	2	-	-
Embarrassed/awkward	6.5	2.11	-	-	-	-
Ingratitude	5.1	1.89	-	-	-	-

Morgan, B., Gulliford, L. & Kristjansson, K. (2014). Gratitude in the UK: A new prototype analysis and a cross-cultural comparison. *The Journal of Positive Psychology*, 9(4), 281-294.

*Lambert, N.M. Graham, S.M. & Fincham, F.D. (2009) A prototype analysis of gratitude: Varieties of gratitude experiences. *Personality and Social Psychology Bulletin*, 35, 1193–1207

The 'Shadow Side' of Gratitude?

Our research therefore highlighted negative aspects of gratitude:

- Recognition of **negative feelings**: Gratitude can invoke indebtedness/obligation, guilt, embarrassment...
- **Ulterior motives** (potential for manipulation)
- **Social Comparisons** (being grateful that you are not in other people's position). Don't we then need to engender compassion rather than gratitude?
- Gratitude leading to **complacency and ignorance of social injustice/need for change**



Gratitude, Ingratiation & Impression Management

Gulliford, L., Morgan, B., Hemming, E., Abbott, J. (2019). Ingratiation, self-monitoring and social intelligence: A shadow side of gratitude? *Current Psychology*, 38, 1021-1032.

- People are likely to feel genuinely grateful for benefits they may not realise have a hidden agenda. Ingratiators can exploit the predictable, grateful responses of others for their own ends.
- These individuals might also realise the benefits of presenting themselves as grateful acknowledgers of benefits bestowed by others; it gives a favourable impression and keeps more benefits coming: thus **gratitude can be an *impression management strategy***.



Using Gratitude to Create a Good Impression

- Rind and Bordia (1995), reported that a server's addition of a hand-written 'thank you' to a restaurant bill increased tips by 11%, relative to controls. They proposed **impression-management theory** as explanation
- According to the theory, actors manipulate targets' impressions of them to increase influence over targets for short or long-term gains' (Jones & Pittman, 1982; Tedeschi & Riess, 1981)
- Expressions of gratitude can be used as an ingratiation strategy. It may be hard to tell if someone is being genuinely grateful or disingenuously ingratiating.

Self-monitoring and Social Intelligence (SI)

- Ingratiation carries the risk of being exposed as an impression management strategy; instead of being perceived as likeable, users may be perceived as sycophants
- **Self-monitoring and social intelligence play a part impression management**
- Turnley and Bolino (2001) proposed that the efficacy of self-management strategies (including ingratiation) was mediated by an individual's self-monitoring abilities





Social Intelligence

- If SI can be defined as, ‘...one’s ability to understand interpersonal situations and transactions and to use that understanding to assist one in achieving desired interpersonal outcomes...’ (Greenspan & Love, 1997, p. 311), it could serve instrumentalist goals of getting what one wants from others, perhaps even manipulatively or coercively.
- Understanding the complex dynamics of gratitude calls for highly developed skills in social cognition. People with high SI would be aware of the effects their gratitude might have on others, whether or not they use this knowledge to their own advantage.



Preliminary Empirical Research

- Empirical evidence linking self-presentation, social intelligence and gratitude would buttress the argument that gratitude could be used as an impression management strategy (ingratiation)
- Preliminary evidence from two studies suggest that gratitude is associated with self-monitoring and social intelligence, paving the way for future explorations of gratitude and ingratiation

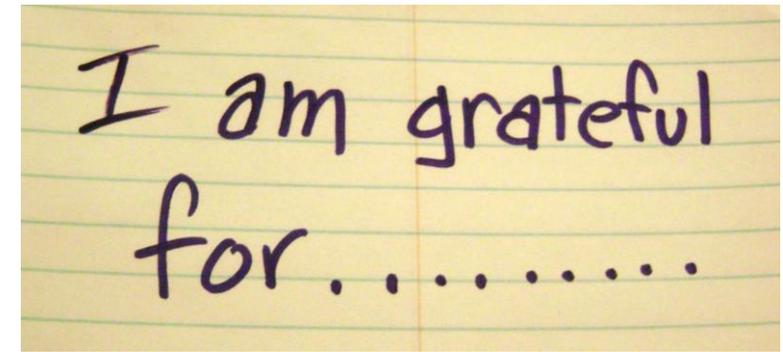
Gulliford, L., Morgan, B., Hemming, E., Abbott, J. (2019). Ingratiation, self-monitoring and social intelligence: A shadow side of gratitude? *Current Psychology*, 38, 1021-1032.

Study 1 – Relationships between constructs

- Online questionnaire to examine conceptual links
- Participants: 311 (50% female); 18-73 years (M: 38 years); 95% White- British
- Measures:
 - GQ6 (McCullough et al., 2002)
 - MCGM (Morgan et al., 2017)
 - Self-monitoring scale (Lennox & Wolfe, 1984)
 - Tromsø Social Intelligence (Silvera et al., 2001)

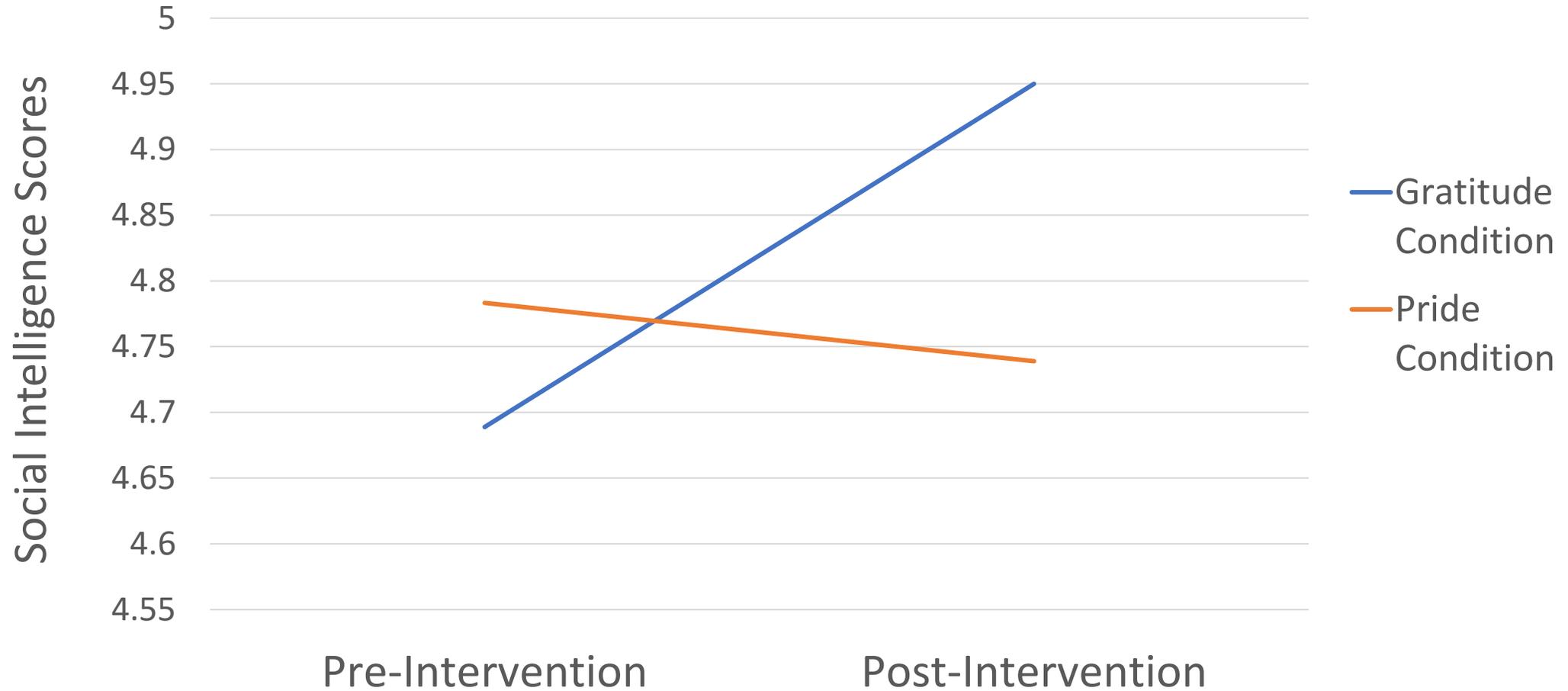


Study 2 – Small Gratitude Intervention



- Gratitude necessitates skills in social cognitions: **does practising gratitude lead to increases in social intelligence?**
- Gratitude intervention (N = 18, 18-60 yrs): recording three (*interpersonal*) things they are grateful for, daily for two-weeks with bi-weekly reminders
- Active pride control: (N = 18, 18-51 yrs): recording three (*intrapersonal*) things they were proud of, daily for two-weeks
- Pre/post measures: GRAT-S Appreciation of others; MCGM Emotion and behaviour subscales; social awareness, social skills and social information processing, PANAS (positive affect as a control variable)

Gratitude and Social Intelligence



Study 2: Results

Condition	Gratitude		Pride	
	Pre Mean Score (SD)	Post Mean Score (SD)	Pre Mean Score (SD)	Post Mean Score (SD)
(Sub)Scale:				
GRAT-S Appreciation of Others	6.23 (2.2)	7.69 (1.6)	7.00 (1.0)	6.76 (1.2)
MCGM Emotion	5.55 (1.8)	6.51 (.99)	5.56 (.78)	5.75 (1.0)
MCGM Behaviour	4.76 (1.1)	5.23 (.67)	4.87 (.51)	4.81 (.56)
Social Awareness	4.63 (1.2)	5.28 (1.2)	5.05 (.79)	4.94 (1.0)
Social Skills	4.26 (.66)	4.36 (.82)	4.43 (.62)	4.50 (.65)
Social Information Processing	5.15 (.76)	5.25 (.76)	4.90 (.79)	4.80 (.90)
Composite Gratitude Score^a	.06	-.31	-.14	-.44
Composite Social Intelligence Score	4.69	4.95	4.78	4.74

- Gratitude increased significantly following the gratitude intervention ($p = .000$, $\eta_p^2 = .98$)
- **Significant interaction between social intelligence and condition: SI increased from pre- to post-intervention in gratitude condition but not the pride condition ($p = .003$, $\eta_p^2 = .23$)**

Discussion

- It is likely that for many of us, practising gratitude focuses attention on benefits received and the role others play in conferring these benefits. Therefore, the relationship between gratitude and SI could be a positive one demonstrating a greater awareness of sociality, and building social bonds.
- Research shows that gratitude can function to build and maintain social relationships and lead to prosocial behaviours (Bartlett, Condon, Cruz, Baumann & DeSteno, 2012; Algoe, Haidt & Gable, 2008).
- However, for *some* individuals high in social intelligence and self-monitoring, displays of gratitude *could* be used to advance self-interested goals.

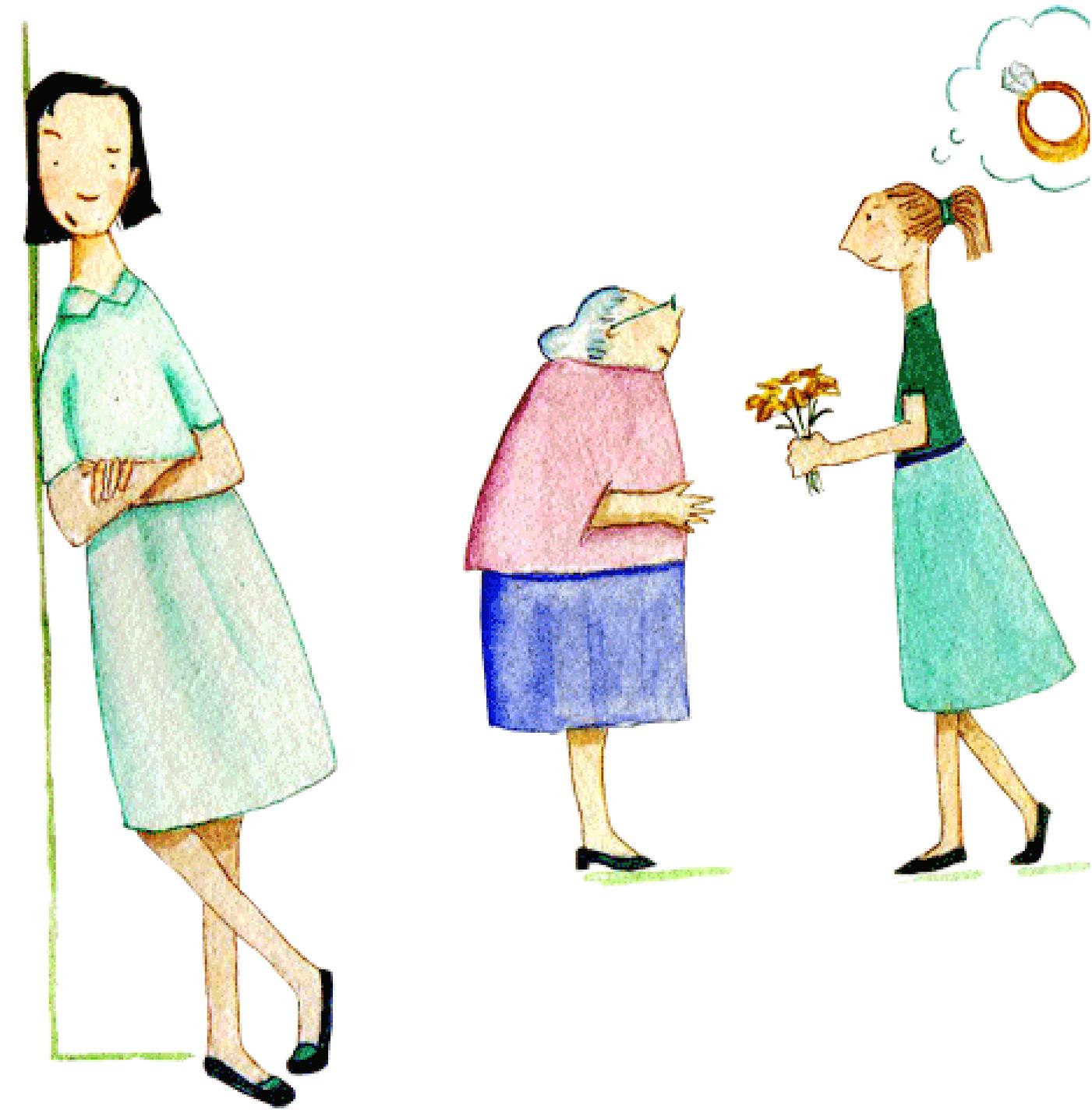


Future Work

Future work could examine associations with relevant personality traits:

- The Dark Triad (Paulhus & Williams, 2002)
- Scales assessing manipulative interpersonal behaviour (Austin & O'Donnell, 2013; Ferris et al., 2005).





Summary

- Gratitude can be experienced with negative emotions
- The line between genuine gratitude and an ingratiating display can be hard to draw and is sometimes difficult to call; we simply don't know a benefactor's intentions
- Gratitude and the increased social awareness it engenders, might not exclusively be put to prosocial ends.



Pedagogical Implications

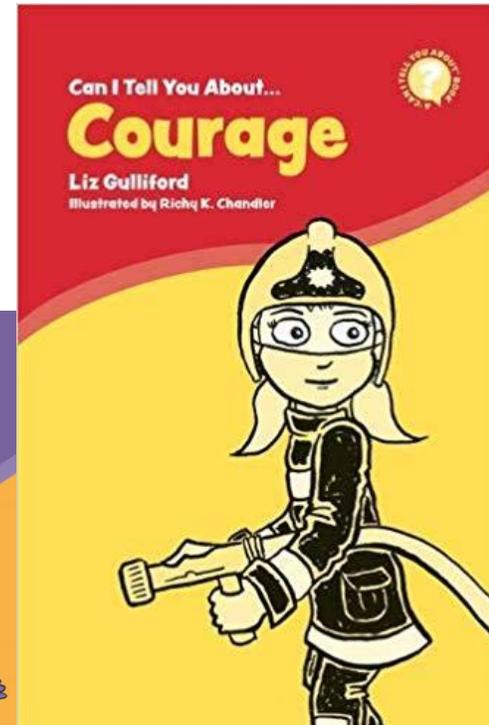
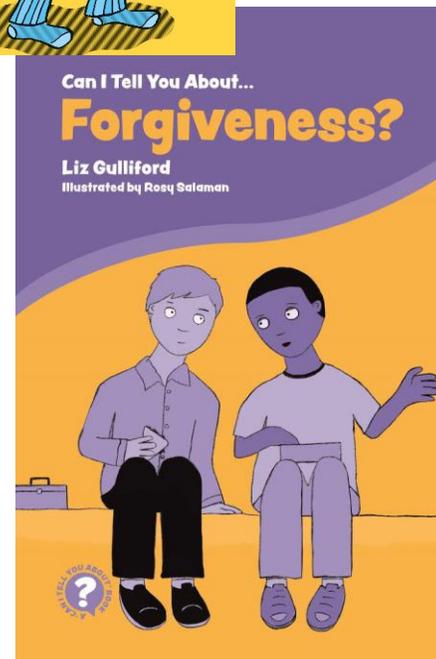
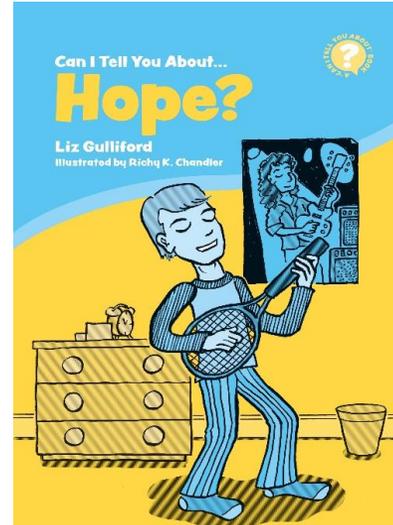
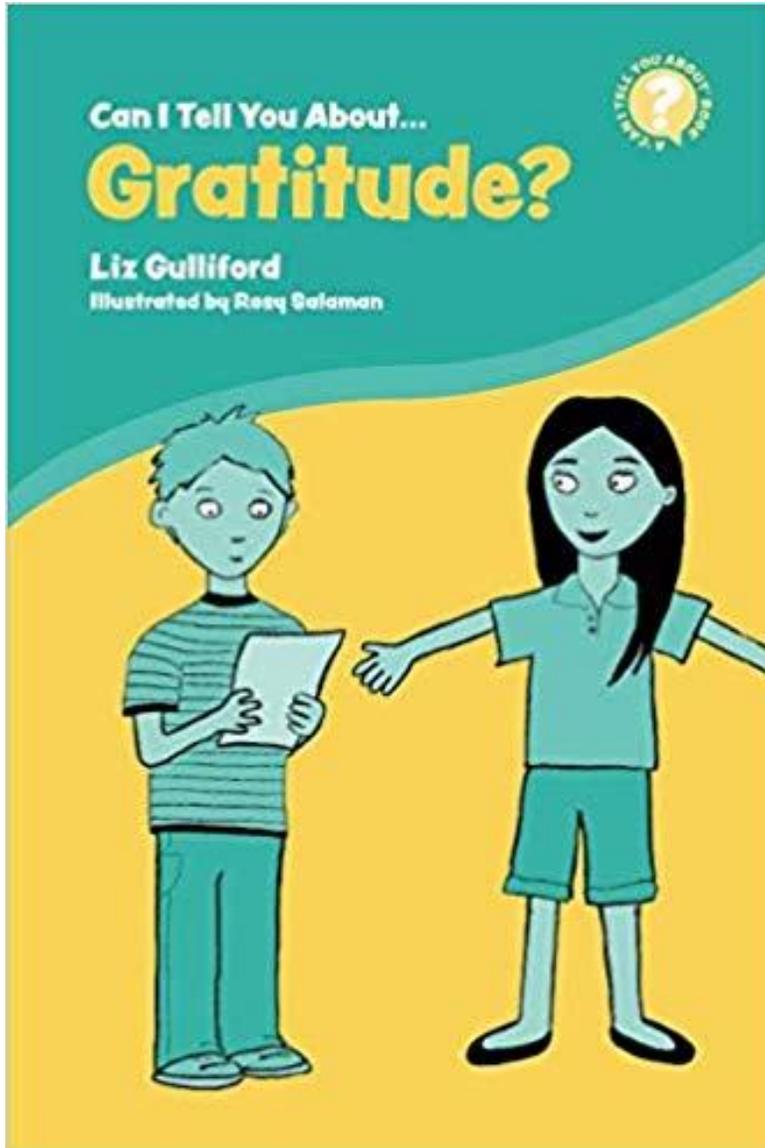
School-based interventions to promote gratitude are increasingly common (e.g. Froh, Miller & Snyder 2007; Waters, 2011; Seligman, Ernst, Gillham, Reivich & Linkins, 2009; Seligman, Steen, Park, & Peterson, 2005)

It is important to teach young people the conceptual 'grammar of gratitude' (i.e. when gratitude might/might not be appropriate) e.g. if being manipulated

(See Carr, Morgan & Gulliford, 2015; Morgan, Gulliford & Carr, 2015)

Applies to other moral emotions – e.g. forgiveness, courage, hope.

Can I Tell You About...?



4. The Shadow Side of Gratitude

Dr Liz Gulliford

Questions: 16.22 – 16.25



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Thank you

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