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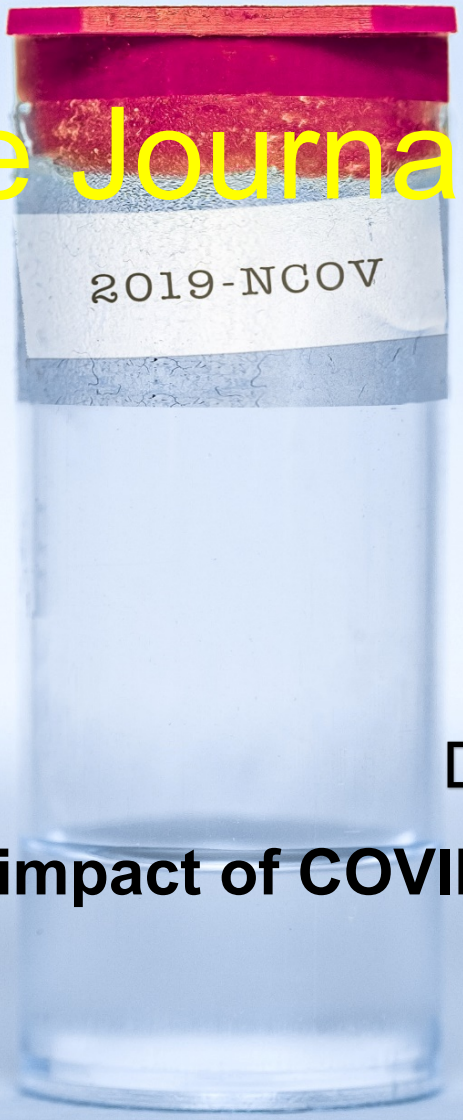

The Journal of Opportunity

University of Wolverhampton

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Doctoral Students' Reflections:

The impact of COVID-19 on my doctoral journey

Vincent Ghilione (cover photo)

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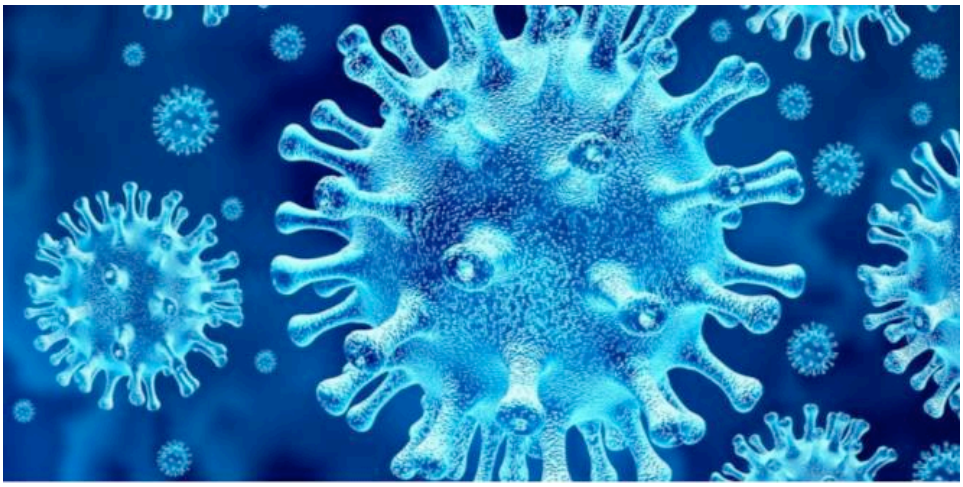

COVID- 19 EDITORIAL

Hilary Paniagua
Editor-in-Chief

Normality for all of us has become a thing of the past and lockdown a thing of the present. Who would have believed that the relentless march of COVID 19 would have reached our shores and caused so much devastation and heartbreak? All across the world people are scared, angry and uncertain and alongside these fears we see images of solidarity and an incredible commitment to fund raising and support to reach vulnerable people isolated in their own homes. Where would we be without the staunchness of workers behind supermarket tills and those who tediously stack shelves of much relished toilet paper, baked beans, flour and eggs often scarce commodities that have become a prized and hunted down aspect of our lives?

Our health professionals and care workers have shown a remarkable dedication in trying to tackle the virus in dangerous and challenging circumstances and many with the cost of their lives. Alongside the profound distress there is a growing understanding of the importance of research. In the NHS the Health Research Authority has a fast track process which means that COVID studies are being approved in as little as 24 hours. This fast process provides dedicated support to researchers to enable their study to be swiftly reviewed by a Research Ethics Committee and approvals specialists. If you want to request fast-track approval more detail about the process can be found in https://www.hra.nhs.uk/covid-19-research/fast-track-review-guidance-covid-19-studies/This service applies also to amendments to existing studies and to understand how and when to amend an existing study, either to incorporate COVID-19 or because of the impact of the virus. More details can be found in https://www.hra.nhs.uk/covid-19-research/covid-19-guidance-sponsors-sites-and-researchers/ Where there is a need to provide new information to research participants and record consent in COVID-19 research. For more information, read https://www.hra.nhs.uk/covid-19-research/seeking-consent-covid-19-research/

Conversely research on a less urgent scale has been greatly affected and instead of quickly advanced there is now a need for its total rethink as studies with people are limited if not impossible. In our universities any academic activity is currently carried out at a distance and research teaching or supervision is now conducted remotely via e-learning or digital platforms. This issue of our Journal has pleasure in presenting some of the experiences of students at the forefront of this new age and I am sure readers will find this read at times moving, uplifting and edifying and maybe with some of them all at the same time.

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How COVID-19 has impacted my PhD research

Tayeba Khan - PhD Education Researcher
University of Wolverhampton

Over the past few months, the world has come to face a deadly virus (COVID-19, also known as coronavirus) with everyone needing to take certain precautions in order to stay safe. Unfortunately, lives have been lost with some trying to survive and hope for the best. There are constant reminders of this deadly virus wherever we look and go: we are receiving emails from organisations with information and advice, the news is reporting rising numbers of deaths on a daily basis, and many are having to stay at home for an abnormally long time. Many have been told to self-isolate and some have been quarantined for several weeks. This virus seems to be spreading at a rapid rate, all over the world, especially here in the UK. We are all facing this global pandemic and we are all trying to understand how we can protect ourselves and our loved ones.

Every social platform, news programme, and internet search bar are a constant reminder of how this virus pandemic is unfolding every day. It is sometimes hard to distinguish factual news from false information. In their February 2020 'Situation report', the World Health Organisation referenced the term 'infodemic' *"an over-abundance of information – some accurate and some not – that makes it hard for people to find trustworthy sources and reliable guidance when they need it"*.

As someone who is trying to get to grips with the current crisis and support my loved ones, this is something I am finding difficult. The COVID-19 pandemic and infodemic has become a part of my daily life and is something I have been reflecting on from the perspectives of being 1) a part time supply teacher being furloughed, 2) a PhD researcher in education, 3) a member of an affected community (city of Birmingham and from ethnic minority background) and 4) a member of a family with vulnerable individuals. There is some discord within these perspectives, which inspired me to write a reflective account on the impact of COVID-19 on my research.

Over the past 2 years, I have been researching teacher resilience and wellbeing as part of my, now completed, MA and current PhD studies. Resilience is often conceptualised as a group of factors supporting an individual to overcome adversities. My research has identified a few factors promoting one's resilience, which have included: support from others (families and friends), spiritual influences, having a sense of self-efficacy and motivation to succeed (e.g. Black and Honeyman, 2020). Experiencing emotional support and being recognised for one's strengths can lead to an individual feeling motivated to create a positive future.

Being a part-time supply teacher and a post-graduate researcher – both challenging roles - I have had to show a fair amount of resilience over a period of several years. Everything that I have researched and learnt about resilience is also very relevant to dealing with acute crises such as the current coronavirus situation and the effects of this for mental wellbeing.

Almost everyone has had to be resilient during the past few weeks and will have to continue to be over the next few days, weeks and months. There has been a lot of uncertainty around employment and safety, with several people losing their jobs and many being told to stay at home to stop the spread of the virus. Support networks are being lost or challenged, with the government advising all individuals to self-isolate and to not visit other family members. This has raised serious concerns about domestic and child abuse, with some using the current crisis as a reason to not have to visit or have visitors from other family members (NSPCC, 2020).

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And while many people have turned towards their religion and spirituality for comfort and support through difficult times (Shelton, Hein and Phipps, 2019), places of worship have been closed, making it difficult for some to come to terms with the realities of this virus.

The pandemic situation has had a significant effect on my own personal resilience. My support network has been lost, as I am now unable to see my family in order to overcome difficulties, I have tended to use spiritual influences (religion) for guidance and motivation to be resilient. But it has been difficult being unable to attend my place of worship for support, and this has directly impacted my ability to continue studying.

As well as keeping up with my PhD research, I have had to face uncertainty about how I will support myself financially in the immediate term. Being a part-time supply teacher has left me worrying about financial constraints, as schools have been restricted to serving the children of key workers, limiting opportunities for supply teachers to contribute.

However, these factors have motivated me to continue with my journey of research on teacher wellbeing. Now, more than ever, everyone is relying on teachers to care for children of key workers. But, where has teacher wellbeing come into play? There has been recent depoliticisation regarding teacher wellbeing during the outbreak of COVID-19. On the 19th March 2020, the Department for Education published guidance for schools outlining a list of key workers. Teachers were regarded as key workers in this guidance, however there has been minimal effort to safeguard teachers' physical and mental wellbeing. These 'key workers' are still expected to teach children who are stated as possibly being *"carriers of the disease"* (Ball, 2020). There is no *"Personal Protective Equipment"* (PPE) being provided to these teachers; the only protection the teachers have in order to overcome the current pandemic, are measures put into place by themselves. Not only that, schools were given no guidance on what to prepare if schools were to close for non-key worker children; they were expected to use their own initiatives and resilience to prepare home packs, lunches and safeguarding support.

The lack of support and consideration for the education system in the current situation has motivated me to discuss these issues within my PhD thesis. There is a lot of uncertainty around schools reopening and when this crisis will abate; a lot of questions are playing on all teachers' minds: What about our own children? Am I still expected to come into school if I am deemed as vulnerable? Should I be seeing my own family? How will I travel to work? A key question on my mind is how are teachers expected to be resilient, without seeing families, without the support from the government, without the support from leadership (who are equally stressed) and while only being regarded as essentially child minders?

With a lot of ambiguity surrounding certain information about the severity of the virus and everyone's levels of stress high, it is only normal to try to understand what is happening and how we should resolve the situation. Therefore, members of the public have been attempting to unite with one another through social media and other sources in order to access information and theories on the current crisis. These activities help determine our own decisions about what we do to manage our stress levels. Researchers have termed this *"collective sense-making"*; previous research has shown that individuals tend to use social media for minimising uncertainty during a pandemic (e.g. Zhang and Gao, 2014). I know that, like me, a lot of people, are taking part in the collective sense-making process.

However, the process of information-sharing and discussion, especially over social media, can result in false information spreading which can be quite hazardous in leading to harmful choices and people causing danger to themselves and those around them. There has been a lack of trust in the UK government and how they have managed the virus so far. The current Prime Minister was the face of the famous quote *"Stay at Home, Protect the NHS, Save Lives"*, but was unfortunately admitted to hospital with COVID-19 related symptoms in intensive care. Seeing a country leader offer advice but still contracting the virus has led numerous

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people to engage in collective sensemaking, going online to use alternative sources of information to protect themselves.

Professor Susan Michie, a specialist in behaviour change, provided a critique on this matter: *"Those in leadership positions should practise what they preach. If leaders do not adhere to their own recommendations, this undermines trust in them, which in turn can undermine the population's adherence to their advice"* (Stewart, Weaver and Proctor, 2020). This would consequently minimise public faith in authorised interventions and diminish the ability to recognise the most appropriate information. This can result in high levels of stress, poor decision making and low levels of resilience.

Doubts have arisen in my own mind about self-isolating and how long to self-isolate for. It is certain that other teachers, who are expected to stay in schools to care for children of key workers, will also have doubts about self-isolation outside the workplace. Further doubts have arisen about my research ideas: are the factors related to teacher resilience and wellbeing I had planned to explore, such as leadership in schools, still most relevant and do I need to factor this crisis into my research plans? Given the relevance of resilience to the current COVID-19 crisis, it presents a new challenge for me to consider implications for my research plans as these unfold.

The ambiguity of government advice to teachers, the fact that everyone is facing the same crisis (leaders and teachers) and the sad reality that we are losing our loved ones and are unable to see them, are key factors that will be important in my current research. The views of teachers and leaders on the current crisis, the resources they drew on to deal with the crisis and how it has impacted their longer-term resilience will be something original to explore. Not only that, the views of educators and how they coped with current demands will provide guidance for schools if something like this were to happen again in the future.

Yet there are uncertainties over the viability of my original plans for field work. There has been reassurance from the government about schools reopening from September 2020, when I anticipate starting my research field work. Even if schools were to open in September, school policies regarding external visitors, like researchers, may change. Alternative methods of field work may need to be devised and I am uncertain about whether new methods, such as using webcams and online programmes, would provide me with the information I require. It is also uncertain whether my proposed participants will be allowed the time to participate in my research, as these will be busy periods for schools and teachers.

Further issues for my research have also come into play; the focus on wellbeing and mental health has been quite prominent in government policy and research over the past few years. Targets were set for this year to decrease the numbers of the UK population experiencing mental health problems and to improve the lives of everyone, including teachers. An example of such policy documents is the 2017 Green Paper for Transforming Children and Young People's Mental Health Provision. This document set the target to provide the majority of schools with Education Mental Health Practitioners (EMHPs) by the year 2020. This is an example of the mental health targets that form the backdrop to my current research. However, due to the current crisis of COVID-19, these targets have been placed on hold until further notice. The policy, political, social and economic context (social inequalities) of my study has therefore changed and this will need to be factored into my research plans.

The problems in relation to social inequalities are still an issue in the current crisis. It has been found that those in society with the least resources and power suffer the most; there tends to be a widening of inequalities. There has been commentary on gender, socio-economic and ethnic inequalities in the current pandemic. For example, Apter (2020) pointed out the argument that the current pandemic will force women to *"be driven back to their 1950s roles of cook, carer and cleaner"*. With schools closing and people being told to work from home, women may be expected to do more housework and childcare and may be undermined as their income tends to be less than men's. Moreover, concerns around race inequalities have also been

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noted by many. Haque (2020) wrote a summary of concerns surrounding those from ethnic minorities and vulnerability to COVID-19. It was stated that ethnic minorities were more likely to live in crowded houses, causing the virus to spread more easily. Further suggestions were made on those from ethnic minorities being less likely to overcome the economic crisis from COVID-19, as they were more likely to *"be in precarious employment, including zero-hour contracts and agency contracts"* (Haque, 2020).

It is vital that the impact of this virus on mental health and how others have coped with this adversity is researched. This focus is supported by other researchers, for example in the Lancet Psychiatry 2020 journal, many researchers all over the world published a joint report on the impact of COVID-19 on mental health. This report stated that there is a need to monitor mental health issues among all individuals, especially of those key workers (Holmes et al., 2020). The report further stated that *"there is an urgent need for research to address how mental health consequences for vulnerable groups can be mitigated under pandemic conditions, and on the impact of repeated media consumption and health messaging around COVID-19".*

It has been further suggested that social contact is good for mental health and therefore those with existing mental health problems, such as anxiety, may find it more difficult to self-isolate (e.g. Teo et al., 2015). Furthermore, domestic violence is also a key consideration on the impact of COVID-19 on mental health. There have been reports by the charity called 'Refuge' (the UK's largest domestic abuse charity) that there has been an increase of 700% in calls to their helpline (Townsend, 2020).

There is further concern around mental health outcomes due to the current pandemic. Indeed, one of the authors of the research report, Professor Rory O'Connor, has pointed to a link between previous virus outbreaks and poor mental wellbeing: *"If we look at the Sars outbreak in 2003, we know there is evidence there that there were increased rates of anxiety, increased rates of depression and post-traumatic stress and, in some groups, there were also increased rates of suicide"* (Davis, 2020). These considerations provide further motivation for me, as a researcher, to continue my research into resilience and wellbeing in the context of teaching.

Although there has been some negative impact of COVID-19 on my research and studying, it has been quite positive to my continuous academic self-development. Since the UK has been placed into lockdown, I have been able to place more focus on further study around the topic of wellbeing and resilience. The current pandemic has given a new lease of life to my research and has provided me with more current and alternative foci within my topic of teacher perspectives on resilience. My research mode has changed from part-time to full time, allowing me to delve deeper into relevant literature and broaden my knowledge about resilience. In the spirit of resilience, I have therefore made the best of a stressful situation, looked for positives and tried to turn it to my advantage in some respects through developing my understanding of resilience, through reading and through reflecting on the current context and my personal experience of this, for example through writing this article. These activities could, in turn, provide insights to support and advise to others when facing adversities.

It is not known how long this pandemic will last and whether there will be a vaccination available to those who are infected. But it is known that people from different cultures, ethnicities and socio-economic backgrounds are coming together to lend a helping hand to each other. Moreover, the public are trying their best to support small businesses and charities, as well as the NHS. Not only the UK, but the whole world is experiencing the same difficulties in everyday life; the public are attempting to be resilient to support themselves, and their loved ones and neighbours. No religion, culture, ethnicity or background seems to matter in this moment in time, the one thing which does matter, is humanity.

Witnessing all communities and backgrounds come together to support each other through these unprecedented times, is something which I am in awe of. A positive outcome of this crisis may be the improvements in social cohesion. Now is the time

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for the world to unite, so that we can get through these difficult times. It is vital that we all continue to play our part and continue to try to see positives in a negative situation and under conditions of adversity, something which I am attempting to do. I conclude this reflection with this famous quote from Florence Nightingale, who has been an inspirational figure for British Society at this time: *"I am of certain convinced that the greatest heroes are those who do their duty in the daily grind of domestic affairs whilst the world whirls as a maddening dreidel"* (Florence Nightingale, cited in Mather, 2017).

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Is this what health anxiety feels like?

Tarnveer Kaur Bajaj, BSc (Hons) MBPsS,
Doctoral Student, University of Wolverhampton

I am a final year student on the Professional Doctorate in Counselling Psychology at the University of Wolverhampton. Currently I am working on writing up my thesis on understanding the motivation of male perpetrators, for voluntary engagement on intimate partner violence treatment programmes. Alongside this, I balance two part time jobs offering psychological therapy in both a psychiatric hospital and a private company. I am lucky to have what I would consider to be an exciting and busy life managing such differing areas of my career and studies. However, during the current pandemic, it has been a challenge.

As much I knew I did not need to experience the same difficulties as my clients have in order to understand, I always thought that unless I share some commonality with their experiences, I could not truly understand them. Although I would have preferred not to have experienced and shared the anxieties which the world is currently experiencing at this moment in time.

I have worked with many clients who have struggled with anxiety of illness, disease and death. My initial thought would be to understand the root of the anxiety and to almost put aside the health condition they were anxious about. For instance, a previous client who I shall refer to as *Helen*, developed health anxiety after the death of her mother and deterioration of her elderly father. Due to a weak immune system and other underlying health aliments, Helen's father had been hospitalised a few times due to health conditions such as pneumonia. I began therapeutic work formulating the impact of bullying, low life satisfaction, social isolation and explored her

relationships with her parents and the impact of their many health issues in her own identity and purpose. Helen and I looked at all the usual issues, control, fear of death and fear of social interactions upon death of her father. I almost, although slightly unwilling to admit it, dismissed her worries of catching a cold and cough from me or others she passed (this was one of the ways her anxiety would manifest). Upon reflection, I realise that I missed a vital component of Helen's therapeutic process.

Living in this pandemic, I cannot help but feel overwhelmed with anxiety due to very real, imminent health concern. Previous to this if anyone had asked, I would not have considered myself as a particularly overly anxious person. I would have said I am as anxious as the next person. I now can say I can begin to understand the real and imminent fear Helen felt whenever someone sneezed, coughed or breathed near her.

I work in a psychiatric hospital as part of a therapies team, amongst very skilled occupational therapists, social workers, and psychotherapists. The team is split into two, the adult team and adolescent's team, who work in their respective wards. The team is a mixture of some very supportive, strong minded, intelligent and kind people. Normally I would find solace in and enjoy speaking with any one of the team, for both professional reasons and personal. However, approximately a week before COVID-19 was declared a pandemic, these people planted a seed of anxiety, fear and constant dread in my mind.

I went home on a Tuesday with ruminating and catastrophising thoughts. 'What if my Mom gets it?'. What if we go to Turkey and can't come back?'. I was due to fly to Turkey the following Tuesday. Subsequently the flight was cancelled the evening before, which I feel so grateful for now. But at the time I had the most automatic negative thoughts I have ever had in my life. The team all knew of my flight plans. One of the psychiatrists who I rarely speak to, also added to my fears by telling me in a very serious manner (a manner which I had not come across before), 'do

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not travel, you will get stuck there'. At this point I was very worried about not being able to come back home if I did travel. For a week I could not sleep, felt fear and sickening sensation in the pit of my stomach every free moment I had during the day.

After the flights were cancelled, my anxiety shifted to my parents catching the virus, and the impact it would have on their health. My 'herd mentality' led me to even go and (I say this with my head held in shame) panic buy. I came home with two bottles of soy sauce, two packs of cotton buds, two packs of salted peanuts, two packs of dried pasta, three bottles of passata, four cartons of juice and anything else I could get my hands on. All other purchases made that day were reasonably sensible. I have never felt such fear in my life. Every day before going to sleep I would check the death toll. Something I would advise strongly against to any of my clients, but I could not stop myself. Sleepless nights and constant rumination, followed.

Once my own anxieties passed a little, I began reflecting on the meanings my clients held of living in this pandemic, whilst also living with psychosis, personality disorders, paranoia, OCD and other mental health difficulties. Though in my opinion, many of whom I work with deal with uncertainty with much resilience, this pandemic could either be non-relevant or possibly just the tip of the iceberg. Most of my clients on the hospital wards who experience psychotic episodes, have no awareness of the current reality and therefore very little of the pandemic and how it is impacting them right now. It seemed bizarre to me how some of my clients can have such little care about the pandemic, whilst I have sat with such anxiety.

However those who I work with in my private work, are feeling the pressures of being concerned about their own health and the health of their families. Along with this, they are feeling bored, frustrated and lonely in their homes. Disputes with family, difficulties in relationships, withdrawal and social isolation is impacting on these clients' everyday lives. Their initial concerns (what they came to therapy for) no longer exist almost.

On the other end of the spectrum, some of my clients are left paralysed as a result of their anxiety. A hospital patient who was able to walk, talk and live a fairly normal (whatever normal is) life, is now bed bound, incontinent, mute and not eating. Almost in a catatonic state, the patient now resides in a bed of an acute mental health hospital. All because of this pandemic?

As well as my client work, my role within the hospital, involves *reflective practise* sessions for nursing staff. I run two sessions of reflective practise a week. I have become overwhelmed after every session of reflective practise since the word COVID-19 became the norm. I try to hold a positive and supportive presence for the nursing staff on the wards, however currently I am finding myself doubt and second guess my every move in reflective practise. I have become aware of a new phenomenon concerning the impact of COVID-19 on the lives of the hospital staff, blaming superiors. Naturally anxiety can at times lead to agitation, frustration and anger, however staff in the hospital seem preoccupied with the inconsistency, lack of and misdirection of PPE and wellbeing support. Managing the role of being understanding and empathetic to their very real concerns, I also hold the responsibility to supporting the staff in managing their frustrations towards authority.

In amongst all of this I feel a sense of fear but also feel the need to step up and take responsibility. This is why I came into this career. To help, support and treat people with mental anguish, distress and ill health. The purpose of my academic progress and development was for this purpose. This may possibly be the most important time in my career where I can help and work alongside my colleagues to support a nation who will inevitable be impacted and subject to mental ill health, on a large scale due to the Coronavirus.

With all of the above, how can I possibly focus on writing up my thesis?

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The impact of COVID-19 on my doctoral journey

Laura Rhoden BSc, MSc, Psychology Demonstrator
Doctoral Student, University of Wolverhampton

About me

I am a second year PhD research student at the University of Wolverhampton and my thesis surrounds the implications of different methodologies used to assess perceptions of child sexual offenders. I am employed part-time both at the university as a Psychology Demonstrator and elsewhere in the hospitality industry as a barmaid, I am also a parent. I am currently trying to find my way through a sea of uncertainty, anxiety and confusion, the "congratulations, Doctor" light at the end of the tunnel feeling dimmer and more elusive than ever.

The emergence of COVID-19

COVID-19 has brought uncharted territory. I have never known schools and businesses forced to close, people being implored to stay in their homes, to not see family or friends to control and slow the spread of an invisible assailant. Therefore, when the news reports about COVID-19 began to emerge, I believed the situation would unfold in the way previous epidemics have, e.g. SAARS, Ebola, Swine Flu. I imagined there would be guidelines on how to avoid contracting the virus, and if the worst should happen, that our healthcare professionals would have the knowledge and tools to help. But, maybe naively, I believed we would continue our daily lives unchanged. I believed I would still go to university, to work, I believed my son would continue attending school and that within a couple of weeks all of this would be a distant memory. I think this ignorance, the fact I did not want to accept that the world as I knew it would change so drastically so quickly, has contributed to the struggles I am facing during the COVID-19 lockdown period. I did not give myself chance to put strategies into place, to formulate a routine.

The paradox of COVID-19

From the outside, 'on paper', it seems as though the situation should work in my favour. I am lucky in the respect that my data collection is web-based. This means that, unlike some of my peers, I have not had to pause data collection or alter my methodology. I no longer have to go to work (physically), I can work from home as a Psychology Demonstrator (with lectures and student support transferred online), I cannot leave my home except for essential shopping or exercise, there are no school runs, no traffic to navigate, no parking spaces to find, therefore, what else do I have to do but work on my thesis?

I have an abundance of work which requires nothing more than my time, and I have what would seem like the perfect environment to complete these tasks. However, the COVID-19 pandemic has brought more personal challenges regarding my doctoral journey.

Challenges of lockdown during COVID-19

Social Isolation, social comparison

At the vey beginning of my PhD, I was advised by those who have completed their doctorates that a PhD by research can feel quite lonely; although you have your supervisors there to advise and support you, it is ultimately down to you to become the expert in your field. I found this to be a struggle from the offset. I like to work with others, to talk about ideas; to have that company whilst working was always a huge benefit to me. Being in isolation makes my doctoral journey feel lonelier than ever.

It is difficult not to compare how you are functioning with how others appear to be. In academia it is no different. As a PhD researcher we

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were warned not to compare your progress with that of another researcher due to the individuality of the project, but in these times, it seems as though these comparisons enter into the mind without invitation which only compounds feelings of inadequacy.

Work/life balance

A significant struggle during this period has been the inability to separate work from home. Ironically, I am physically home more, but I feel like I see my family less. Being a parent and a researcher, and a part-time worker has always taken a juggling act to balance. However, now, I am trying to ensure my son is emotionally supported, ensure he is fed, clean, entertained and stimulated. I find myself unable to relax and enjoy this extra time with him, I do not feel as though I can dedicate an afternoon to games, cooking or watching films as I feel guilty that I have so much of my thesis to work on with an upcoming review looming. It is a viscous circle. I am worrying as I have work to complete, but I cannot seem to motivate myself to work, therefore I am worrying when I am not working instead of allowing myself to relax or enjoy activities with my family.

The lack of a workspace has also been a struggle. Having no office space has meant that all my work (both for my PhD and my demonstrator position) has been undertaken in my family living room. The physical inability to remove myself from my place of work has meant that all my personal spaces have become merged with my work spaces; there seems to be no switching off, no escaping, which does not allow for sufficient time away to return to work refreshed and ready to tackle awaiting tasks.

Unfortunately, the lockdown has meant that my other part-time role has been suspended until the lockdown is lifted. This has placed an added pressure in a financial regard. Having the responsibility to make ends meet to keep a roof over your head, and keep you family fed with a reduced household income in these uncertain times is a huge source of stress; the government aid not yet applying to those on 0-hour contracts.

COVID-19 and the novice researcher

Imposter! Am I capable?

The difficulties I have outlined regarding an inability to complete tasks, a loss of passion and motivation have led me to question my ability as a researcher. Pre-COVID-19 I would use the university space, I could work on my PhD, dressed in my 'PhD student attire' and assume that role. In that environment I was a doctoral student, I was confident (for the most part) that I was capable, and I was able to complete tasks that I had set out. As aforementioned, the inability to leave home, to don my mask, has brought feelings of self-doubt.

Imposter Syndrome is a phenomenon which received a lot of attention within academic literature (e.g. Clance & Imes, 1978; Langford & Clance, 1993; Sakulku, 2011). Characterised by an inability to attribute one's successes and achievements to themselves, those who suffer from imposter syndrome often doubt their abilities and fear they will be exposed as a fraud, or 'imposter' and believe that others overestimate their competence (Sakulku, 2011). Despite reassurances from colleagues, the feelings of doubt are increasing exponentially the deeper into the pandemic we go. As I am now an apprentice researcher, I feel as though I should be able to manage my workload, that the skills and strategies I have developed and refined throughout my academic career should allow me to continue to work in an efficient and professional manner. The fact that this does not seem to be happening has left me with the question as to how I will function and thrive post-doctorate if I am struggling with the lack of a working environment and isolation; research is a lonely place after all. It is unclear to me whether these feelings are symptomatic of imposter syndrome, or whether my dream career is maybe not the dream I envisioned.

Guilt

I feel guilty; I feel guilty that I am jealous of those who are still able to go to work, despite knowing they are risking their health and that of their families, I feel guilty that I am struggling when

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others are mourning, I feel guilty that I have managed to be lucky enough to have reached this point in my academic career and just a couple of weeks of lockdown has resulted in me being unable to find my motivation and drive, I feel guilty that my thesis is not getting the attention it deserves and needs.

Is everything all bad?

Thus far, this reflection has focussed solely on the negatives aspects of being a researcher during COVID-19, however, there have been some notable positives. The use of technology has enabled video conversations with students and colleagues, slightly alleviating feelings of loneliness, departmental chat groups have allowed for some light-hearted chatter and to direct questions and worries easily. It is a time of great struggle, but knowing we are all in the same storm, if not the same boat, is of some comfort.

Concluding remarks

COVID-19 has brought many challenges to the research community. I was naïve in thinking that I could continue to work on my thesis during the nationwide lockdown with the same level of commitment and motivation. I was always a high achieving student throughout my undergraduate and master's courses. What I did not anticipate was how the pressures of lockdown life would impact my functioning. The worries and struggles I have outlined have compounded to make the current situation one of the most difficult periods of my academic career.

When the pandemic is over, and it is nothing but a memory I hope that I can draw on these experiences, that the struggles of COVID-19 will have served to highlight the importance of certain aspects of life once took for granted.

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The impact of COVID-19 on my doctoral research: some reflections

Tracey J W Price (BEd; MEd; MA), Anglia Ruskin University
Faculty of Health, Education, Medicine and Social Care
Professional Doctorate in Education (EdD)

Abstract

My doctoral research focuses on student voice and the role of school governing bodies to find ways to listen, understand, and respond to the voices of students. This research takes a case study approach underpinned by participatory action research (PAR), involving a group of Sixth Form (16-18-year-olds) students as co-researchers. The research is based in one secondary school in England, where I am Chair of Governors, focusing on students and their realities in that location.

Some literature argues that conducting PAR, especially for doctoral research, is risky, time-consuming, and complicated. Also, Lenette *et al*. (2019) state that it is important to identify these challenges and are concerned that there is a reluctance from participatory researchers to highlight the difficulties experienced. They encourage more honesty to provide space for critical debate that will enrich the understanding of participatory research.

Therefore, this reflective piece attempts to give a candid account of the difficulties of PAR, including the challenge and potential implications of the COVID-19 pandemic on my doctoral research. Yet, I also argue that although PAR can present issues, especially for doctoral students, it could be an effective methodology to use in changing circumstances, because it is responsive and adaptable.

Introduction

Spring term 2020 will be forever etched in my memory as the hardest term I have encountered so far in the secondary school where I am the Chair of Governors and a doctoral researcher. Four significant events happened: three governor resignations; a challenging Ofsted inspection; the unexpected death of the Assistant Head of Sixth Form; and the COVID-19 pandemic, which meant the school closed to the majority of students from 23 March 2020. Some literature highlights the difficulties of embarking on PAR for doctoral research (Zuber-Skerritt and Perry, 2002; Burgess, 2006; Klocker, 2012; Southby, 2017). Still, the problems I have faced this term, culminating with the COVID-19 pandemic, are unprecedented. Nevertheless, doctoral research can provide increased opportunity for critical reflection, insight and learning (Brady, 2017; Brady *et al*., 2018), which I aim to achieve with this paper and throughout my doctoral research.

Research context and focus

I have been a secondary school governor for over nine years. When our school became part of a multi-academy trust (MAT) in 2017, I was elected as vice-chair of the local governing body (LGB) and became chair in September 2019. Becoming part of a MAT has caused significant changes to our LGB. We were the founding school, so a number of our governors became members or trustees of the MAT. Therefore, our LGB depleted, and there were meeting and committee changes, including the loss of our student committee. The student committee was an opportunity for governors to connect with the student body

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through the student leadership team and hear directly from them and other students in the school.

The UNCRC (1989) emphasises children's rights, including their right to express their opinions about issues relating to their lives (Article 12) and ensuring their best interests are considered (Article 3). NASUWT (2016) argue that student voice practice should be inclusive, providing opportunities for all students to participate. Furthermore, the *Governance Handbook* (DfE, 2019), states that one key role of school governing bodies is that they find ways to listen, understand, and respond to the voices of students.

As a governor, I realise the importance of continuously developing effective student voice practices. Also, from my own experience, there is a need for training and support for governors in how best to seek students' views. However, I am concerned that student voice practice can be tokenistic and overlook some students, for example, "the silent-or silenced-students" (Ruddock and Fielding, 2006, p.228) and the "excluded middle" (Wisby, 2011, p.42). Therefore, my doctoral research aims to address these concerns by exploring the link between the school governing body and the student voice; recognising students' agency by promoting their right to be heard.

Research methodology

My research takes a case study approach underpinned by PAR, involving a group of students as co-researchers and other students as participants. PAR is an inclusive methodological approach using a series of cycles involving planning, acting, observing, and reflecting (Kemmis, 1988) and "combines theory, action and participation" (Fals-Borda, 1987, p. 329). It enables the researcher to discover the voice, perspectives, and experiences of participants through close interaction and involvement with them (Burgess *et al*., 2006). It values the knowledge and experience co-researchers have from their everyday participation in their setting and recognises them as not just having a voice but as "change agents" (Rodriquez and Brown, 2009, p.19).

PAR supports my epistemological position that the researcher and participants can work together to create knowledge and fits with a participatory paradigm (Reason and Bradbury, 2001). The participatory paradigm advocates shared ownership of research, and the community analysing social issues and community action (Howell, 2013). It is collaborative, with the co-production of knowledge through joint understanding from lived experience (Costley, Elliot, and Gibbs, 2010), and endorses co-researchers and co-created findings (Guba and Lincoln, 2005).

The case study is bounded in the natural setting of one secondary school in England, where I am Chair of Governors, investigating what it is like for students in this context by focusing on students' participation and voice.

Research progress so far

In October 2019, I recruited eight Sixth Form students as co-researchers; two Year 13 (17-18-year-olds) students and six Year 12 (16-17-year-olds) students. The recruitment process was a lengthier activity than I anticipated, and it was even harder organising the research team to meet all together. In fact, we have not met as a whole research team because the Year 12 and Year 13 timetables were different, and messages did not always get through to meet in their tutor group time. Nevertheless, despite these 'teething problems', we chose our research team name ("Your Voice") and planned cycle one of the research inquiry.

PAR is developed in different cycles, and cycle one begins with an initial understanding of students' view of 'voice' with the question "What does student voice mean to you?". We decided to put a research box in the school library for students to respond anonymously to our research questions. However, we had to wait for the approval of an ethics amendment before gathering student responses to our first research question. PAR

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projects can be a challenge when gaining ethics approval and may have to go back to the ethics committee several times to accommodate the different cycles of the research (Northway, Howard, and Evans, 2015). The authorisation to proceed was received in the middle of our school Ofsted inspection, which was followed by the unexpected death of our Assistant Head of Sixth Form. The next few weeks were tough in school as staff and students were upset and in shock. It was inappropriate to continue the research, so I put it on hold for a few weeks.

Once ready to start again, we decorated the research box, made research information posters, and put up two displays to advertise the research with space for the research findings. Two of the research team planned to go in each year group assembly to explain our research. Also, research information for parents was ready to go in the school newsletter. It was then that COVID-19 became more of an immediate issue, especially once the World Health Organisation (WHO) declared it a pandemic on 11 March 2020. The research team could not promote the research project in the assemblies because understandably these were dominated by talks about COVID-19. All assemblies were then suspended to avoid large groups of children and young people in close proximately. The biweekly school newsletter, including the research information to parents, was not circulated. Instead, there were daily updates to parents about COVID-19 and advice on self-isolating from Public Health England and the Department for Education followed by the school closure to the majority of students from 23 March 2020.

The potential impact of COVID-19 on my research

It is hard, at this time, to measure the impact of this on my research, but I predict it will be significant. The two Year 13 student co-researchers left school without me being able to say goodbye or thank them personally for their contribution to the research team. The other six Year 12 student co-researchers I will see again, though I am not sure when. A summer term of potentially no face-to-face teaching due to the nationwide lockdown could mean that these Year 12 student co-researchers will have studies to catch up on. Also, they will be preparing for public examinations, so there may be less time available to be involved in the research study when school fully opens again. Nevertheless, from the outset, I thought I might have to recruit new members to the research team because there can be a lack of continuity of participants and change throughout the research process in levels of participant engagement with PAR (Grant, Nelson and Mitchell, 2008). For example, O' Brien (2016), used PAR to investigate bullying in an independent day and boarding school and worked with a small group of students as co-researchers. She found that participation was fluid, and some young people withdrew from the research team after cycle one, so more students were recruited for cycle two. Furthermore, Brady (2017), in her doctoral research on young people's participation in health services, found that two young advisors opted in and out over a period of time depending on their availability and circumstances.

The other potential impact is student research responses and the direction of the study. The COVID-19 pandemic has created instability, anxiety, and fear. Things that we took for granted are on hold for an indefinite time, such as going to school, work, and seeing family and friends face-to-face. The research study aims to give students a voice, and the outcome of what they want to voice may be different because of the COVID-19 pandemic. "' [T]oilet and chips' issues" (Whitty and Wisby, 2007, p.312) may seem irrelevant and insignificant. Some students will have lost loved ones to the virus or been ill themselves. Students may feel stressed and be concerned about their studies and examinations, friendships, and the future due to a significant period of time out of school and away physically from friends. Childline (NSPCC, 2020) cite children and young people's main concerns between 21 January 2020 to 8 April 2020. They include *mental health*, including feelings of depression, anxiety, and suicidal thoughts; *family relationships*, including arguments, financial pressure and worries about family members contracting the virus; and *doing schoolwork at home*, including finding it hard to

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concentrate, a lack of motivation and worrying about future prospects.

PAR as an effective methodology for unforeseen circumstances

Despite the challenges of conducting PAR research, it could be argued that PAR is an effective methodology to adjust to these unprecedented times. Participatory research should be responsive and adaptable and does not need to follow a predetermined route (Groundwater-Smith, Dockett and Bottrell, 2015). Klocker (2012) highlights the flexibility of PAR and how the research focus can change from the initial research proposal and ethics application, especially with doctoral research. Due to academic regulations, doctoral candidates have to submit documents, including the research focus and questions, for approval before participants are recruited. Yet, uncertainty and fluidity can be built into the research proposal (Klocker, 2012).

Participatory research is done *with* participants and not *on* them as objects and enables participants to have a say in decisions, and the course the research takes (Reason and Bradbury, 2008). Therefore, my research proposal and ethics application reflected the nature of PAR as an emerging process dependent on the student co-researchers and the direction we as a research team want to take the investigation. Fortunately, no data has been collected, so as a research team, we are in a strong position to change the research focus and direction if we decide this is necessary. Hence, there is an opportunity, due to my chosen methodology, to adapt and reflect the changing and challenging times we are living in.

Conclusion

Lenette *et al*. (2019, p.175) invite researchers "to engage in reflections on the difficult and risky aspects of participatory research", and I have attempted to reflect on some of the issues I have faced so far. Conducting PAR gives me the researcher, as part of the research group, access to knowledge that I may not have got through traditional research (Kidd and Krael, 2005). PAR is an adaptable, responsive methodology and arguably an effective methodology for these challenging times. It has the potential to give the student co-researchers and wider school student body the opportunity to have their voice heard, but what that voice will look like is uncertain. Moreover, whether these voices will be different because of the COVID-19 pandemic is as yet unknown.

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"'Lockdown can be especially difficult' for those with learning disabilities"

Fiona Clements - Trainee Counselling Psychologist,
Dr Darren Chadwick- Reader in Applied Psychology,
Dr Lisa Orchard- Senior Lecturer in Cyberpsychology
Department of Psychology, Faculty of Education, Health and Wellbeing
University of Wolverhampton

Abstract

This paper offers critical reflections on the impact of the pandemic COVID-19 on Doctoral studies and research from the perspective of a Trainee Counselling Psychologist.

Introduction

COVID-19, coronavirus, lockdown, pandemic, virus, deaths, frontline, Italy, Spain, China, NHS, doctors, critical, ventilators, oxygen, masks, panic, vulnerable, isolation and since yesterday the words *'Boris Johnson'* the UK Prime Minister and '*intensive care'* (BBC News, 2020e). These are just a subsample of some of the words in the newspaper and media headlines that we are continually bombarded with on a daily, hours and minute-by-minute basis on our phones, tablets, computer screens as part of our new daily life; where the UK is facing COVID-19 (coronavirus disease) which is termed the '*invisible enemy'* by American President, Donald Trump (The Guardian, 2020). As such, our current worldwide situation has been equated with wartimes and hence led the Queen to deliver a direct address to the public, an event which last took place during World War Two (WW2) (BBC News, 2020b, 2020c).

Provisional Existence

Due to the comparison to WW2, a quote by an existential psychiatrist Viktor Frankl (1946) who wrote about his experiences of life within a concentration camp seems fitting "A man who could not see the end of his "provisional existence" was not able to aim at an ultimate goal in life" (p. 79). Whilst, the horrors Frankl experienced do not compare to my current situation; I would argue that Frankl's notion of a 'provisional existence' sums up my current situation in relation to thinking about how my studies including my research have been impacted by COVID-19. Life feels suspended, like I was on a train journey towards achieving the ultimate goal, my Doctorate and the train has stopped. I have no idea when the train will commence and start heading closer again towards my destination and this makes for difficulty in staying motivated to work in my confined train carriage. With concern to research, it has been agreed with my research supervisors that data collection will be put 'on-hold'; which is necessary due to social-distancing measures currently in place and due to the uncertainty around COVID-19, it is not possible to set a date at present for data collection. Overall, the action plan for research is to take a pragmatic approach in managing my research amid the current situation; this feels appropriate and is thus, consistent with the pragmatic paradigm being adopted for my mixed-methods research (Creswell & Creswell, 2018).

As Frankl (1946) advocates, in order to survive difficult times we must find meaning in life; where for myself my meaning comes not only through the Doctorate, but family and health which has recently come to the forefront, possibly obscured previously by only focusing on the Counselling Psychology Doctorate, which includes my

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research work. However, despite having an action plan in relation to my research, I am aware that I still feel high levels of anxiety and worry, not only regarding the ongoing uncertainty around my Doctorate and research, but also in relation to my loved one's and my own's health. From a cognitive behaviour therapy (CBT) viewpoint, my anxiety could be seen as an intolerance to uncertainty (Buhr & Dugas, 2002). As a result, I am finding myself responding by constantly looking up information online about the virus trying to gain some certainty in the sea of uncertainty. This could be explained in relation to my coping strategy for processing health information. Where I am engaging with a monitoring coping style which entails scanning external threat cues; as opposed to a blunting coping style, which is associated with the avoidance of threat cues (Aguirre, 2017).

However, when I came across the article by the BBC, **"'Lockdown can be especially difficult' for those with learning disabilities,"** I started to reflect on how this situation may have impacted the research population for my thesis, adults with intellectual and developmental disabilities (IDD). Where the article highlights a response from learning disability charity, MENCAP in relation to COVID-19. The charity comments that individuals with IDD who are already isolated and struggling are finding lockdown especially hard; particularly with the little social contact that they already have being restricted even further with the lockdown (BBC News, 2020d). Which in a way leads me to argue that the current situation provides more support for the current research into online risks for adults with IDD; where an understanding of risks can support 'digital exclusion' for this population (Chadwick et al., 2013, 2017).

Online Risks

Whilst the internet has enabled greater communication abilities than ever before and has provided the public access to a wealth of information regarding COVID-19, it has allowed for online scams to take place. Recently, there has been a reported increase in online scams than usual, where COVID-19 is the topic of interest (BBC News, 2020a). Reflecting on my own experience, I am in the privileged position of being able to read critically on the internet and have a good understanding around risks including online scams. Therefore, I am able to differentiate between factual information and information which may be presented to spread fear or 'scaremongering' about the virus. Yet, considering that part of a diagnosis of intellectual disability individuals have an impairment in functioning involving abstracting thinking, reasoning and problem-solving (American Psychiatric Association, 1998, 2013). It has been identified that individuals with intellectual disabilities can be particularly vulnerable to fraud and untrustworthy information which may present online (Salmeron et al., 2016) and other online risks including bullying, offensive pornographic content, stalking, sexual exploitation, marketing scams and hacking have already been investigated empirically within this population (Chadwick et al., 2017). In addition, persons with IDD, when they are subject to online risks, are rarely adequately supported by the criminal justice system (Chester, 2018; Jones, 2007). Therefore, despite little being known about counselling psychologists who work with persons with intellectual disabilities (Jones, 2013); it is important that we identify areas of support in relation to online risks. For example a recent study found that a training programme helped students with an intellectual disability to read more critically online including to choose trustworthy web pages; in order to address the need for greater literacy skills in this population to benefit from the internet (Delgado et al., 2019).

Impact on Other Areas of Study

With concern to my university studies and clinical placement in mental health, these have moved from face-to-face to online work through applications such as Zoom (Zoom Video Communications, Inc., 2020). Whilst, I am comfortable with this transition, as I know it is essential for the safety of myself and others, and the guidance that regulatory bodies for counselling and psychology have produced for working online has helped greatly (British Association for Counselling & Psychotherapy (BACP), 2020). I remain aware how this situation may negatively impact individuals with IDD. Online therapy for individuals with IDD such as CBT can be

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effective, studies have shown that a training programme for this population may be needed for them to fully access the benefits of online therapy (Cooney et al., 2017). However, these training programmes are obviously hindered by the COVID-19 quarantine.

Even more concerning is the access inequalities; where reflecting on the 'digital divide,' figures have shown that 31% of disabled adults have not accessed the internet (Chadwick & Wesson, 2016) and therefore will not be able to access any psychological support during this time. Moreover, mental health support is particularly important for this population as people with IDD are at a greater risk of mental health difficulties than the general population (Cooper & Bailey, 2001). In other words, individuals with IDD may be severely disadvantaged in their access to mental health support during this time, reflecting a mental health inequality.

In addition, humans are relational beings (Cooper, 2009); therefore, human's relational needs are limited with social distancing. Individuals with IDD may be even more isolated during this time with limited social networks already and no or more limited internet access to receive relational connection. As such, social isolation and loneliness are associated with poorer mental health and physical health consequences, making the IDD population especially vulnerable to this (Leigh-Hunt et al., 2017).

In sum, I think these reflections highlight the sheer magnitude of inequality for individuals with IDD during this time. It also makes me feel lucky that during this scary and anxiety-provoking time for many people, I have applications like Whataspp, Skype, Zoom, Facetime, Instagram, amongst others, to enable me to stay in contact with loved ones, something which is missing from lives of many individuals with IDD.

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Covid-19 and 1 – Reflections of a nurse entrepreneur during the lock-down period

Jessie Allen BSc(Hons) MPH RNLD
Professional Doctorate in Health Student, University of Wolverhampton

I made a choice to be a nurse and entrepreneur knowing and anticipating the challenges that lay ahead. I never, not in my wildest dreams, thought I would ever have to face a crisis such as the current Covid-19. This virus has been deemed a global emergency (WHO, 2020). While disease epidemics have plagued human societies since the earliest days of recorded history there is clearly a lack of parallels to the current crisis (Baker et al., 2020). This disruption in my normal day-to-day life is more than just a slight hiccup, it is unfolding rapidly and each day feels more and more light a fight for survival, both emotionally and physically. The purpose of this paper is two-fold. Firstly, to look at what this has taught me about myself and secondly about the world that I now find myself living in.

My experience of this pandemic can be best described as being multi-faceted. COVID-19 constitutes a catastrophic experience that is at once individual and collective, intimate and yet so public. My life is structured that way too. I am a 46-year-old woman who is a mother, wife, nurse, entrepreneur, athlete and doctoral student. My basketball coach, Pete, a world-renowned NBA legend Hakeem Olajuwon when I was introduced to him at a recent youth camp in the city of Birmingham asked me "How do you manage to do all that? You should write a book ". That was thrilling to hear from my sporting idol and at the time I remember thinking maybe I should. Recently, I was inspired to turn my experiences into a film. I took lessons in screenwriting and revelled in my new found form of expression. The very idea of turning my experiences into a big block-buster film was fitting to these strange times when it has become difficult to distinguish the real form the hyperreal (Baudrillard, 1983). The proliferation of dark images that associate the COVID-19 outbreak with the end of the world as we know it is hard to ignore.

I was going to do more than just soul-searching to get through these strange times. Autoethnography requires that I analyse not only mine but other people's lives in order to connect the personal experiences to bring out the culture and emerging themes (Ellis and Bochner, 2000; Silverman, 2000). It was going to be difficult to turn away from connecting with other people, even if they are convinced that the sky is falling.

I had at last clarified the direction I wanted my research and thesis to take and was considering ethics and getting ethics approval, looking forward to face to face contact with my supervisory team that would guide me as I plot just how I would succeed in getting this thesis and resultant movie blockbuster into existence. I was excited to share the stories of my life as a black nurse entrepreneur living in England and looked forward to others learning from my experiences. Besides, this is how I learnt so much about so many things that I was battling to understand and make sense of. At the top of the list is Victor Frankl's reflections of life in a concentration camp (Frankl and Kushner, 2006). When I read his book entitled Man's search for meaning" I knew I had to share it with others. So, I bought a few more copies and gave to friends and family.

Prior to the outbreak I felt that I was finally taking control of both my professional and personal life. Family life and my satisfaction as a wife and mother was at an all-time high. My academic life was on lift-off too. I had just finished my literature review assignment and landed myself a research assistant job with the University and could not be happier getting stuck in with arranging my very first conference, arranging venues and making sure our guest speaker would be taken care off. Life was full of great promises.

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Being a parent during the lock-down has been challenging and draining too, juggling responsibilities of being the teacher, dinner lady and playground supervisor. I was not alone in this. Parents across the world have been reduced to hoarding toilet paper, leaving empty supermarket shelves in an attempt to make sure the family has sufficient durable goods to last lockdown (Pagel *et al*., 2020).

But, I am torn between being thankful that at least my youngest son is safe at home albeit on his PlayStation and worrying about my first-born son in America. After his college closed and orders given for all campus dwellers to vacate, most international students headed to the airports, but my son refused to do the same. I could sense the looming travel restrictions. Fear of the importation of the virus from abroad led to quarantine measures and advice from the government to stay at home (Public Health England, 2020).

"I don't want to come home", he said when I had yelled hysterically down the phone for him to get himself here before the airports all shut down. He chose not to and followed up on our conversation with a text saying, "I don't want to come home mum💔". The broken-hearted emoji punctuated was just precisely how I felt. He wants to pursue his dreams of making it as an athlete and I suppose it's my fault for drilling it into him and his brother that "boys you should always follow your dreams". All I can do is accept his decision and pray he follows the quarantine laws of that land.

As an entrepreneur, the impact on my company is not my greatest concern. At the top of my list is the deep desire to get to the other side with all my employees and clients safe and well. If I can get that done, then I would have succeeded. Because of the nature of the sectors that my businesses operate in it makes it necessary for me to keep going and carry on as usual and except nothing is usual about Covid-19.

Three weeks into lock-down and almost half of my employees are not working. Some have young families and for their health decided to self-isolate as advised by the authorities (HM Government, 2020). Others with pre-existing conditions have done the same, or in the case of one full timer, been admitted into hospital for an operation.

Prior to the Covid-19 outbreak I had resolved that I was going to be exit the health and social care market due to the lack of funding and low profitability and I had even set a date for my freedom from the responsibilities that come with owning and running a care business. "Golden Monday", was what I wrote in my diary. This date was to be my Independence Day. So I thought. Once the pandemic hit and lock-down happened, all that changed. I have found myself on the frontline, literally leading my team of home care workers from one client to another. The older people we support and care for are always happy to see a familiar face, even if half the face is covered with a mask. This is living my purpose and three weeks into the lock down and I am now only just getting used to the feel of the mask on my face but revelling in the thought that I am making a difference.

Since the pandemic I have found what Victor Frankl was referring to in his book. I also now believe that when you are driven by purpose the universe conspires to make sure you get what you want. This is my favourite quote from The Alchemist, a book by Paulo Coelho that I am re-reading for the third time. Reading this story of a shepherd in search of his treasure at this time of Covd-19, has a different meaning for me and has led me to wonder if and when life gets back to normal, will I still be in the frontline of health and social care? This remains to be seen.

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COVID-19: A commentary on implications for Academy Football players athletic identity and wellbeing

James Maurice, Professor Tracey Devonport
Bsc Psychology, Msc Sport and Exercise Psychology, Qualification in Sport and Exercise Psychology (QSEP), Unniversity of Wolverhampton

On March 23rd, 2020, the UK government instituted a full-scale lockdown in response to the worldwide COVID-19 pandemic. People would only be permitted to leave their homes for the following purposes:

1. Shopping for basic necessities, as infrequently as possible;
2. One form of exercise a day – for example a run, walk, or cycle – alone or with members of your household;
3. Any medical need, to provide care or to help a vulnerable person;
4. Travelling to and from work, but only where absolutely necessary and where work cannot be completed from home.

In the days prior to the start of the lockdown, I left a role at one professional football academy based in the North of England and relocated to start a PhD undertaken in conjunction with another professional football academy based in the Midlands. Through doing so, I have had a unique insight into the response of two English football academies to this unprecedented situation. The present article offers a brief commentary on the potential implications of the COVID-19 lockdown for academy players athletic identity and wellbeing. Observations will be presented along with reference to relevant literature in order to draw lessons from the COVID-19 lockdown in the UK for athletic identity, and prepare for future eventualities which share the characteristics of: i) people staying at home; ii) social distancing; and iii) the closure of places of work; in this instance football academies.

In the UK, all domestic football leagues and cups have been postponed until further notice, which also includes the cessation of training across all clubs. Through daily media reports, the impact COVID-19 on those involved in the industry at first team level (Premier League, 2020), is well known, but there has also been a profound impact on football academies across the country. There have been varied responses of football clubs in the face of this crisis. For example, as of the 20th of April, many clubs (e.g., Newcastle United, Norwich City, Derby County) have placed staff on 'furlough ' following announcement of the government coronavirus job retention scheme, whilst others continue to pay employees their full salary (e.g., Manchester United, Arsenal, West Ham United). Irrespective of response, the COVID-19 pandemic has left players having to adapt to prolonged periods of self-isolation. Many players within academies across the country, especially within the Youth Development Phase (U12 to U16) and Professional Development Phase (U18 to U23), will have been a part of an academy for many of their formative years. During this time, an 'athletic identity' may have developed, defined as 'the degree to which an individual identifies with the athlete role' (Brewer, Van Raalte, & Linder, 1993, p. 237). Through their participation within sport, a player is making a social statement about who they are and how they want others to think of them.

[1] For further information on furlough arrangements please see https://www.gov.uk/guidance/claim-for-wage-costs-through-the-coronavirus-job-retention-scheme

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Specifically, Brewer et al. (1993, p. 238) propose that this is a cognitive structure that 'guides and organizes processing of self-related information' as well as a social role. This therefore implies that 'athletic identity' is largely derived from the feedback from others (e.g., parents, coaches, teammates) which for many players, given the current lockdown, has been missing. This pandemic is a situation like no other, but comparisons could be made to that of a nonnormative transition in sport such as a forced retirement due to injury. A transition results in a change in assumptions about oneself and are generally unpredicted and involuntary events, such as COVID-19, where players must adjust to life without sport for a prolonged period (Schlossberg, 1981).

The cessation of training has meant that players 'athletic identity' may be challenged, which therefore may have implications on players wellbeing. For example, research by Kim and Moen (2001) highlighted that a dramatic change in lifestyle can be accompanied by a shift in subjective well-being. This new lifestyle will be void of their usual routine, whilst players will also be missing their sporting environment and the competition that accompanies this, which can leave players with a feeling of emptiness in their lives (Stephan, 2003). Research has also highlighted that such transitions can lead to a loss of personal control over a player's life, considered a key factor of enhanced well-being (Lang, & Heckhausen, 2001). Therefore, how academies respond to this pandemic is critical when you consider the impact such a transition could have on an individual.

Within academies across the country, in an attempt to broaden an individual's identity beyond an athletic identity, there are many proactive programmes in place for players that focus on both the development of non-sport specific skills, as well as how skills developed within the sporting context can transfer into other areas such as academic study (Bailey, Hillman, Arent, & Petitpas, 2013). Over recent weeks, staff within academies have come up with novel ways of supporting not just the players, but also their own identities as coaches, by organising team meetings through apps such as Zoom and Microsoft Teams. These have ranged from general catch ups, to quizzes, to technical and physical challenges to provide competition that many players currently miss. Through doing this, not only have staff and players developed their skillset and their ability in using this means of communication, but feedback has highlighted other positive outcomes. For example, coaches and players have discussed the increased feelings of connectedness with one another, a critical factor in a positive coach-athlete relationship (Jowett & Poczwardowski, 2007). This finding has also been found in the education setting where the use of technology has led to improvements in the teacher-student relationship (Pollock & Amaechi, 2013). Inter-personal relationships can provide a psychological resource to protect individual's health and wellbeing, particularly in times of adversity (Praharso, Tear, & Cruwys, 2017). As we begin to move out of the enforced lockdown, could we see such technologies become a more common means of communicating within sporting academies, further developing creativity, as well as enhancing the relationships and wellbeing of those involved? In considering the use of such means of communication, due consideration must be given to safeguarding and confidentiality issues, especially when working with those under the age of eighteen.

The lockdown resulting from COVID-19 has highlighted the importance of those involved within football maintaining interests and skillsets outside of a sporting/football domain. It has also emphasised the importance of remaining connected to those around us, so that potential issues related to wellbeing during such situations may be minimised.

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My Encounter with Covid-19 – An Autoethnographic Narrative

John A Titilawo, Professional Doctorate in Health, University of Wolverhampton

Abstract

Covid-19 is currently a major pandemic and concern globally. The epidemic has led to the adoption of quarantine and isolation measures at a historically unprecedented scale worldwide. In this paper, I use autoethnography to present a personal narrative about my experience with Covid-19. I problematize conceptions and fears of the coronavirus and narrate my stories from what is known about the virus to date. I will also reflect on how academics and professionals on campus can more effectively work with students currently experiencing Covid-19

Keywords: Covid-19, autoethnography, narrative, self-isolation, coronavirus, lockdown

Background

Historically plagues, pandemics, epidemics (PPE) and outbreaks through biblical times to date have had devastated effects on communities, societies and countries worldwide. PPE are defined according to the severity of the disease, or whether it may be simply described as often producing many illnesses and deaths, remains ambiguous (Doshi, 2011). PPE have wiped out populations, undermined economies and crumbled the foundations and values of human existence. The Plague of Justinian (541 - 750 AD) is thought to have killed between 30 million and 50 million people, perhaps equal to as much as half of the world's population at the time, Black Death (1347 - 1351) smallpox plague (bubonic) spread throughout Europe, killing approximately 25 million people, the Spanish Flu, also known as the 1918 influenza pandemic an outbreak of a H1N1 virus infected around 500 million people in the early 21st century. The pandemic was responsible for killing over 50 million people globally (www.history.com). The first identified influenza virus was isolated from a pig in 1931 (Shope, 1931), while the human 1918 virus from a frozen corpse was itself sequenced between 1995 and 2005 from pathology specimens (Taubenberger, 2007).

Before this current PPE (Covid-19), perhaps the worst, are the Bubonic Plague and the AIDs outbreak in the 1980's. According to World Health Organisation (WHO), in 2018 the global number of people living with HIV was 37.9 million, compared to 24.9 million in 2000.

Covid-19 is a pneumonia of unknown cause detected in Wuhan, China which was first reported to the WHO Country Office in China on 31 December 2019 and declared a Public Health Emergency of International concern on 30 January 2020. As of today, 5th May 2020 coronavirus cases reported: 3,658,266, Deaths: 252,264,504 Recovered: 1.202,905 (WHO). These figures are staggering and climbing by the day as there are no treatment nor vaccinations available for the virus to date. According to Morens and Taubenberger (2018), signs and symptoms (fever, muscle aches, respiratory complaints) have remained unchanged over centuries. Deaths from influenza-associated pneumonias, with high mortality young and old persons and pregnant women, have repeatedly been documented. In the UK, the over 70's and people with underlining conditions are the most vulnerable, although a five-year old boy is the reported youngest to die from the virus to date. To stop the virus spreading the UK government

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measures include social distancing and lockdown (closed schools, pubs, restaurants, cafes, gyms and other businesses) which commenced on 23 March 2020. The governments slogan is *Stay Home Protect the NHS Save Lives.*

My autoethnographic narrative

My goal in writing my story as an autoethnographic narrative is to add my own nuanced perspective on Covid-19 by taking a road that leads to one of possible multiple destinations in Health and Wellbeing research (Eisner, 2008, p. 22). This narrative expands a circle of communication and "advances human understanding" (Eisner, 1997, p. 5). As Ellis (2007) stated "Doing autoethnography involves a back-and-forth movement between experiencing and examining self and revealing the broader context of the experience." Epistemologically narratives are both a way of telling about our lives and a means of knowing (Richardson 2000) The reader is invited to me in co-construction an understanding of the experience Covid-19 no matter how little. Each reader brings his or her own perspective to this understanding.

January 2020 – *The beginning of a new term*

I returned to the UK from Florida mid-January after attending the 'Doing Autoethnography' International Association of Autoethnography and Narrative Inquiry 2020 annual conference between 2nd and 5th January where I presented a paper that is under consideration for publication. At the same time, students and staff were returning to campuses from all over the world after the Christmas break to resume teaching and learning. As a Campus Support Officer in a top London university, my role involves providing welfare and guidance to students living on and off campus and to signpost them for further support according to the needs. My team operates 7 days a weekday and nights.

Before the Christmas break, I was signed off work for two weeks after suffering from what my GP termed 'Lower resp tract infection'. I was placed on antibiotics and recovered in time for my trip to the US. However, on my return to work in January, I experienced a flu-like illness and started coughing. This happened as the news of the coronavirus outbreak in China was developing. *I asked myself was this a sign or/and symptom of coronavirus?* Although I recovered from the scare, I continued to monitor the situation.

March 2020 – *The arrival of coronavirus*

As the infection continued to spread globally with high reported numbers in Italy and Spain, and minor cases in the UK, the Government announced that the nation is prepared to cope with Covid-19. On 11 March 2020, the World Health Organization declared the outbreak a pandemic. As the virus is unknown, the general advice from medical and health care professionals was to wash hands with soap for at least 20 seconds signing 'happy birthday to you…' twice and avoid touching mouth nose and eyes as the this 'deadly pneumonic disease' is for real. On campus the same messages were relayed to students and staff via posters, social media, websites and word of mouth.

On arriving at work on 13 March, my team leader asked.
"Hey, John have you heard?" "I replied heard what? No"
With a smile on her face "Go get settled…I will debrief you at the handover meeting" she said.

It was the unwelcome arrival of coronavirus on campus the team leader told us at the handover meeting. Apparently, a guest arriving from abroad visiting a student tested positive to Covid-19 and have been both isolated along with other students residing in the same block of flats. We were then instructed to contact them regularly via telephone and cover the course of the weekend, we will need to provide them with breakfast and dinner by placing them at the front of the resident respective door entrances. We were reassured that there are no risks of contacting the various and that Public Health England are monitoring situation. I must confess, I was not comfortable with the arrangement as we had limited information and no time to prepare physically and mental for the task. Moreover, we were not provided with any protective gear. On that same evening, my colleague and I did our first round as we owe the

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students a duty of care. As we were unprotected, I was concerned that I may have encountered Covid-19. What ensued next was texts messages between my manager and myself, expressing my concerns. Excerpts below:

Dear Boss,

The saga that went on overnight was not pretty. I am aware and appreciate that our residents (including staff) a duty of care. However, personally I was not happy attending affected residence despite the low level of risk to the virus. I have underlining health conditions such as diabetes and high blood pressure and should not be exposing myself to any risk at all for the sake of my family and others. During the hand over yesterday evening, we were advised that we do not need to make contact with those isolated. We were then lumbered in when the reception staff refused to deliver to doors. I think this is unfair considering the fact that we only knew about the situation when we arrived at worked. With little information about the situation at residence, I can't say much, but I think the set-up needs to be reviewed and not put staff and other students at risk. Those isolated can order their own on food online and reception staff deliver to respective doors.
COVID-19 is spreading fast in the UK despite the containment. Who knows where it's going to strike next? I am concerned. Thanks for your understanding.

Regards

John

Dear John,

Thank you for getting in touch about this. The actions that you and colleagues carried out last night were in the best interests of duty of care to students and were very much out of necessity. For that I am truly appreciative. Of course, my duty of care within the remit of my job is to strike a balance between duty of care to students and that of duty of care to staff.
Given this continual and dynamic overview, PHE has determined that there is currently no further risk to staff or students in the building, given the containment of the one affected party. There is currently no confirmation that these are diagnoses of Covid-19. Unfortunately, we're being forced into this situation in order to be confident of the health of the students in isolation In my view, this is paramount. Again, I want to reiterate that I would not ask you and or any colleague, to enter a zone that would pose a health risk against any express advice/risk assessment by Public Health England. They've all asked me to pass on my thanks to you, and the wider team for the actions carried out thus far. Please also accept my assurances that if this situation changes to the point where we are not able to manage it as a service, it will be fed back to Public Health England to manage this dynamic change. We have reiterated that we are at the maximum capacity of what we are able to provide.

Regards

Boss

In the meantime, I welcomed my boss response with an open mind while respecting his 'duty of care' responsibility to staff and students. I then further requested for up to date information on the situation daily in order to keep us informed while off-duty which he promised via the university website. Meanwhile, as tension, fear and uncertainty continue to grow in public, the UK

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government continue to advice those with symptoms to self-isolate for 7 days with family members up to 14 days. On Monday16th March, at approximately 10.00 am, we received a call from my daughter's school to pick her up immediately as she has developed a fever with high temperature (a symptom of coronavirus). Over the preceding weekend, my daughter had attended rehearsals and performance for a street-dance competition. Was she infected at the show? Following the government's guideline, all members of the household will need to self-isolate at home. That we did while continuing to monitor the situation. While self-isolating, I continued to work remotely from home via telephone, skype, Microsoft team and lately zoom. Thinking I have contacted Covid-19 made me feel stressed, anxious and scared sometimes about my own health and the health of my household. Each time I cough comes with anxiety about the virus as it is difficult to switch off thoughts and feelings. But as the days go by with the lockdown and social distancing, working from home remotely and writing papers, I now feel a bit relaxed that I am free of Covid-19. However, until a reliable test is carried out, I may still have the symptoms of the virus.

April 2020 – *And the beat goes on*

Since the earliest known case of coronavirus caught within the UK was documented on 28 February 2020 and gradual rise of infections became a norm, causing 1,500 cases by March 16. The UK Government declared a countrywide lockdown on 23rd March which has kept most of the population confined to their homes to date, with people only able to leave for exercise or to collect necessities. As of the time of writing this paper, reported confirmed cases stands at 190,584 with 28,734 death. As number of national and international students remained on campus caught up in the lockdown restriction, part of my role is to continue to contact and support them as I to work remotely from home. I also seized this opportunity to work on my thesis module towards Professional Doctorate in Health and Wellbeing. I have also submitted peer-reviewed papers for publications.

Final comments

There is no doubt that the strain of Covid-19 is felt politically, economically, socially around the world. Lockdown measures introduced by various governments are met with scepticism and uncertainties, economies are shrinking with jobs losses, and the social distancing measures are not just pulling friends and families apart, but causing a lot of mental health issues, anti-social behaviours and criminal activities such as child abuse and domestic violence. The only winner at the moments is technology (internet, smart phones, laptops, skype, zoom, Microsoft Teams etc.). Nevertheless, all is not doom and gloom. There are some achievements made from previous outbreaks. For example, serologic testing in 1901 came into use in the 1910s and has become a basic tool to diagnose and control many infectious diseases. Alzheimer's Disease discovered in 1907 the brain's cortex was significantly smaller and upon microscopic evaluation and was found to have widespread, abnormal fat deposits in blood vessels. The successful treatment of diabetes with insulin led to the 1923 Nobel Prize in Physiology or Medicine being awarded to John J.R. Macleod and Fredrick Banting. In 2005, an international regulation was introduced by WHO to fight viruses. More recently, the 2009 flu pandemic vaccines were influenza vaccines developed to protect against the pandemic H1N1/09 virus. In the UK, in addition to Covid-19 testing kit made available to frontline NHS workers, universities and scientist are racing to develop a vaccine clinical trial with volunteers before the of April 2020. Is there is light at the end of a tunnel? Only time will tell. But the devastation Covid-19 has caused will go down as one of the worst pandemics in post-modern times.

This autoethnographic style of writing has empowered me to recount my lived professional and personal experience over the past few months as I navigated around Covid-19 and its impact on the society. My intention is to unsettle, criticise and challenge taken-for-granted meanings and socially scripted performances by global leaders.

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Secondly, I present political, workable, collective and committed viewpoints that should provoke thinking. I hope that this narrative is found useful in any endeavor that tries to make a 'new sense of situations of uncertainty' (Schon, 1983, p.61) as we all reflect on the importance of social distancing, implementation of quarantine measures and most importantly inadequate preparation and transparency by the relevant agencies as the worst is not over yet

"I saw and felt the power of autoethnography as an opening to honest and deep reflection about ourselves, our relationships with others, and how we want to live. I saw and felt the reciprocal relationships between knowing and feeling, self and other, author and respondents." (Ellis, 2013, p.10)

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COVID-19: a reflection on being Chinese, studying and working in the U.K

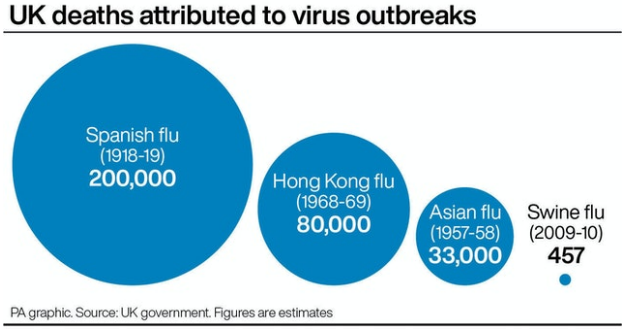
Wenjing Li , Professional Doctorate in Health, University of Wolverhampton

Introduction

Covid-19 has inflicted suffering around the World and being Chinese, studying and working in the U.K. I knew that this plague had the potential to break families and cause significant losses to all walks of life. I am the founder of Mirror Beauty a small business located in Downtown Coventry, so it was a prerequisite to connect with students and console them as most of patients are Chinese students. This paper firstly gives fundamental understandings to Covid-19 and its brief in 2020 and secondly presents the issues observed by me which is pertinent to Chinese students in the U.K. responding to Covid-19. Lastly it introduces the actions that have been practised by myself and my beauty parlour in response to the lockdown and I hope this information will be beneficial to other practitioners in the beauty industry.

History of contagious virus

Plagues are part of the worlds history and the Black Death was one plague introduced to the U.K. from 1348 and it killed a quarter of the U.K.'s population over four years. In 1918 the Influenza Pandemic (Spanish flu) was a more recent pandemic which resulted in 228,000 deaths in the U.K. alone and became the reason for the end of the First World War (Johnson 2016). During 1968 to 1969, the Hong Kong Flu was the main culprit behind the death of 80,000 people and the Asian Flu outbreak killed 33,000 (1957-1958). After the 21st century, the pandemic of SARS and MERS luckily was not linked to any deaths in the U.K., but in 2009 the influenza pandemic (H1N1) was with reported to kill a minimal number of deaths with 457 cases comparatively (See figure below).



Source: P.A. graphic

Today the world is faced with its Covid-19 outbreak and this has severely impacted on all walks of life. Since January 21st, a large amount of confirmed cases has been widely reported in Wuhan City China, and many families lost their loved ones. In Europe, Italy was the first country to suffer a high number of deaths and became the epicentre of the coronavirus. It was followed by France, Germany, Spain and finally spread to the United Kingdom with over 130,000 of British confirmed with infectious virus Covid-19 and around 30,000 deaths attributed to this so far (NHS.com 2020). Covid-19 has a high mortality rate of around 10%, and it is a fatal disease that can cause a person's respiratory system to fail as it primarily attacks the lungs of the human recipient. During the Covid-19 outbreak, the amounting infections overwhelmed the N.H.S and in turn this overwhelms other areas such in plastic surgery and the beauty business. From February to the lockdown, the writer experienced many issues regarding patient problems and business.

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Issues Observed

Chinese students studying within British universities number over 100,000 annually and Chinese students undertaking education at middle or high schools across Britain number 15,000, this represents a large proportion of individuals. Based on my limited information, it is proposed that such students are vulnerable groups**,** particularly those younger oversea students because they are unable to access necessary facilities during the lockdown and struggle to take care of themselves. During the lockdown, some Chinese students were found to be rejected either by a boarding school or a homestay accommodation. Chinese students are no more a danger to the British public than anyone else they are obedient to political orders and follow the governmental instructions strictly; Most of my patients (Chinese oversea students) firmly stay at home, and they only go out for shopping necessities. Some of them have been found to have stayed at home for almost two months without going out at all, and they have abandoned schooling, meetings. eating out, outdoor exercises, travelling and other activities during the lockdown helping us to contain the fervent spread of this virus. However, all this self-imposed lock down and isolation can impact profoundly on their mentality.

Students are concerned about their health and safety issues, particularly during the virus outbreak and any misinformation about them can cause even more undue stress on them. In January three students contacted me to discuss their concerns about the coronavirus as their family members had warned them of the dangers of Covid-19 and the prediction that it would kill many people, but the British government did not warn people before March 2020. A report from the New York Times claimed that Chinese students were fretting about the lack of British containment policies indicating that 'over in China, there were a lot of control mechanisms in place, but not here yet.' and universities were not acting decisively to virtualise learning programme either in time (Muller 2020). Students in the U.K. from February started to worry about the British public going into social and public places without a face masks and many people crowed in groups, which were threatening people's health and promoting the spread of the virus (Hereinuk.com 2020). I find that Chinese students were one of the first groups to wear masks and undertake social distancing in public. For instance, before the lockdown, I tried to isolate myself from others because suggestions and media exposures from China were warning me to do so, but at the time my classmates thought I was making a fuss.

Staying in an alien land is difficult due to problems of homesickness or loneliness which means friendship and classmate-ship is important and could help individuals overcome panic states, isolation and other psychological troubles. Most of the Chinese students are in their twenties, which means they lack life experience and need to have supports from friends and others. When the lockdown was stringently implemented, Chinese students were isolated from each other mostly without any good networks other than the internet or mobile phone. This is a tough situation for those who feel lonely. Girlfriends or boyfriends were forced apart during the Covid-19 lockdown, causing strain on their relationship. It is presumed that some young students (teenagers) were suffering more from this situation than other groups because they have to take care of themselves. During the lockdown rumours of racism and other extreme behaviours (e.g. bullying, sarcastic words or misconducts) would pose threats to young students psychologically. Some politicians labelled them as the problem behind the cause of Covid-19 causing prejudiced xenophobia, discrimination, violent opinions and disturbing thoughts about those of an east Asian origin. For instance, despite the official name given by WHO, Donald Trump, the president of United States of America, named Covid-19, the China Virus and claimed that this was because the virus originated from China (Gaudefroy and Lindaman 2020). This entails the exacerbation of racism to east Asian in the U.S.A. Meanwhile, media coverage has exacerbated the situations and promoted the chaos (Harsanyi 2020). All these things have compounding effects on Chinese students, which influences their feelings and emotions. Since March the Chinese government has closed most of its borders and cancelled many flights, which disturbs Chinese students' plans and

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precludes them from going back home rendering life even more difficulties for them.

Some Chinese students in the U.K. were forced to undertake a part-time job in order to survive, but during the lockdown period their employers now find it impossible to keep them on and they now are suffering severe financial problems due to unemployment. Despite that, some students may have financial problems because of the impact of Covid-19 within the Chinese domestic economy; their sponsors (usually families) have problems now with being able to provide tuition or stipends for them in time. For instance, some shops, stores, and restaurants were compulsorily closed during the lockdown, and many people were out of work due to the virus impact.

The gap is evident between the needs and support from friends, schools, governments and other organisations. Some of my friends complained that the support from the university was not useful. Many universities have not provided sufficient information about Covid-19 to alert their international students about what is happening. In contrast, others have problems in coordinating international students with their lecturers or supervisors by virtual learning. Besides Chinese students may others experience difficulties in communicating with N.G.O.s, schools or governments or other institutions efficiently and consequently they feel isolated and helpless during the lockdown.

Actions

Responding to Covid-19, I have prepared for anti-virus combat and made some changes subject to study and work. For the business, through work arrangement, parlour cleanness and maintaining, and patient management, I have managed to control the business, save the cost and relieve the financial pressures. And for the individual, to manage time, study and psychological state, I have arranged the lockdown in life properly.

Work rescheduled

In terms of the operation of my beauty parlour, the scheduled operations and treatments are my essential businesses. Patients' accumulative aesthetic plan still need to be carried out and any scheduled necessary and chronic plastic surgeries and treatments are now delayed, but some others have gone ahead. In light of this personal protective equipment (P.P.E.) is vital including face masks (ordinary or medical level) and the parlour's rules are that these patients are seen by a doctor one by one in an isolation situation. This is in line with another plastic surgeon's practice (Armstrong et al., 2020). In accordance with the U.K. governmental restrictions, after 23rd March and lockdown, all but essential businesses had to close immediately (Barr 2020). Beauty parlours were not allowed to open during the lockdown period, thus any unnecessary operations and treatments had to be rescheduled accordingly. Abiding with the lockdown policy from the government, the writer's workshop was closed after March 23. In this manner, firstly, it helped the social distancing of clients, and secondly, it catered for clients' needs; thirdly, it followed the administrations from the U.K. government. Besides adhering to lockdown, the parlour also alerted the risks of Covid-19 to others by sharing guidelines and precautions through social media and email marketing.

Parlour cleanness and maintaining

The beauty parlour could be seen to be at risk during the Covid-19 and in order to keep a healthy and sanitary environment, the following actions have been done before the closing. 1. the place was deep cleaned with a high standard of care by using disinfection spray to clean every corner of the parlour such as handrails, chairs, beds, receptionist desks and so on; 2. we ensured our clients had disinfected towels and individualised sterilised equipment; 3. to prevent the spread of coronavirus we had removed magazines and newspapers from the parlour and told customers to bring their owns to stop cross-contact infections. To maintain this small business, based on U.K. financial support for businesses the beauty parlour has asked for a grant of up to £10,000 to help and receiving this is fundamental to us surviving.

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Patients management

To stay in contact with patients is a necessity and during lockdown, the whole nation is under panic and frustrated with a hopeless future; thus, if surgeons or other aesthetic practitioners can maintain contact with patients this will help to stimulate a positive mood. I believe that if a good connection could be reached, the doctors could effectively keep in touch with their patients and provide some professional beauty suggestions to patients during the lockdown. Also some useful daily advise or tips during the Covid-19 could be effectively distributed to patients.

Preparedness

I was informed about the risks of Covid-19 very early on this year as I went back to China during January. I stayed in China for 15 days and was fortunate enough to fly back to the U.K early in February before any flight cancellations and I was not exposed to Covid-19. Prior to the lockdown (March 27), I had prepared food, books, and other living necessities to pass the subsequent miserable days. When staying away from Covid-19 having sufficient food ensured the that I was able to stay at home. Instant foods, canned foods, eggs, meat and precooked meat were bought in bulk; reducing the need for me to go outside and shop. In addition, books and articles were bought for study and passing time. I have bought three books which have been a god send providing me with fun and learning and a positive side of lockdown. I was also able to obtain some exercise apparatus such as dumbbells, a treadmill and a rope which were fitting for domestic exercises and helped to support my emotional wellbeing. With proper preparation, every day is now arranged fully, and I have established a good habit and routine. During the lockdown, the gym and other body exercise facilities were shut down, which is not available for practice so I have had to take advantages of the house garden and stairs to do my body exercises as normal and everyday i will do push-ups, squats, burpees to keep the fitness. Some home-used tools are beneficial to maintain health.

Academic study and distant learning

At the moment I am undertaking modules on the Professional Doctorate in Health and during lockdown I have attempted to study and read, and books and articles have helped me during the quarantine period. This is a good time now to prepare for my dissertation and write other papers, and I have had space now to complete a research proposal and undertake my assignments that are due. For my aesthetic courses organisers have also relocated their modules online which has facilitated another means of distant learning for me.

Being Chinese as well as medical I have actively taken part in a series of activities organised by the Chinese Students and Scholars Association in Britain to help Chinese students in Coventry. Since April 2nd I have been a volunteer and helped to deliver health packs containing an anti-epidemic guide and medical kits given by the China Embassy here in the UK (Yurou 2020). I also attempted to provide guidance and health instruction to other students to improve their knowledge and awareness of Covid-19.

Summary and implications

Covid-19 stresses us all and we should strive to combat this. We all have to be very careful and mindful during this outbreak, and for the majority of aesthetic practitioners, the only thing we can do is to stay positive and confident. I am not and expert on viruses and only have a general understanding about Covid-19 from the news but I find that students are vulnerable to Covid-19. Many experience difficulties and are subject to safety, monetary and mental issues as they struggle for support. Regarding any preparation for Covid-19 I hope my experiences may give ideas to others in the beauty business and other individuals in a similar position to myself.

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Objective Researcher or Emotional Being?

Kelly Warwicker BSc, MSc, Psychology Demonstrator, Doctoral Student
Tracey Devonport (PhD, CPsychol, CSci, FBASES, FHEA), BASES accredited sport scientist (scientific support), HCPC registered sport and exercise psychologist, Professor of Applied Sport and Exercise Science
University of Wolverhampton

I am a second year PhD student exploring dyadic coping among spousal carers of partners living with dementia. In laying the foundations for my research, I have spent eighteen months attending and supporting two dementia cafés'. During this time, I have focused on better understanding dementia and its implications for spousal carers. I have also focussed on building a rapport with carers of those living with dementia so that they feel comfortable with my presence and to develop their trust in me. This is an important part of researcher integration which is all too often overlooked and can strengthen qualitative research findings (Collins & Cooper, 2014).

In this article, I reflect on the way in which COVID-19 has highlighted an area of research practice for which there are competing perspectives. As a qualitative researcher, one body of literature suggests that I should seek to connect emotionally with participants, and these emotional reactions should then become part of the process (Gilbert, 2001), whereby, researcher emotions should be recognised as insightful, a source that offers distinctive value, and can be examined and featured within the research (Mitchell & Irvine, 2008; van Heugten, 2004). However, a second body of literature suggests that strategies for emotional distancing be adopted if the research topic is potentially emotionally challenging (Sanjari et al., 2014). It is argued that emotions are irrational, impacting the outcome of the research, and social science researchers posit that research be conducted objectively (Holland, 2007). If emotional disconnect was the accepted recommendation, could I do this? With no clear consensus either way, COVID-19 has brought about personal reflection with regards this consideration. During this pandemic I have observed increased social isolation among the carer population. I am a member of social media groups used by these carers. They have used these forums to express their stressors, fears, and concerns during COVID-19, and as such, I find myself exposed to highly emotive situations.

Largely practiced in qualitative research, reflection is fundamental in exploring one's own values, experiences, established beliefs and expectations relative to the research area and participants (Adler, 1993). Reflection is also used to legitimise and validate research procedures (Mortari, 2015). To become a reflective learner (and practitioner), it has been proposed that commitment and a desire to ask questions about oneself and associated practice are required (Driscoll, 2007). In preparing this reflective article, the second author (Tracey Devonport) offered support through reflective conversations which helped to identify and challenge assumptions, and present reflections in writing. In brief, I shared feelings having read carer exchanges on social media concerning their experiences during COVID-19 – I was asked to think about my emotional attachment to prospective participants and whether this might help or hinder the research process? In working through these reflections, I was asked questions that encouraged deeper thinking regarding describing the carer context, outcomes for carer and cared for, and then to plan possible interventions and how these might influence outcomes for carers and others.

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Over time, I have developed undeniable emotional attachments to my prospective participants. Indeed, I believe I have created something comparable to a therapeutic alliance. Defined as the feelings and attitudes that therapist and client have toward one another and how these are expressed (Norcross, 2010), the quality of interpersonal relationships are important as they support the attainment of honest responses. This then supports the identification of patterns or themes, both specific and generic that help better understand the research phenomena under investigation (Horvath, 2005). As a researcher I must be aware of my emotional involvement with participants and the potential impact this has on the research process and outcomes. I am the instrument of data collection when interviewing participants (Hammersley & Atkinson, 1995). As such I seek to provide a conversational space in which participants feel they can express themselves freely (Owens, 2006), when exploring thier experiences, beliefs, motivations and dynamics. Central to this process are strong interpersonal skills and emotional maturity (Collins & Cooper, 2014). So, I ask myself, is a degree of emotional detachment necessary (Fox, 2006) or if I were unemotive would I fail to engage participants? If I were to be overly emotional, would this result in emotion fatigue or suggest a lack of impartiality and influence responding (Watts, 2008)?

Research with potentially vulnerable participants of a qualitative nature leads to practical dilemmas (Watts, 2008). Literature refers to the traditions of science where one must be neutral and objective, where researchers most specifically, in the social sciences, adopt a stratified separation of thinking but not feeling (Campbell, 2002). Examining the experiences of carers for those living with dementia presents a risk of eliciting intense emotions for both participants and myself as researcher (Sanjari et al., 2014). In reflecting on this consideration, I believe that emotional engagement outweighs potential risks for both myself and my participants The research findings produced may have considerably more depth (Kidd & Finlayson, 2006), and although there may be different motives for emotional engagement for participants and the researcher, it contributes to a process that is stimulating, cathartic and helpful (Newton, 2017). As argued by Corbin and Morse (2003), it is the ethical awareness and the skill of the researcher that is decisive in making judgements regarding benefits and risk.

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