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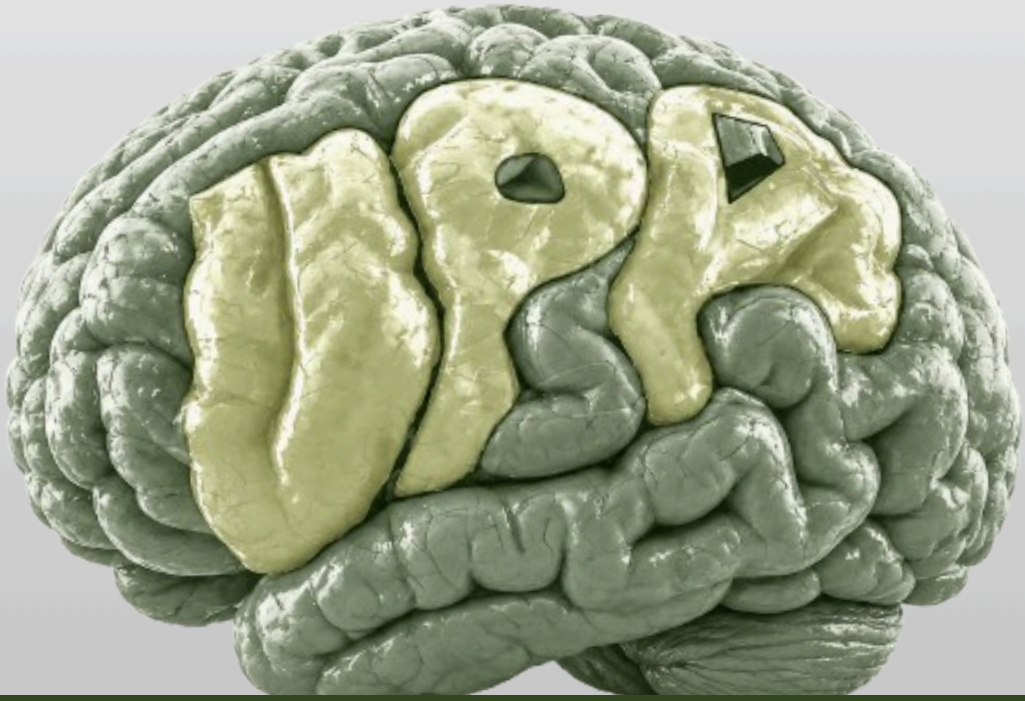
UPA

Undergraduate Psychology Association

PSYCHOLOGY, CONNECTED

A new platform connecting psychology undergraduates across the UK

Inside The Issue



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ONE BIG PROJECT

LEO & DAIN

We welcome you to the Undergraduate Psychology Association (UPA). Founded in April 2025, we aim to 1) provide a space for undergraduate students to discuss psychology, 2) work with other psychology and student associations to create a network of psychology students across the UK, 3) provide information and resources to individuals interested in psychology, and 4) showcase undergraduate research in psychology. Our story starts in the Journal of the Undergraduate Linguistics Association of Britain (JoULAB), where we met and shared a mutual passion for student activities and opportunities. JoULAB is a journal that aims to provide a forum for the publication of undergraduate linguistics research and offer an introduction to academic publishing and standard practices in academia [1]. Through our university journeys, we have witnessed numerous students seeking resources, connections, and opportunities in the field of psychology, but are deterred by many barriers to accessing them. We have cherished and acted upon this opportunity, and have been met with significant passion from psychology students across the UK, who have since become core members of our committee. We pay tribute to the Undergraduate Linguistics Association of Britain (ULAB), which has

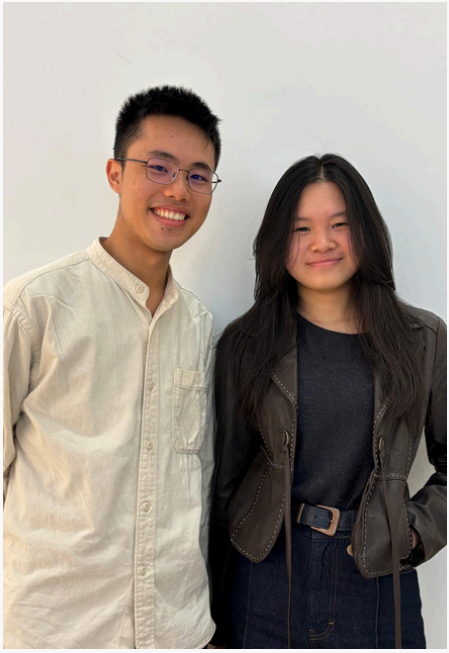
been one of the few student-led national undergraduate academic associations from which we have taken much inspiration.

Our endeavour has presented successes and difficulties. As our committee expands, what has been simply an idea to network and talk to people has slowly evolved into concrete plans and projects. In April 2026, we reached a core committee size of 20 students, on top of which our valued institutional representatives work to make us known to the World. In the past year, the committee has worked to initiate our three main projects: our psychology magazine, an undergraduate academic journal, and an academic conference. Recognising rapid changes in education, research, and the wider world, it is at the heart of our value to build a stable foundation able to withstand the test of time, with suitable flexibility to continue to be useful to undergraduate students further in the future.

"THIS MAGAZINE AIMS TO PROVIDE A VARIED AND ACCESSIBLE FORUM FOR DISCUSSIONS IN THE FIELD OF PSYCHOLOGY, RANGING FROM PRACTICAL EXPERIENCE AND POPULAR PSYCHOLOGY TO CRITICAL ANALYSIS AND RESEARCH HIGHLIGHTS."

This magazine aims to provide a varied and accessible forum for discussions in the field of psychology, ranging from practical experience and popular psychology to critical analysis and research highlights. Despite adopting a broader scope and more informal tone, our magazine writers and editors ensure they are of a high academic standard, referencing up-to-date, reliable, and credible sources. Discussing higher education, John Baurby, former Professor of Divinity at Trinity College, Cambridge, remarked that a university as a place of education must function to "serve the society...by ensuring an element of continuity in its intellectual life". In a similar vein, we hope the magazine will spark new ideas in each of our readers and be an encouragement to continue in careful and detailed rigour, with impact potentially beyond academic studies and research.

We express equal gratitude to many other hands-on committee members organising events, marketing, academic journal, and general management, as well as psychology students across the UK and beyond, who have engaged with the UPA, without whom it would lose its core purpose. Whether this is where you first come into contact with the UPA or if you've been to our events or engaged with us elsewhere, we hope that you've found it meaningful in some ways. We look forward to meeting you soon, virtually and in person.



BEYOND

Raising Awareness of Refugee and Asylum Seeker Mental Health Challenges in the UK

Navigating the UK healthcare system can be complex. Unfamiliarity with the English language can introduce an additional layer of challenge. Evidence demonstrates that not sharing a language can affect the relationship between healthcare professionals (HCPs) and the patient [8]. Verbal communication can help to foster a safe, trusting environment, facilitate discussion around expectations and even support with arranging appointments. Involving interpreters in these discussions can reduce this health disparity; both supporting healthcare accessibility and strengthening the patient-HCP relationship [9]. However, the underrecognition of an interpreter's value, coupled with the lack of trained interpreters, means many non-English speaking patients are not offered such support [10]. If we have never encountered a language barrier when communicating our needs or concerns, it may be difficult to imagine how valuable and essential an interpreter can be for non-English speaking patients. Further barriers to accessing healthcare support may be due to cultural differences. In some cultures, discussing mental health problems is stigmatised [11, 12]. Thus, seeking diagnosis and support in a traditional mental health setting may be avoided.

What does it mean to seek asylum? What challenges have asylum seekers faced on their journey here?

What are the reasons for uprooting their life, support system and everything that is familiar to move away? For many people, these are not questions we often ask ourselves; given our geographical 'luck', we may be privileged to never need to consider seeking asylum.

Individuals seek asylum and sanctuary in the UK for a variety of reasons, including to flee ongoing conflict, political instability and fear of persecution [1]. Moving away from danger can offer physical safety, but many of the challenges faced by the asylum-seeking population persist. Status uncertainty, psychological trauma experienced in a previous country and barriers to healthcare support all contribute to the unique mental health challenges faced by this population [2].

Acknowledging the context of fleeing from trauma, such symptoms may be heightened by moving away from family and support networks [3]. Many asylum seekers explain that this can culminate in experiencing a loss of identity [4] and is directly related to mental health deterioration [5, 6].

Furthermore, poorer psychological wellbeing and likelihood of mental disorders are associated with prolonged waiting times for asylum decisions [7].

SURVIVAL

False narratives of asylum seekers, as portrayed by the media, simply encourage continued discrimination and segregation within our society. For example, The Daily Mail published an online article in September 2025 with the headline, ‘Britain's asylum seeker 'unholy trinity': The three northern towns which house the most illegal migrants in private accommodation’ [13].
According to many media outlets, the resources provided to asylum seekers in the UK include free accommodation, benefits and electronic items. The reality for asylum-seeking individuals is that they are provided with a £7.00 daily allowance [1]. Surviving on a daily budget of £7.00, whilst being unable to seek paid employment opportunities is drastically different to the narrative portrayed within mainstream media. This discrimination by the media and within communities, often accentuates mental health issues [14, 15].

Knowledge of the unique challenges faced by the asylum-seeking and refugee population can be used to shape context-sensitive mental health services. Ensuring access to interpreters and increasing trauma-informed training provisions for healthcare professionals working with asylum seekers are suggested as ways to support the mental health needs of this population [16, 17].

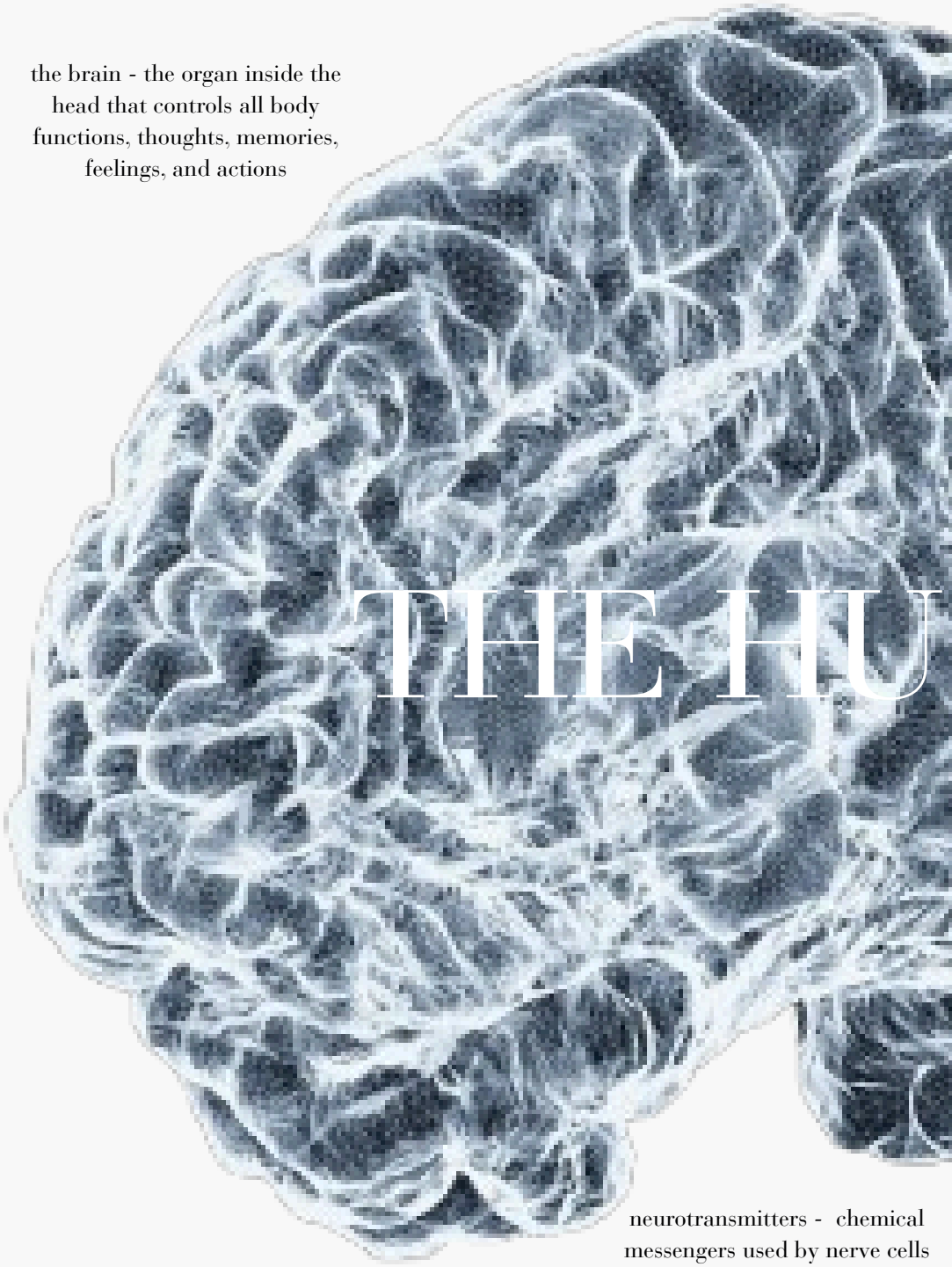
Incorporating aspects of their cultural background into therapy spaces should also be considered important [18]. Co-designing services with refugees and asylum seekers; offering them the opportunity to voice their hopes for support can also create meaningful community support, promote wellbeing and social integration [19].

Further involvement from key stakeholders and the UK government may enable policy changes and greater provisions addressing the mental health needs of asylum seekers and refugees, to be offered on a wider, nationwide scale [20].

Although we may never walk in the shoes of an asylum seeker; we can always learn, be perceptive to, and reflect upon some of the unique challenges which they may face. Beyond this, the strengths which the asylum-seeking population bring to our community: diversity, stories to share, talents and skills, are often overlooked. For us, showing compassion is something which costs us nothing; but may support asylum seekers to feel safer, welcomed and a part of our community. Everyone, no matter their journey, deserves the right to flourish.

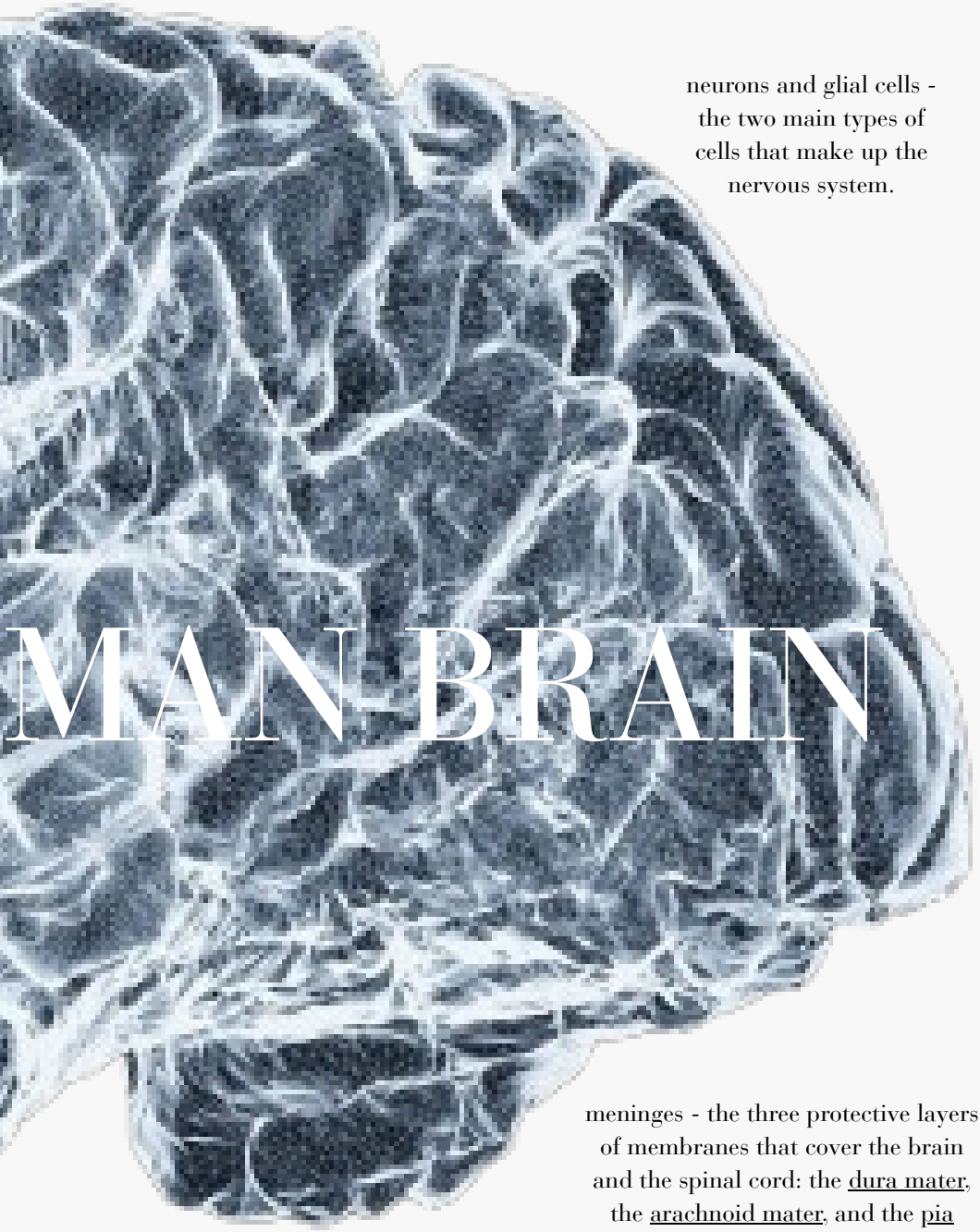
By India Browne

the brain - the organ inside the head that controls all body functions, thoughts, memories, feelings, and actions



THE HU

neurotransmitters - chemical messengers used by nerve cells to send signals across a tiny gap to other cells.



MAN-BRAIN

neurons and glial cells - the two main types of cells that make up the nervous system.

meninges - the three protective layers of membranes that cover the brain and the spinal cord: the dura mater, the arachnoid mater, and the pia mater

sulci and gyri - sulci are the small grooves or valleys, and gyri are the raised ridges or bumps.

ASEXUALITY IN A SEXUAL WORLD

THE REALITIES OF MINORITY STRESS

By Marsha Lau

Asexuality is a sexual orientation which includes a spectrum of individuals who consistently experience a lack of sexual attraction toward others [1]. There are numerous identities within this orientation, such as grey-asexuality (people who experience limited sexual attraction or with low intensity) and demisexuality (emotional connection is needed before sexual attraction) [2]. Asexuals are a diverse community with a wide range of romantic orientations, identities, and sexual preferences. Despite making up approximately 1% of the population, which is roughly the same proportion as people with red hair [3], they remain underrepresented in research and media [4]. As such, asexuality has often been misunderstood as a sexual dysfunction, mental illness, or simply a lack of interest in romantic relationships [1].

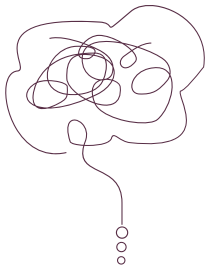
'Understanding how they experience minority stress - persistent and excess stress as a result of minority status (5) - is crucial for inclusive mental health research and practice'

Research on sexual minorities has historically focused on lesbian, gay, and bisexual (LGB) groups, often overlooking or misrepresenting asexual and transgender individuals [5]. Yet emerging evidence shows that asexuals experience unique stressors due to their lack of sexual attraction in a sexualised dominant culture [6]. Therefore, understanding how they experience minority stress - persistent and excess stress as a result of minority status [5] - is crucial for inclusive mental health research and practice.

Unlike other sexual minorities who are often stigmatised for who they are attracted to, people on the asexual spectrum may face discrimination for experiencing little to no sexual attraction [1]. Anti-asexual stigma is rooted in the pervasive worldview that sexuality is 'normal', framing asexuality as an abnormality or inability to form intimate relationships. These assumptions can make asexual people feel lonely or left out, and can affect how they connect with friends or romantic partners [7].

Studies have shown that heterosexual individuals often hold stronger negative attitudes towards asexuals than toward individuals who identify as gay or lesbian, and are less open to friendship or dating with them [8]. This can make it harder for asexuals to form close relationships or feel accepted [9]. Some asexual youths may try to fit in by 'passing' as allosexual - people who experience sexual attraction [6]. While this strategy can help avoid awkwardness or judgement, it does not alleviate feelings of social exclusion, instead deepening experiences of discomfort and self-doubt [10]. Some asexual individuals might also engage in sex for nonsexual reasons, such as wanting to satisfy a romantic partner [11]. Brotto et al. [7] found that while participants rejected the notion that their sexual activities were nonconsensual, they expressed that such consensual activities were unwanted and rarely helped them feel closer to their partner. This can leave people feeling confused or 'broken'. Others, like aromantic asexuals, who do not experience sexual and romantic attraction, may choose to not pursue romantic relationships at all, leaving them most distant from mainstream culture, where people without romantic partners are portrayed as lonely and flawed [7].

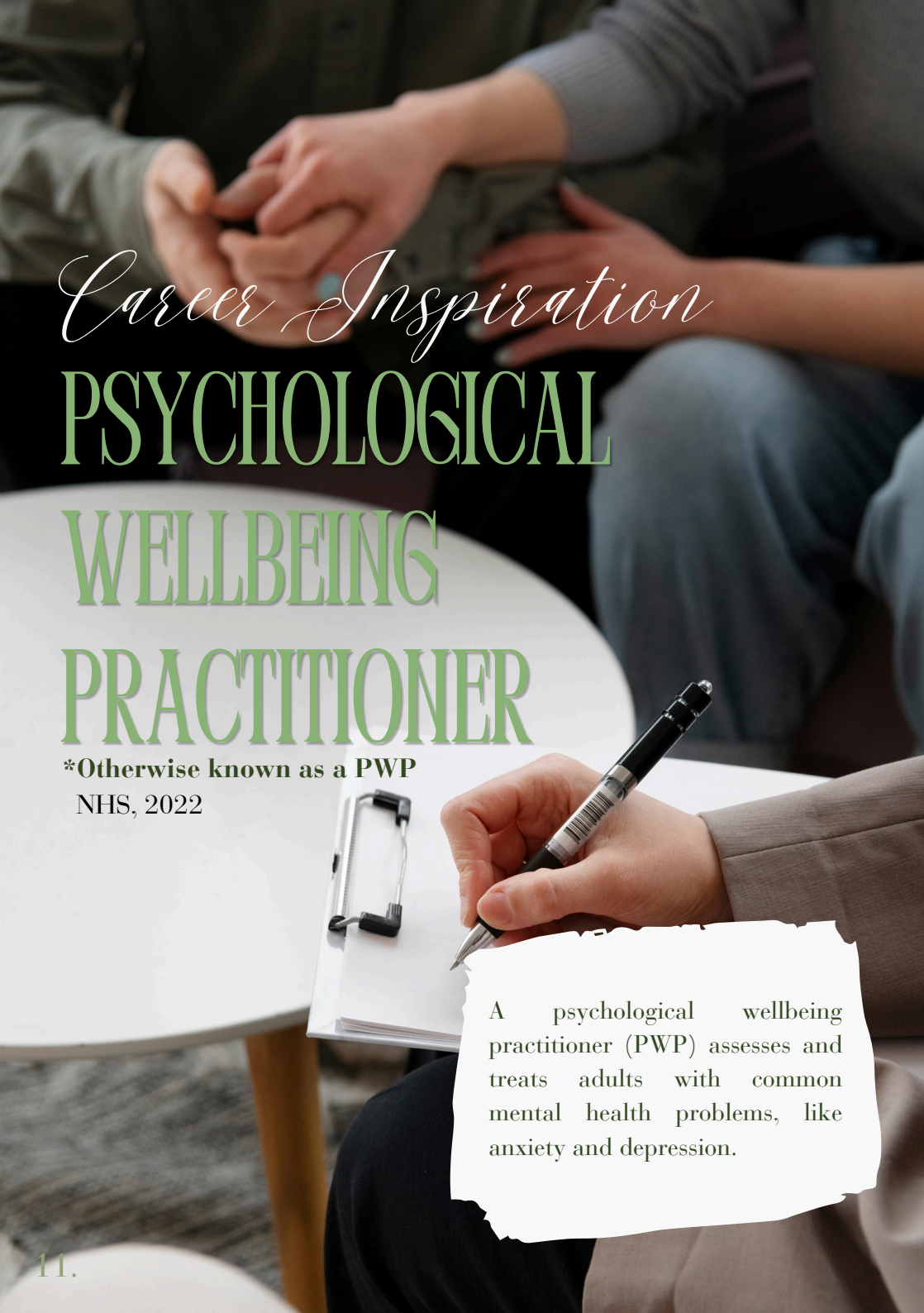
When sexual acts are non-consensual, severe consequences can arise in the form of trauma, including sexual coercion and violence [1]. The 2020 Ace Community Survey reported that 67.4% of respondents had experienced at least one form of sexual violence victimisation in their lifetime [12]. Acts of anti-asexual stigma, meaning prejudice and discrimination directed specifically at asexual people, are linked to elevated risks of depression and anxiety, increased internalised LGBTQ-phobia, and lower self-esteem [6]. Asexuality can also intersect with other identities, shaping how stress is experienced [1].



'Minority stress can affect asexual individuals in ways that remain largely invisible'

For example, asexual women often face extra pressure due to cultural pressures surrounding women's sexual availability, marriage, and reproduction [1]. These norms can make it more challenging to assert sexual autonomy - the right to make informed decisions about one's body, sexuality, and sexual experience [13]. Non-binary and transgender asexuals report even higher rates of verbal aggression and victimisation compared to asexual men, especially when other minority identities, such as race or ethnicity, are involved [1]. These patterns underscore the importance of recognising and supporting asexual individuals with multiple marginalised identities.

Despite emerging literature, asexuality remains one of the least understood sexual orientations [6]. Research on minority stress highlights the need for asexual-inclusive psychological interventions and norms to validate asexual experiences and eliminate stigma and discrimination. By listening to asexual voices and acknowledging their diversity, we can move beyond pathologising or concealing this community.



Career Inspiration

PSYCHOLOGICAL WELLBEING PRACTITIONER

***Otherwise known as a PWP**

NHS, 2022

A psychological wellbeing practitioner (PWP) assesses and treats adults with common mental health problems, like anxiety and depression.

Main Duties

Supporting those with common mental health problems by:

- Conducting patient interviews
- Helping identify areas where the person wishes to change how they feel, think or behave
- Completing risk assessments
- Giving phone, online or face-to-face support
- Communicating with other agencies and signposting patients to useful services, such as housing and employment

Skills

- Formidable interpersonal skills and the ability to relate to a range of people
- Being able to to work well within a multidisciplinary team
- Understanding of common mental health issues
- Written and verbal communication skills
- Effective time management skills to juggle competing demands in a busy work environment

Training and Qualifications

- Completing an accredited post-graduate or graduate certificate course in low-intensity psychological interventions
- Working as a trainee PWP via an NHS-employed training pathway or apprenticeship

Pay Rates

- Employed by the NHS, you'll be on a national pay and conditions system called Agenda for Change (AfC).
- There are nine pay bands and you'll usually be paid at band 4 while you train. After completing your training you'll be paid at band 5 with opportunities to progress with experience.
- This may vary if you are employed outside the NHS.

INFLUENCE OR MANIPULATION?

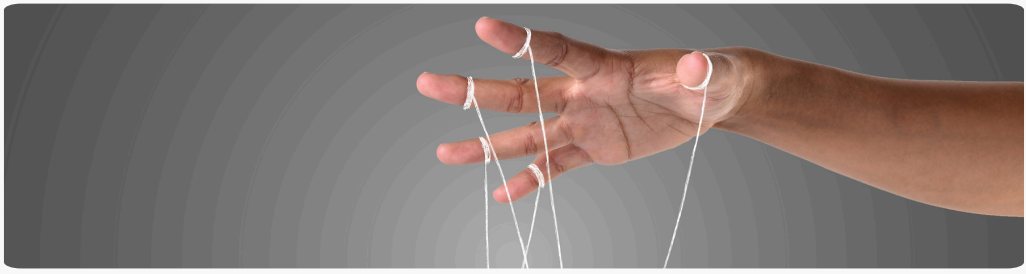
How do Ad Campaigns Influence Consumer Brains?

By Shruti V

Brands and businesses often draw on psychological phenomena to design marketing strategies that would boost product sales. Ad campaigns utilise social influence to persuade consumers, making individual choice almost a facade. In this article, we will go through some examples of such campaigns and the psychology behind why they work.

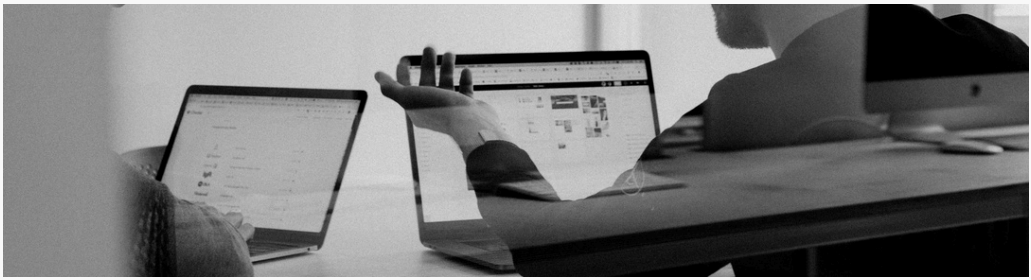
Social Learning Theory

Tobacco companies, like Marlboro, Phillip Morris, RJ Reynolds, and Camel, have spent billions on marketing their products [1]. Their ads were everywhere–sports events, newspapers, radio channels, and television broadcasts. For many years, the lack of regulations on adverts made it extremely easy for tobacco brands to successfully persuade people to purchase cigarettes. When concerns began to arise about consumer health and safety, they had to use deceptive methods to increase demand. One such method was to utilise the impacts of social learning [2]. Social learning theory, developed by Albert Bandura, assumes that behaviour can be learnt through observation. Once a person observes an action or object associated with a stimulus, this association is learnt and the person would then imitate the behaviour [3]. Tobacco companies use media platforms to employ this concept that would turn exposure into action. They began to present smoking as an appealing habit by having popular celebrities like Veronica Hamel partake in these ads. This was an attempt to bend social norms, as people tend to participate in activities that are socially accepted [2]. When the glam of these ads could no longer beat the allegations about the impacts on health, tobacco companies turned to using doctors and physicians to promote their brand. R. J. Reynolds ran a campaign promoting the message that "More Doctors smoke Camels". This campaign created an image that cigarettes are safe for the human body, i.e., if doctors with medical knowledge are choosing to smoke, then smoking must be safe [4]. Research has gone on to establish that portrayals of smoking in media influence views on smoking and lead to higher usage of cigarettes [5].



Social Proof

Like tobacco companies, the alcohol industry has used similar means of promoting consumption. Advertisements moved from television broadcasts to social media platforms and online trends. Robert Cialdini defines social proof as the tendency to trust something when endorsed or adopted by others [6]. Corona Lite started a promotion where they asked people to 'like' their Facebook page and upload a picture of themselves, which would be featured on the Times Square billboard– an attempt to use the concept of social proof [2]. When someone likes Corona Lite's page, their friends would be able to see that you have interacted with the brand, which leads to increased participation. The billboard of people's faces further enhances this effect as it propagates the message that there is a large following of people who like the brand. Another example of social proof can be seen in Smirnoff's campaign, "Smirnoff Half Day Off". In this campaign, people were encouraged to take off work post noon to go to a bar for a Smirnoff drink with the incentive that they could win a $25 bar tab. They increased the outreach by asking participants to refer three friends to join the campaign. This led to a 75% referral rate and a surge in sales. Social proof increased the appeal of skipping work to go to the bar when coworkers were seen doing the same [2].



Scarcity effect

Scarcity cues are yet another strategy employed by businesses, such as travel sites, to increase consumerism [2]. Scarcity effect is the phenomenon that leads consumers to view products that are on a limited-availability as more valuable [7]. Booking.com had instances in which hotel room bookings increased enormously when they added information regarding the number of rooms that were still available on their main site. The availability information instilled a false belief in customers that if they did not get the deal right that minute, they would miss out on the opportunity. Creating a sense of limitation on the time of sale and the number of products leads to impulsive purchases [2]. Businesses like Starbucks promote 'seasonal' or 'limited edition' offers on flavoured drinks during different times of the year, creating a sense of urgency to buy them. The scarcity effect can therefore encourage people to pay premium prices to avoid the 'fear of missing out' [8]. It's a method that builds a false sense of trust.

There are many such strategies at play in the world of marketing that are founded in psychological theories. These strategies are moulded together to form adverts that cater to many audiences. By specifically targeting the younger generations, brands ensure that they will grow to become loyal customers. The question of whether these tactics are innocent influences or unethical manipulation continues to be debated. However, increasing awareness of what goes on behind the curtains could lead to a population that makes informed fiscal decisions.

WHAT DOES PSYCHOLOGY TEACH US ABOUT MOTIVATION?

By Hazel Kwang

Underlying all human thought and actions is motivation. Motivation gets us out the door on a chilly, winter morning. Motivation gets us to sit through three-hour exams. Motivation can bring us onto the treadmill at 7 AM. But sometimes our motivation reserves are running low. How can we get it back? Psychologists have long studied motivation; in this article, we will be uncovering the mechanisms behind it to learn how we can 'nurture' our motivation back. First, let us understand the two main types of motivation: intrinsic motivation and extrinsic motivation. Intrinsic motivation is when we engage in a behaviour to gain internal satisfaction. An example can be when you read a book, not for a school assignment but purely to learn more about a topic. On the other hand, extrinsic motivation can be found in actions that we take to earn a reward or avoid a punishment [1]. What brings us to act is based on external forces. For example, participating in a survey to get free chocolate chip cookies. However, the over- justification effect exists with extrinsic motivation. This will occur when the reward is not interesting enough to justify doing the action, in which case you will tend not to do the action. Understanding where our incentives may lie is the first step in guiding this journey.

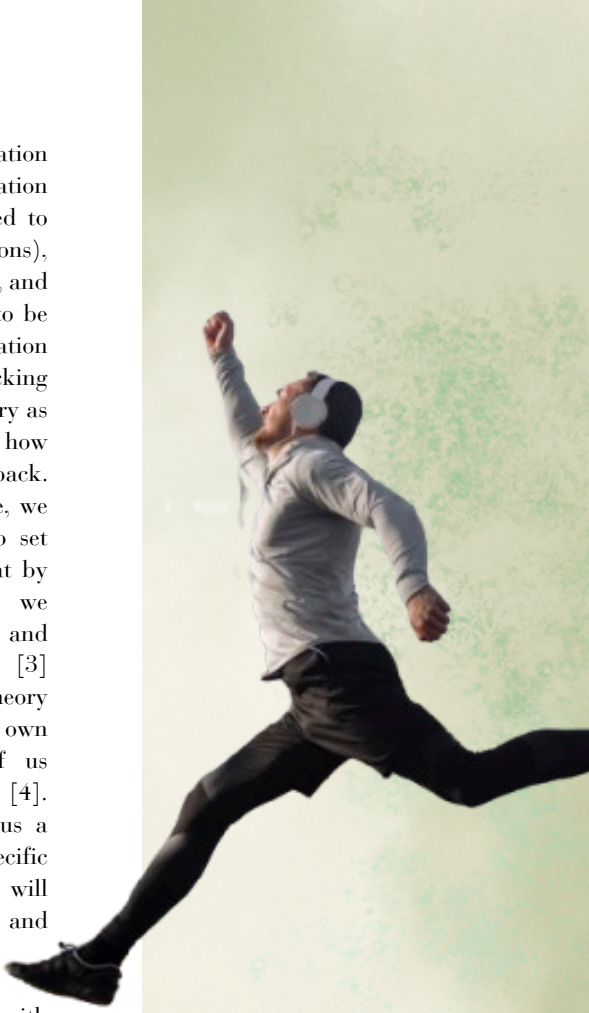
SELF-DETERMINATION THEORY

One way we can combat our lack of motivation is by understanding Self-Determination Theory. This theory suggests that we need to have autonomy (control over our own actions), competence (feeling capable and effective), and relatedness (feeling connected to others) to be in the right headspace for intrinsic motivation [2].When we are stuck and lacking motivation, we use self-determination theory as a checklist; being mindful of ourselves and how we feel can help us get our motivation back.

LOCKE'S GOAL- SETTING THEORY

One way we can combat our lack of motivation is by understanding Self- Determination Theory. This theory suggests that we need to have autonomy (control over our own actions), competence (feeling capable and effective), and relatedness (feeling connected to others) to be in the right headspace for intrinsic motivation [2]. When we are stuck and lacking motivation, we use self-determination theory as a checklist; being mindful of ourselves and how we feel can help us get our motivation back. After we reflect on our current headspace, we can follow Locke's goal-setting theory to set goals for ourselves. This theory states that by creating specific and achievable goals, we would be able to have greater motivation and persistence to perform the task [3] Additionally, Bandura's Self- Efficacy theory suggests thatour ability to believe in our own success will increase the likelihood of us achieving the tasks we set for ourselves [4]. Combining these two theories can give us a guide to achieving our goals. Setting specific goals that we believe we can achieve will increase our chances of completing them and reduce the risk of burnout.

Regaining motivation cannot be achieved with brute force or just "powering through". By understanding where our motivations lie, reconnecting with intrinsic goals and setting achievable milestones, we can slowly rebuild the drive to achieve our goals. As motivation returns, we need to remember that it is not a constant state, but a dynamic experience that can be nurtured through understanding ourselves and monitoring our states of mind throughout. If you ever feel frustrated or dejected when you are not as motivated or productive, do not worry. We have all been there; luckily, we can always fall back on science to bring us back on track!



'By understanding where our motivations lie, reconnecting with intrinsic goals and setting achievable milestones, we can slowly rebuild the drive to achieve our goals.'

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