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Health Psychologist**

Bulletin of the European Health Psychology Society

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experience**



Editorial December 2021

Angela Rodrigues This issue of the *European Health*
Northumbria University, UK

Pamela Rockow *Psychologist magazine* is
University of Stirling, UK

a reflection of the EHPS online conference in August 2021. We hope that you are as curious and excited as we have been to read and reflect on some of the activities and topics that took place during the conference. For those members who had not had the chance to attend this year's conference, this issue is an excellent way to learn about the conference.

Daryl B. O'Connor (University of Leeds, UK) gives an overview about his research on childhood trauma. His contribution was a keynote at the conference, and he kindly agreed to provide an article to share his work with our members. The same is true for Andrea Madarasová Gecková (University of Pavol Jozef Safarik in Kosice, Slovak Republic), who was also a keynote speaker. Andrea Madarasová Gecková's article provides an overview about patients' stories online as a new territory in Health Psychology.

Maya Braun (Ghent University) and Seraina Lerch (University of Bern) report about this year's CREATE workshop; and Anne van Dongen (University of Twente, Enschede, the Netherlands) summarises this year's Synergy expert meeting about Open Digital Health.

Below is an overview for each article included in this issue:

Daryl B. O'Connor focussed on stress as the "quite killer" arguing that stress can contribute to

health risk in two ways. First through influencing biological processes across the lifespan in an adverse way leading to health problems. Second, in an indirect way, stress can undermine health behaviours and therefore lead to negative health outcomes. A second focus of this contribution is childhood trauma, stress and suicide vulnerability.

In her contribution, Andrea Madarasová Gecková focusses on the power of storytelling in health psychology. She emphasises that patients' stories are a powerful tool to understand health and health behaviour from patient centered perspective. Andrea also advocates for a multidisciplinary approach to share patients' stories.

Maya Braun and Seraina Lerch reflect on their experience at the CREATE early career researcher workshop about "How to get your research out there: publishing, promoting, and funding your research". Dr. Marita Hennessy shared strategies on how to successfully run a twitter account. Dr Angela Rodrigues provided a workshop on publication strategies. The session was concluded with a round table discussion about getting research funding via grants and awards including Dr Elaine Toomey, Dr. Marta Marques, Dr. Wendy Lawrence and Hema Chaplin. The conclusion about this workshop was: "The speakers and organizers have been very authentic and honest about their own journeys, struggles and experiences so that we were invited to follow those role models and formed our identity as early-career researchers".

Anne van Dongen reports about the 2021 Synergy expert meeting titled: 'Open Digital Health: Accelerating health promotion and treatment during and after the COVID-19 pandemic'. The 2021 Synergy expert meeting was

facilitated by Dominika Kwasnicka and Robert Sanderman. Anne shares her experiences and some best practice tips about how to make the most of online conferences and meetings, reflection on how well organised this meeting was with the support of the whole Synergy team.

Hope you enjoy reading this issue!

Angela & Pamela



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Effects of childhood trauma on health and wellbeing: Many questions remain unanswered

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Introduction

It was an honour, pleasure and a delight to deliver a keynote at the 35th Annual Conference of the European Health Psychology Society (EHPS) in August 2021. I've been a regular attendee at EHPS conferences for many years, and despite this year's being entirely online, it was a huge success. The fantastic organising team managed to deliver a great mix of live and recorded talks, stimulating roundtable and workshop events, special interest group sessions and state of the art lectures, opportunities for networking and discussion and much more. In sum, it was a masterclass in remote delivery of an international conference under pandemic conditions.

Stress: The Quiet Killer

My keynote presentation was entitled "Stress: The Quiet Killer" and in the talk I argued that psychological stress can contribute to health risk and reduced longevity in two main ways. Directly: stress can adversely influence biological processes across the life span (e.g., blood pressure, hypothalamic-pituitary-adrenal (HPA) axis functioning, immune functioning) that can lead to excessive wear and tear of these basic physiological systems that ultimately lead to dysregulation and health vulnerability (See O'Connor, Thayer & Vedhara, 2021). Indirectly: stress can influence health to the extent that it produces deleterious changes in health behaviours that if maintained over time may be damaging for one's health. In the first half of the talk, I presented studies that

investigated the relationship between acute, chronic and daily stressors, perseverative cognition (i.e., the cognitive representation of past stressful events [rumination] or feared future events [worry]) and a range of health outcomes including diurnal cortisol levels and health behaviours with a particular focus on eating, together with some very recent work in the context of COVID-19 (e.g., Clancy et al., 2016; 2020; Hill et al., in press; Moss, Conner & O'Connor, 2021). The second half of the talk provided an overview of our work that has demonstrated that stress and dysregulated HPA axis activity, as measured by cortisol levels, are important additional risk factors for suicide and suicide vulnerability. Evidence for other putative stress-related suicide risk factors such childhood trauma was also described confirming the important role played by the HPA axis in understanding vulnerability to suicide (e.g., O'Connor et al., 2020a; b; O'Connor et al., 2016). The talk concluded with a number of take home messages including "Effects of stress are real and if maintained overtime may have substantial health and wellbeing implications", "Perseverative cognition confirmed as an important stress vulnerability variable" and "Psychological interventions are required to enable healthy, stress-protected, ageing trajectories".

Early adversity, health and wellbeing

Planning and delivering a keynote or any presentation longer than 15 minutes often triggers reflections on one's past, current and future

research plans and can also help crystallise one's thinking on a particular issue or identify important themes in your work. In the case of my EHPS keynote, I was left thinking about the overwhelming significance of early adversity on an individual's life and future health and wellbeing prospects. Gouin and colleagues (2012) have shown that childhood abuse history substantially enhances inflammatory responses to daily stressors in adulthood. Findings from a New Zealand birth cohort, the Christchurch Health and Development Study, found that childhood sexual abuse had serious negative consequences for mental and physical health, psychological wellbeing and sexual risk-taking (Fergusson, McLeod & Horwood, 2013). In Europe, the Netherlands Mental Health Survey found that childhood trauma predicted a range of chronic physical disorders in adulthood, which even held after controlling for sociodemographic and lifestyle factors (Noteboom et al., 2021). Another recent study found that childhood abuse was significantly associated with difficulties in emotion regulation, self-reported and objectively measured pre-sleep arousal, sleep quality, daily hassles, perceived and objective executive function difficulties (Tinajero et al., 2020). However, we are left thinking - how does childhood trauma have such serious consequences for mental and physical ill-health in adulthood? What are the precise biological, psychological, social and behavioural mechanisms of action?

The role of stress and cortisol in suicide vulnerability

In our own work we have recently turned our attention to exploring the role of stress and cortisol in suicide vulnerability. In a study in 2017, we showed that the stress response system may be impaired in individuals vulnerable to suicide. Specifically, we found that individuals who had made a previous suicide attempt exhibited a

significantly lower cortisol response to a laboratory stressor compared to participants who had previously thought about suicide, but do not enact, and control participants (O'Connor et al., 2017). In the same study we also found that individuals who had made an attempt within the past year exhibited a blunted cortisol response to the laboratory stressor compared to participants with a more distant history of attempt. In addition, lower levels of cortisol in response to the stressor were associated with higher levels of suicidal ideation 1-month later. More recently, we also found evidence of HPA axis dysregulation in individuals vulnerable to suicide in a real world setting (O'Connor et al., 2020). In a 7 day study, we found that individuals with a history of suicide attempt or previously had thoughts of ending their life released lower cortisol upon awakening (known as the cortisol awakening response, CAR) and had a tendency toward flatter diurnal cortisol slopes across the day compared to individuals with no history of attempt or ideation. These, and other findings, clearly implicate dysregulation of the HPA axis in suicide vulnerability. However, they also motivate an obvious next question - what factors contribute to or cause these levels of dysregulation and increase future risks to health and wellbeing?

The importance of childhood trauma

Childhood trauma is an obvious candidate variable and has been identified as an important variable in the development of suicide risk. For example, Marshall et al. (2013) found high levels of moderate and severe childhood trauma were associated with suicide attempt in a prospective cohort study of illicit drug users. In particular, they showed that severe sexual, physical and emotional childhood abuse conferred a substantial increased repeated suicide risk in adulthood. Alarmingly, we have found that 80% of individuals

who have previously attempted to end their own lives have reported experiencing at least one moderate to severe type of childhood trauma (O'Connor et al., 2020; see Figure 1), thereby replicating similar levels observed in an earlier study (O'Connor et al., 2017).

Figure 1: Exposure to any type of "Moderate to Severe" childhood trauma in attempt, ideation and control groups. Reproduced from O'Connor et al. (2020a).



Of direct relevance to the link between trauma and cortisol, Carpenter and colleagues, in two studies, showed that higher levels of childhood trauma were associated with lower cortisol reactivity to a laboratory stressor (Carpenter et al., 2007, 2011). Another influential study, Power et al. (2012), using data from the 1958 British birth cohort study, found evidence that childhood maltreatment was associated with flattened morning cortisol levels in mid-adulthood. In our own work, we have provided further support linking childhood trauma with blunted, or lower cortisol levels in response to stress and in naturalistic settings (O'Connor et al., 2018; 2020). Specifically, we have found that individuals vulnerable to suicide who reported more than one

moderate or severe type of childhood trauma exhibited the lowest cortisol levels in the laboratory (see Figure 2) and in the real world (see Figure 3).

Future directions

Taken together, it is clear that childhood trauma plays a key role in the context of suicide risk. Converging evidence suggests that the experience of childhood trauma may predispose individuals to vulnerability to suicide in adulthood by leading to diminished HPA axis activity. McEwen's (1998) work on allostatic load and the idea that stress-related, repeated activation of the HPA axis leads to its own dysregulation is incredibly important. Lovallo's (2013) theorising that adverse early life experiences cause modifications in frontolimbic brain function which may then lead directly to (a) reduced stress reactivity, (b) altered cognition (characterized by a shift in focus to more short-term goals and impulsive response selection), and (c) unstable affect regulation also remains an important framework to guide future research. However, much remains to be learned. To date, there has been relatively little research investigating the effects of childhood trauma on health behaviours and the extent to which trauma may amplify the negative effects of stressors on sleep quality and duration, eating, alcohol consumption, substance abuse and physical activity. Similarly, the effect of worry and rumination (perseverative cognition) on health outcomes in the context of childhood trauma remains under-researched. Perseverative cognition has been shown to adversely affect cardiovascular, autonomic and endocrine nervous system activity and to negatively impact on health risk behaviours including sleep outcomes (Ottaviani et al., 2016; Clancy et al., 2016; 2020). However, the extent to which similar processes are exacerbated in

Figure 2. Effects of childhood trauma levels on cortisol reactivity to stress in individuals with a history of suicide attempt and ideation. Reproduced from O'Connor et al. (2018)

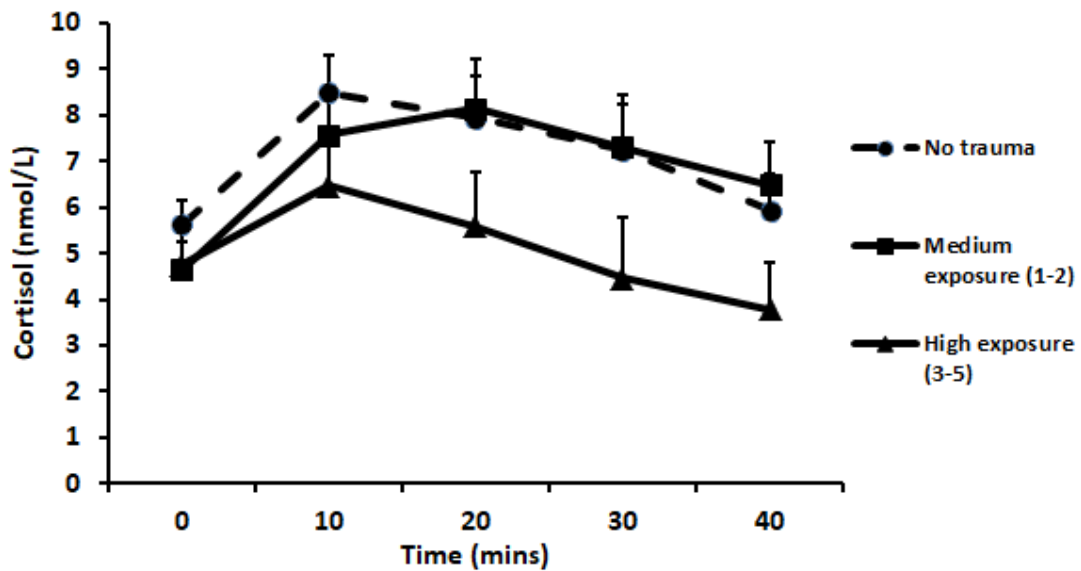
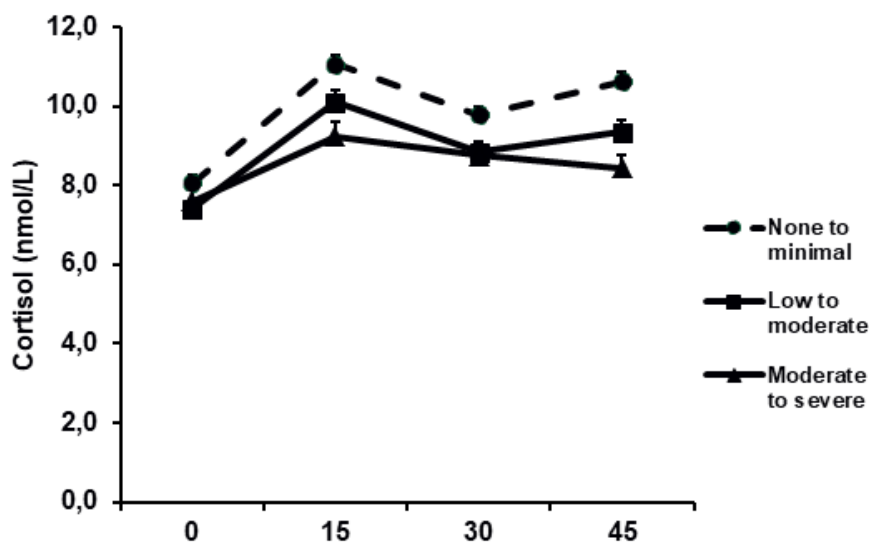


Figure 3. Effects of childhood trauma levels on cortisol awakening response in individuals vulnerable to suicide. Reproduced from O'Connor et al. (2020a)



individuals who have experienced childhood trauma is unknown. Therefore, further research ought to elucidate the precise causal mechanisms that link childhood trauma with increased physical and mental health vulnerability in adulthood.

These future investigations should aim to utilise a multi-level, prospective approach that integrates distal (childhood trauma, family history) and proximal risk factors (e.g., daily stressors and emotions, health behaviours, executive

functioning) and/or adopt a life span approach that follows-up individuals over extended periods of time. Health psychology, armed with the biopsychosocial model and a multitude of excellent research tools, measures and approaches, is well placed to answer these important and urgent questions.

For much more information on our work visit Laboratory for Stress and Health Research (STARlab) at the University of Leeds.

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Telling patient's stories online as a new territory in Health Psychology

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Listening and telling stories is the most natural, powerful, and effective way of learning about the world. It is the way we build our memories, build our experience and transfer it. It is the way we make sense of our experience resulting in hurt or heal, trauma or growth. It is our story that we are telling when we are asked what happened to us if we became ill. The medical information, or rather the information mostly shared by the medical staff, is from a different point of view, it has a different purpose and different content compared to the information shared by patients. While in one universe the level of insulin is an issue, in that parallel one the love expressed in eating dinner cooked by a wife might be the issue. Being a patient means living in both universes and a health care professional should be familiar with both, should be able to navigate a patient in both of them.

Lisa Morrison and Katy Jo Stevens (Morrison & Stevens 2013) formulate the following three possible aims to share patient's stories: (1) to evoke strong emotion for lobbying or fundraising context, (2) to promote empathy and understanding of what might be helpful in supporting the culture shift and (3) to promote change that might be helpful in influencing the process or policy.

Twenty years ago Rita Charon from Columbia University published her essay in JAMA (Charon 2001) introducing narrative medicine as a model for respectful, empathic and nourishing medical

care. Narrative competence, understood as the ability to listen, acknowledge, interpret and respond to patient's stories is a core concept of this approach. So we might aim to share patient's stories to develop narrative competence as a part of medical education (Huang et al. 2021), and also acknowledge them as an essential part of medical profession expecting that physicians will be able to not only understand the disease and treat medical problems, but also to accompany patients through their illness.

Whether we intended it or not, sharing patients' experiences could affect health of those who listen. Sue Ziebland and Sally Wyke (Ziebland & Wyke, 2012) published a very comprehensive conceptual review of literature in social and health sciences on how sharing experiences on the internet might affect people's health and they identify following seven domains through which online patients' experiences could affect their health: (1) Finding information, (2) Feeling supported, (3) Maintaining relationships, (4) Experience with health services, (5) Learning to tell story, (6) Visualizing disease, (7) Affecting behaviour.

There is no doubt about the potential and power of telling patient's stories but we should be alert as there are resources promoting health endangering behaviour where full content is dangerous and also a vast amount of online content without validation, guaranty, regulation, which might have commercial purpose or result in unintentional undesirable side effects and be aware about both, potential for harm as well as benefit. Sharing patient's stories, if done well, might indeed have a huge impact on the quality of life of patients and

their relatives, might improve quality of health care and consequently also patient safety. Taking into account how much capacity, energy and time need to be invest in the development and implementation of the online resources enabling s patient's stories to reach the this goal, we should value a robust initiative with sufficient sustainability if there is any like that a lot. An example of good practice could be the Database of Individual Patients' Experiences. It was launched in July 2001, with a module on hypertension and prostate cancer, and this initiative lead by Dr. Ann McPherson and dr. Andrew Herxheimer aim to create a web portal portal where people could get verified, organized information on various topics from people who had a similar experience (Herxheimer et al. 2000, McPherson & Herxheimer 2001,2002). In present time the network includes 14 countries, covers nearly 200 health conditions, includes 8000 interviews and reaches million people each year. It is a robust repository of patients' experiences of high quality, allowing for comparisons across health conditions, facilitating comparison across countries and health systems, proving its sustainability over two decades, delivering validated patients' experience with professional guaranty, serving patients, caregivers, their beloved as well as community, but also medical students, health care professionals as a guide through living with particular health condition (for more information search on <https://dipexinternational.org/>).

This huge repository of patients' experience collected and processed with such high standards is a precious resource for science also, so I tried to find out how DIPEX contributed to body of research knowledge. There are around 700 000 hits for patient experience, narratives or perspective in Web of Science, from which only up to 600 are published in health psychology journals (e.g. Psychology Health, Health Psychology, Psychology Health Medicine, Health Psychology Report, Health Psychology Review, Health Psychology and

Behavioral Medicine, Health Psychology Open), which compose about 4% of its production (570 from 14 152) and none of them with the keyword DIPEX. Searching in Web of Science I found up to 70 research papers published, some of them introducing DIPEX methodology or evaluating the database of patients' experiences, some of them on utilization of this database in research, teaching or service improvement, but most of them contributing to our understanding of patients experience with illness.

Medicine needs to be based on people's experience, needs to be as close as possible to people and it could be. We, health psychologists, need to support health care workers as much as possible to develop and maintain narrative capacity. We owe it to the patients, our beloved, to all of us. Particularly in Central and Eastern Europe, there is a lot of work within medical education, a lot of work with regard to patient empowerment and support, and a lot of work in sensitisation of public discourse which should be done to improve chances for improving efficiency of health care system, improving benefit of patients from offered services and improving their and their relatives chances for quality of life. Being able to collect and use patients' stories might be a tool towards this change.

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Reflections from the CREATE Workshop 2021

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Seraina Lerch

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As early-career researchers – so early, in fact, that we had to stop ourselves from writing “aspiring researchers” – getting yourself funded, published and disseminated are some

of the most intimidating tasks. Many of us have had our fair share of impostor syndrome (1) from the start and heard plenty about the harsh reality of rejections from journals, awards and grants. That is why CREATE, the early-career research network of the EHPS, decided to dedicate this year’s workshop to “getting your research out there”. Next to many informative sessions who covered this topic, the workshop was also a good introduction to the EHPS for early-career researchers.

Due to the measures surrounding the SARS-CoV2 pandemic, this year’s conference took place digitally, and this workshop was no exception. But this did not make the workshop less engaging. Organizers and speakers left room for connection, socializing and other beneficial activities. There was even a WhatsApp group that allowed us to connect further and exchange some ideas. And amazingly, despite the number of speakers and a tight schedule, everything ran like clockwork. The stage was therefore set for a great workshop.

When we logged into our first Zoom session, an introduction round was, of course, mandatory. After all, CREATE is a *network* of early-career researchers. In our heads, we all went through the little standard introductions that we have ready to

1) a syndrome of which high achieving individuals can be affected and that is displayed as doubting oneself and one’s abilities despite of being successful and capable (Kolligian & Sternberg, 1991)

go: This is my name, this is where I work, this is what I do. Somehow, the question of which animal best represents my social media presence was not something we had prepared. Yet this was one of the first questions Dr. Marita Hennessy – the first speaker - asked us that morning. And while answers varied, most of us agreed that we were mostly silent observers, occasionally tweeting into the void. In this short report we will share how Marita and other prominent experts in the field helped us set further steps away from the mouse and towards more effective strategies.

On top of being a postdoctoral researcher in Ireland, Marita runs a twitter account with more than 10.000 followers, talking about her research. Promoting your own work on social media can be tough for us for two main reasons: On the one hand, we do not want to draw too much attention to ourselves out of fear that we have made some mistake and will be criticized heavily. On the other hand, we don’t want to seem arrogant by showing off work that we are proud of. Marita helped us let go of that worry - at least partially. She explained that social media, including twitter, is a tool that can be used to promote your own research as well as the research of your colleagues. That is why she chose to describe her social media presence as a *meerkat*: Constantly on the lookout for opportunities to lift each other up. After a short two hours, we had learned about the why’s and how’s of research communication, added some resources to our toolbox and shared tips on how to make social media work



Created by Anniken & Andreas
from Noun Project

Greta M. A. Steckhan @steckhan_greta
 #ThrowbackThursday - @EHPSCreators in Dubrovnik two years ago
 Looking forward to participate in #CREATE today. I'm glad to see familiar faces at least online.
 #EHPS2021 @EHPSociety #HealthPsychology



9:21 AM · Aug 19, 2021 · Twitter Web App

3 Retweets 2 Quote Tweets 15 Likes



Tweet your reply Reply

CREATE @EHPSCreators · Aug 19
 Replying to @steckhan_greta and @EHPSociety
 Ahh such fantastic memories 🥰🥰🥰🥰

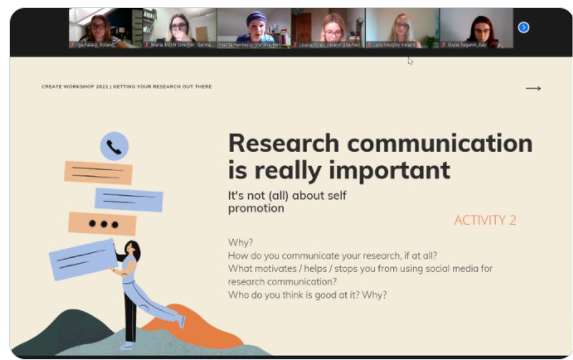
Michele Mulqueen @michelemlqueen
 The @EHPSCreators #EHPSCreators2021 session was absolutely fantastic. So much info & advice that can be used for thinking about & planning the next stages. Thank you all so much!

Needed a walk in one of my fav spots afterwards (where I can also look across the river to Germany!)



2:30 PM · Aug 20, 2021 · Twitter for iPhone

Iga Palacz-Poborczyk @igapalacz
 Thank you @MaritaHennessy for this amazing workshop (Using social media to share your research and build your networks). It was a pleasure to get to know you all and become a part of #EHPSCreators @EHPSCreators

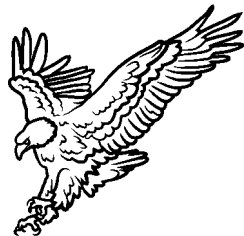


CREATE @EHPSCreators · Aug 17
 For those of you coming to our CREATE Early Career Researcher Workshop this Thursday and Friday, your invites should have arrived via email this afternoon! If you haven't received it, please check your junk email folder! #CREATE #healthpsychology #EHPS #EHPS2021 #EHPSCreators2021

12:22 PM · Aug 19, 2021 · Twitter Web App

for us. Most of the CREATE participants are now represented on twitter and have gained a handful of followers from the group by the end of the workshop. You can find some examples of participants' social media presence during the workshop above.

In the afternoon, Dr Angela Rodrigues, editor in chief of the EHP magazine and senior lecturer in health psychology provided a workshop on publication strategies. After a short introduction, we immediately got to practice going through the first steps of creating our own publication plan. One of the biggest insights for us was to also consider non-academic writing throughout our PhD studies as a way to disseminate our research. While we usually consider journal articles and poster presentations our main way of dissemination, articles and social media posts can be more effective when trying to reach non-academic populations. For both academic and non-academic writing, we need a thought-through and flexible plan to move forward in a way that is targeted and goal-driven like an *eagle* catching prey, instead of running from corner to corner like a mouse trying to get away.

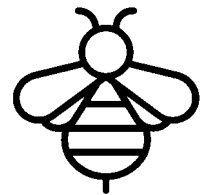


Created by Hey Rabbit
from Noun Project

In the last session of the workshop, we got to know more about funding our research. Here, we got to meet a wide range of experts. Dr Elaine Toomey talked about getting research funding via grants and awards and stressed the importance of putting in the work early on in your career. She used the behaviour change techniques we all know, to explain how we can plan on grant applications: Goal-setting and Action Planning (Michie et al., 2013). She recommended we sit down and think of how many and which grants we want to apply for during our time as PhD students (or whatever time we are in) and then make a plan to work on those applications. This technique also reduces pressure

on us to always go on and get another grant – we can just stick with our plan and have some rest from time to time instead of running after anything and lead ourselves into burnout – something that can also be caused by the imposter syndrome (Kolligian & Sternberg, 1991).

Hema Chaplin focused on the more administrative side of funding and gave us some practical advice on how to approach this. Dr Marta Marques talked about individual fellowship funding, with a special focus on the Marie Curie Fellowship. Lastly, Wendy Lawrence talked about the option to earn funding via consultancy work. For many of us, this side of research was severely underexplored and at least the two of us immediately started planning a handful of spreadsheets in our heads to get started on this. The systematic approach, but also the importance of a broad network that benefits each other, were the two main takeaways for us from this session. That is why we chose the bee to represent a well thought-through strategy for receiving funding.



Created by Studio 365
from Noun Project

Of course, little animal icons were not our main takeaway from these sessions. The workshop was highly practical, introducing a variety of tools and resources to participants in different areas of research. It felt less like following classes and workshops and more like getting useful tips from colleagues who happen to be a bit further on in their journey. By creating this welcoming and casual atmosphere, CREATE enabled us to take what appealed to us from the huge variety of ideas. The speakers created activities where we could briefly apply what we just learned to our own research and our own needs. This made the workshop very personal and catalyzing for our future research. Although everyone took part in the same workshop, it seemed it was tailored to each one of us and our needs. The focus was not on getting the

most followers or the most prestigious grants, but on working with the system in a way that suits your working style and needs. Knowing what a high-pressure environment academics can be, this was definitely a refreshing (and much-needed) perspective. At the end of these workshops, we were not overwhelmed by a mental list of to-dos, but rather excited about some cool opportunities.

CREATE is not only a workshop but has proved itself to be a safe place for early-career researchers. The speakers and organizers have been very authentic and honest about their own journeys, struggles and experiences so that we were invited to follow those role models and formed our identity as early-career researchers. At this place, we would like to thank the speakers Dr Marita Hennessey, Dr Angela Rodrigues, Dr Elaine Toomey, Dr Marta Marques, Hema Chaplin and Dr Wendy Lawrence as well as the executive committee Milou Frederix, Daniella Watson, Jane Murphy, Louise Foley, Maria Blöchl and Claire Reidy for their commitment to create this great opportunity. We already look forward to the next CREATE workshop, hopefully in person!

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The 2021 Synergy Expert Meeting: Our online experience

Anne van Dongen The annual Synergy Expert Meeting (EM) is organised *University of Twente, Enschede, the Netherlands* to provide an opportunity for synergistic discussion between EHPS members conducting research in core fields within health psychology. This year, the online EHPS conference programme was scheduled for five days to make it feasible to attend for people in most time zones. This meant that the Synergy EM needed to be held in the week before the conference. The topic of the 2021 Synergy EM was 'Open Digital Health: Accelerating health promotion and treatment during and after the COVID-19 pandemic', and was facilitated by Dominika Kwasnicka and Robbert Sanderman, two of the founders of the Open Digital Health initiative (<http://www.opendigitalhealth.org/>).

To ensure that the additional days online were manageable for participants, the programme was limited to two two-hour timeslots on the Thursday and Friday each. On both days, the meetings were scheduled from 9am to 11am, and 12pm to 2pm CEST. Between the two timeslots, participants were encouraged to have 'active breaks' away from their desks. With participants' countries of residence ranging from the UK to Israel, these timeslots were the most suitable for all, except our facilitator Dominika in Perth, Australia, who had to stay focused until 10pm local time. We are therefore all very grateful to her for remaining as involved as she did. Seventeen experts participated in the Expert Meeting. Six of these were employed in the UK, four in the Netherlands, three in Germany, two in Finland, and one each in Israel and Kenya. The participants' career stage ranged from PhD student

to full professor, with the majority being postdocs or assistant professors/lecturers.

The four two-hour sessions had clearly defined topics and goals. In the first session on Thursday, we discussed what are the best methods in our health psychology research toolkit for testing and evaluating digital health tools. During Thursday's second session, we discussed the main advantages and disadvantages of sharing (i.e., openly publishing) data, content, codes, and design features of digital health tools. Friday morning started with a discussion of the most feasible strategies to reuse digital health tools across contexts, populations, and settings, followed by the final session in which we discussed how to best move the Open Digital Health field forward. All sessions consisted of an introduction, a smaller group brainstorm or discussion (some using Miro boards, <https://miro.com/>), and plenary summaries and discussions.

The two facilitators were assisted by four co-facilitators, who are also co-founders and directors of the Open Digital Health initiative: Gill ten Hoor, Jan Keller, Olga Perski, and Sebastian Potthoff. Involving co-facilitators proved to be hugely beneficial, as the subgroup discussions were accelerated by these co-facilitators chairing, taking minutes, and reporting the main findings back to the larger group. The minutes and notes, taken throughout the EM, were invaluable. The "White Paper", co-authored by all who attended, was submitted at a record speed of three weeks after the EM. The "White Paper" is currently under review and addresses the key gaps in the literature pertaining to the development, evaluation, and scaling of evidence-based open digital health tools,

and makes suggestions for how to fill these gaps.

In a face-to-face conference scenario, the Synergy EM starts with an informal networking event on the night before the official programme, which usually takes place in a bar or restaurant on location. Networking between experts all working on the same topic is an important aspect of the EM, and as an added bonus, this saves time on the first day of the EM as most people have already met their fellow participants. As we have probably all experienced, online informal networking is, for most of us, much more challenging. Instead of a natural flow of conversations in pairs or small groups, all participants tend to be in the same virtual room, mostly with their microphones switched off. This year we scheduled an hour-long online informal meeting the night before the EM, and we asked all participants to introduce themselves to the group. Even though this wasn't as lively as a face-to-face event, and conversations could not be as in-depth, we did learn more about fellow participants which meant the ice was broken before the start of the first session on Thursday.

We requested that all participants keep their camera on during the meeting, and to mute their microphone unless they were talking. Meetings where we can see everyone are much more engaging; however, background noise can often disturb the meeting flow. Interestingly, this allowed us to see some participant's home life. We met one participant's new-born baby, along with some adorable cats and dogs. Some participants were doing some light stretching, walking, or standing up from their chairs – all very health appropriate. The official programme on Friday was followed by a social event from 2 to 3pm CEST. We suggested participants fetch their favourite drink and snack, and join the event from their couch or garden. To get the conversation flowing, we asked for the worst, most interesting, or most original health app they knew. Zombies Run (<https://zombiesrungame.com>) and Ring Fit Adventure ([https://www.nintendo.com/products/detail/ring-](https://www.nintendo.com/products/detail/ring-fit-adventure-switch/)

[fit-adventure-switch/](https://www.nintendo.com/products/detail/ring-fit-adventure-switch/)) were some of the fun examples mentioned.

Participants evaluated the EM well. The overall quality of the sessions was rated as 4.6 (out of 5); the experience of the online format was rated as 4.7. Understandably, the opportunity to interact and network was rated lower than in previous years (3.9). Participants' suggestions for improvement included using wonder.me (<https://www.wonder.me/>) or gather.town (<https://www.gather.town/>) for networking, which Synergy arranged for delegates during the conference week. One participant mentioned that they really enjoyed the mix of small group discussions and plenary debriefings/discussions, since as an introvert this allowed them to contribute more easily.

Compared to a traditional EM, we can see both pros and cons to a virtual EM. The main disadvantage was of course the lack of networking and informal discussions over coffee, lunch, dinner, and drinks. As interaction through a screen is more tiring than face-to-face, additional time for less structured discussion was limited. However, the types of discussions this year's facilitators arranged, their alternations of activities in small and large groups, and the use of Miro boards in smaller group discussions, made this EM more efficient than the previous EMs. Another benefit was that it usually takes a while to lure participants away from their coffee break or lunch discussions back to the meeting room, something which only takes seconds in online meetings.

My overall experience of the online conference was that I enjoyed it more than I thought I would; however, at the same time it was also more exhausting than I expected, even without spending most nights networking in bars. Let us all hope that the 2022 conference will finally be in Bratislava (no matter how much we enjoy Rado Masaryk's promotional videos!). In case we ever have to attend an online conference again, I would like to refer you to fellow Synergy board member Marie Kotzur's article in this journal pointing out

very useful tips and tricks on how to deal with and enjoy an online (EHPS) conference (Kotzur, 2020).

Finally, the Synergy Board would like to sincerely thank the EHPS organising team and the EasyConference team, with a special thanks to Christos, for the supportive communication, for being present throughout the entire EM, and for helping out with the very few technical issues that occurred. The author would like to thank the members of the Synergy Board and the members of the Open Digital Health initiative for their helpful reviews of this report.



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