



## **Keeping connected: introducing ThinkLets**

**Learning Together builds educational communities that bring together people who live, study and work in universities and criminal justice organisations. Together, we want to use the power of education to improve lives, institutions and communities.**

**Covid-19 is a major challenge to our health and wellbeing. It means that we cannot physically come together as a community to learn with and from each other. But we can still keep learning and supporting each other to stay hopeful, positive and engaged.**

**Members of the Learning Together Network have created ThinkLets to help us all keep connected. Each ThinkLet contains resources that will help us to think about new ideas and develop new skills together, even from afar.**

**Each week, for the next eight weeks, two ThinkLets will be shared across our national community. We hope you enjoy them and find them helpful.**

**Keep well. Keep hopeful. Keep connected.  
And keep Learning Together.**

**Please note:**

**The following resource was created with love and care by a member of the Learning Together Network. We sincerely hope that the creator's work will be respected by distributors, readers and users, and will not be subject to plagiarism or other forms of academic misconduct. Thank you for your cooperation.**

# ThinkLet #5

## Prioritising Wellbeing

**Alexandria Bradley & Ellie Willard (Leeds Beckett University)**  
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*This session follows on from ThinkLet #1, 'An Introduction to the Psychology of Sleep', by Emma Dunmore. It focuses on **three 'S's' – sleep, stress and sport** - looking at how sleep combines with stress and sport to affect wellbeing. How well do you sleep? Can you manage your stress? Do you exercise enough?*

### Sleep

In ThinkLet #1 you will have received a sleep diary.

Take a look at that sleep diary and, on a spare piece of paper, work out the following:



- 1) How long (on average) did you sleep each night?

To calculate this be sure you subtract the time awake during the night from your total. You should be aiming for between seven and eight hours sleep.

- 2) How long does it take you to fall asleep (on average)?

It should not be too quick or too long. 'After some time'... around five minutes is ideal. Try not to concentrate on how long it is taking you, as this will stop you falling asleep!

- 3) How did you feel in the morning?

Refreshed is ideal. OK is manageable. Lethargic/tired/achy indicates poor sleep. If your sleep hygiene is good then you will be feeling refreshed.

#### Signs of sleep deprivation:

- Finding it difficult to get out of bed in the morning
- Feeling sleepy during the day, or in warm environments
- Feeling very tired after a heavy meal, particularly in the afternoons
- Being grumpy or irritable
- Having difficulty concentrating, remembering things or making decisions
- A change in appetite or weight gain
- Being more accident prone
- Susceptible to colds and infections
- Stressful things are difficult to cope with
- Finding it hard to motivate yourself
- Your reaction times are reduced

- 4) Compare your data with those desirable for good sleep hygiene, on this ThinkLet and in ThinkLet #1. What do you notice? Do the figures indicate you have good sleep hygiene?

#### Top tips for improving your sleep hygiene:

1. Establish a good bedtime routine – try to establish a routine that is similar each night and which starts about 30-60 minutes before bed, so you go to bed at roughly the same time each night.
2. Establish daytime habits – exposure to bright light in the morning and/or exercise during the day.
3. Reduce unhelpful strategies in response to feeling tired in the day - e.g. drinking lots of caffeinated drinks or smoking.
4. Naps can be good, but avoid napping after 3 in the afternoon.
5. Avoid exercising too close to bedtime (no later than 2-3 hours before you want to go to sleep).
6. If worry appears to be linked to problems getting to sleep for you, it may be worthwhile trying strategies to reduce worries; writing your worries down can help a lot.
7. Avoid "clock watching" if you wake up in the night. Checking the time tends to make us anxious or annoyed about being awake; these emotions then make it hard to get back to sleep again. Trying to stay awake can actually help us get to sleep!
8. If you wake up in the night and cannot get to back to sleep within 15-20 mins, read or listen to quiet music to feel sleepy.

## Stress

Stress is a bodily response to a psychological trigger. The response is designed to get us away from danger or a threat. All the physical changes help us to be able to cope with the threat. These include sweating (for temperature regulation), increased heart rate (to circulate the stress reaction around the body quicker, cooler skin (a result of the blood moving to the vital organs etc). The stress response is ultimately designed to be helpful. However, over time our stress tends to be prolonged, rather than the quick response it is meant to be. This has a negative effect on our wellbeing. Our immune system functions less well when we are under a sustained period of stress and we are therefore more likely to get ill. Many studies illustrate this effect; notably, the work of a psychologist called Kiecolt-Glaser shows that, with sustained stress, the immune system does not work as well as it should (1984) and wounds take longer to heal (2005).

### Ways to combat stress:

Stress is a normal part of our lives and it cannot be totally eliminated. However, if stress is starting to cause significant distress or interfering with someone's day to day life then people may seek help. Techniques relating to cognitive behaviour therapy (CBT) have been used to enable people to manage their stress.

There are three broad phases:

1. Conceptualisation
2. Skills Training
3. Application



*It is important to remember that CBT is individually tailored to the problems that a person is suffering when they come to see a therapist. So, the therapy will not be exactly the same for every person.*

*A therapist and a client work together in a collaborative way to find the best ways for the client to solve / cope with their problems.*

1. **Conceptualisation** – this may involve several different things. For example:

- Keeping a diary of stressful situations to identify triggers.
- Analysing recent stressful situations and identifying what the person was thinking at the time and what did in the situation. This may help the person to spot thoughts that are unrealistic (e.g. “I must be a weak person to react like this”) and behaviours that are unhelpful (e.g. comfort eating, drinking alcohol, going over and over the problem in their minds).
- Discussing which **stressors** the person can change and which stressors they have in their lives that cannot be changed.
- Educating the client about stress and how the body reacts to it.

2. **Skills training** – this involves teaching adaptive coping strategies including **identifying maladaptive thoughts and replacing them with adaptive thoughts**. For example:

Maladaptive thought	Coping self-statement (adaptive thought)
“There is no way I can face this.”	“One step at a time, you can manage this.”
“I can feel myself getting anxious already, it builds and builds and is taking control of me.”	“Relax, I am in control not my anxiety. Take a slow, deep breath...”
“It is all my fault.”	“Lots of people would react the same in that situation.”

Other skills include **relaxation training**, **assertiveness training** and developing skills in **time management and planning**. Remember that **physical exercise** is good for reducing stress.

### 3. Application

This stage is about trying out the skills identified in (2) to see how well they work for you.

## Sport

Studies have shown the effect of sport and exercise on wellbeing. Here are some examples:

- In studies looking at anxiety, Dishman and Chambliss (2011) noted that those who exercise regularly are 30% less likely to report anxiety symptoms compared to those who don't exercise, even when other factors (such as wealth) are taken into account.
- Walker (2017, pg. 293-294) reports that recent studies suggest that regular exercise increased the amount of time we sleep, the amount of deep non-REM sleep and the quality of sleep (i.e. fewer awakenings in the night) – especially in those who are middle aged or older. He drew this conclusion from studies in which people's sleep is monitored for several nights before being put on an exercise program and then looking to see if there are sleep improvements.

In light of the evidence that suggests that exercise may be beneficial for wellbeing, Battaglia et al (2015) decided to conduct a controlled trial to investigate the possible positive effects of exercise programs in a medium secure prison in the town of Larino in Italy. In this study, 64 people in prison were randomly allocated to one of three groups for nine months:

- CRT = cardiovascular resistance training, one hour, twice a week (warm up; aerobic - pedalling/rowing/treadmill running; resistance training – e.g. leg curls; cool down)
- HIST = high intensity strength training, one hour, twice a week (anaerobic - pedalling; sprint training; weight training)
- Control group = normal day to day activity (no additional exercise sessions)

Participants were assessed at the start and the end of the nine months using a self-report mental health symptom checklist called the SCL-90. The exercise groups (CRT and HIST) showed significantly lower depression scores at the end of the period compared to the control group. This may partly be as the depression scores of the control group had gone up somewhat over the nine months, but also both exercise groups showed decreases in their depression at the end compared to the start of the nine months. There were no other differences compared to the control group. However, participants in the CRT group reported improvements in relationships with others and their mood more generally compared to the start of treatment. Only 35% of those in the CRT exercise group and 21% in the HIST exercise group completed the exercise regime fully (though the researchers don't say exactly how they defined completion of the exercise program). However, this suggests that even greater benefits might be seen if the exercise program was completed more fully.

### Effect of yoga in prisons:

There is evidence suggesting that yoga is associated with improved mental wellbeing. In addition, there is reason to believe that regularly practicing yoga might improve the functioning of the prefrontal cortex, which is an area of the brain that helps us to control impulsive behaviour. This is known as "executive functioning". A ten-week study of yoga in seven prisons, concluded that:

1. People in the yoga group had higher ratings of positive emotions compared to the no-yoga group.
2. People in the yoga group had lower ratings of stress and distress ratings compared to the no-yoga group.
3. People in the yoga group did better in a go/no-go task, suggesting they had better executive functioning, which might result in better impulse control.

This is one of the first studies to assess the effects of yoga as a form of exercise in prisons, with encouraging results. We have to be cautious, as we can't be sure that it was the yoga itself that resulted in the beneficial effects; interaction may also play a key role.



**Sleep, Stress and Sport Diary:** Fill in this diary each day to keep track of the three 'S's' in your life – sleep, stress and sport

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Sleep Assessment</b>							
Bedtime							
Time you fell asleep							
Time awake throughout the night							
Wake up time							
Do you feel well rested?							
Total time in bed							
Naps taken							
Nap duration							
Bedtime							
<b>Stress Assessment</b>							
What caused you to feel stressed?							
How did you feel?							
What was your reaction?							
How did you cope?							
How effective was your response?							
What could have been done differently?							
<b>Sport Assessment</b>							
Exercise activity							
Exercise duration							
How did you feel after completing the exercise?							
My exercise goal/s are to...							