Understanding Leader Identity in Relational Contexts

Director of Studies: Dr Samet Arslan: s.arslan@leedsbeckett.ac.uk

This PhD will focus on the link between leader identity and leadership outcomes, with a specific focus on relational aspects of leader identity work. While it is well-known that leader identity is a significant predictor of leadership outcomes, research in this area has mainly focused on intrapersonal leader identity (within-person identity work). However, identity construction is a dynamic process in which close interpersonal relationships can shape how leaders see themselves and how they enact their roles over time. This project addresses a key gap in the literature by examining how leader identity is shaped through interpersonal processes, rather than focusing solely on within-person identity construction.

In line with the theory of Leader Identity Construction (DeRue and Ashford, 2010) and broader Identity Theory (Burke, 1991; Stryker, 1980), leader identity is understood as emerging through ongoing social interactions, where claims and grants of leadership are negotiated with others. Therefore, the project seeks to advance understanding of the interpersonal dynamics involved in leader identity and to explore the role of other relationship-relevant constructs in shaping leaders' self-views and behaviours, and ultimately their effectiveness across different contexts. To address these aims, the project will take a quantitative approach to investigate the proposed relationships.

The PhD student will be part of the Centre for Psychological Research (PsyCen) at Leeds Beckett University, within the Psychology Applied to Safety and Health (PASH) and Occupational Psychology programme. The successful candidate will be primarily aligned with the Occupational Psychology theme.

Place-based mental health and wellbeing: Critical psychological approaches to mental health and social distress using qualitative and participatory methods such as psychogeography, discourse analysis and go-along walking methods

Supervisors: Dr Rowan Sandle, r.sandle@leedsbeckett.ac.uk ; Dr Alex Bridger a.j.bridger@leedsbeckett.ac.uk.

Summary

The focus of this project topic would be to take a critical psychological approach to considering mental health, well-being and social distress within chosen place-based location/s using qualitative and participatory methods such as discourse analysis, psychogeography and go-along walking methods.

In recent years, there has been a 'turn to place' in psychological research with a focus on the development of spatial methods. Spatial methods allow researchers to consider in-situ spatial practices alongside experiences and interpretations of psychological phenomena. Through place-based research, the PhD would explore rich illustrations of individual and community mental health. The spatial aspect to such work allows the option to consider how mental health 'spaces' are set up, used and experienced and so such work could take place in community mental health settings, of which the supervisors can advise in terms of access to such contexts and respective potential participants.

The theoretical underpinnings to such work could include, post-qualitative, new-materialist and gender-based research in and beyond psychology. Postgraduates choosing this topic would learn and apply one or more new and innovative approaches to such research as guided by the supervisory team, with their related interests, experience, and professional practice in this area.

The focus on such PhD work could centre in areas including:

- Exploring place-based mental health and well-being in relation to gender, race and/or social class.

- Examples of work from previous students supervised:
- Feminist psychogeographical study of LGBTQ+ and gendered urban spaces;
- Using participatory research methods (i.e., psychogeography) and architectural theory to consider living-working environments with young people.

Possible aims could include

- To explore peoples' gendered, classed and racialised experiences of mental health settings and spaces.

- To understand how places and environments make us feel, what we need to do to change spaces to better support mental health and wellbeing and what spaces of the future could look like.

Methods

Methods of qualitative research could include: psychogeography (derive/drift), 'bimbling', go-along walking methods, unstructured walking interviews, ethnography and photo-voice techniques.

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Note: There may also be opportunities to take part in other research projects relating to the supervisors' areas of work.

Physical activity support and provision for underserved communities experiencing menopause

Supervision team and co-leads of PERIMENO research group: Dr Nova Deighton-Smith (School of Humanities and Social Sciences) n.l.deighton-smith@leedsbeckett.ac.uk and Dr Allie Welsh (Carnegie School of Sport) a.welsh@leedsbeckett.ac.uk

Physical activity, notably resistance-based exercise (ACSM, 2026), has numerous physiological and wellbeing benefits for those experiencing menopause symptoms (Hall & Noonan, 2023; Kovacevic et al., 2018). However, for mid-life individuals in marginalised groups, with inequitable access to healthcare services and competing life responsibilities (e.g., Mailey et al., 2014), physical activity rates are much lower and muscle-strengthening activities are often '*forgotten*' (Strain et al., 2016) or '*neglected*' (Bennie et al., 2019). Social isolation, symptom dismissal, cultural stigma, communication barriers, and limited awareness of self-care strategies further intensify the physical and psychosocial challenges that can come with menopause (Welsh & Deighton-Smith, 2026 – in preparation).

Leeds Beckett University has therefore formed a cross-school PERIMENO research group, with the aim of improving physical activity awareness in Leeds and surrounding areas, for those in menopause. In 2025, connections were established with a range of community partners, to identify specific groups and diverse communities who are underrepresented in the academic literature and often have limited access to sustainable provision. The steering group comprises of local community interest companies (CICs), charitable organisations, local authority, menopause coaches and volunteers. The project has revealed examples of small-scale but successful physical activity programmes, knowledge workshops and creative arts sessions; community-based initiatives designed to address much-needed support gaps. However, despite anecdotal evidence of such initiatives (e.g., exercise programmes and resources), their specific role in promoting psychosocial wellbeing during menopause has yet to be fully understood. Discussions have also highlighted key priority groups that face further exclusion barriers that make engaging in physical activity difficult (e.g., those who are neurodivergent and Southeast Asian women). With a group of over 15 partners, we are in the process of co-creating physical activity resources for community use, that are both neuro-affirming and culturally inclusive, to begin addressing some of these barriers.

Broadly, this PhD aims to implement meaningful actions to support those in menopause. Findings from this body of work should better equip community organisations to promote wellbeing through physical activity. Guided by Participatory Action Research (PAR) and co-creation, the student should ground their proposal and project in intersectional collaboration, empowerment, and iterative learning with the communities involved, alongside the use of creative methods. Activities might include:

- Undertaking a review of the literature (specific to menopause outcomes, health inequalities and physical activity).
- Complete a provision-mapping exercise of menopause and physical activity support in Leeds and the surrounding areas, tailored specifically to address key health inequalities in one specific priority group, as identified by our established steering group.
- Conduct a qualitative exploration of a priority group's lived experience using creative methods.
- In response to PhD findings and priorities, develop a feasibility study OR evaluate existing community provision. The work for this would be undertaken within a safe space which is accessible and/or culturally familiar to the population and therefore the applicant would be expected to work remotely at times and be able to travel within the Leeds and surrounding areas.

Interested applicants can contact either co-lead on the above email addresses or via our shared email inbox: perimeno@leedsbeckett.ac.uk.

The Discursive Psychology of Disinformation: FIMI and Social Media

Supervisors: Dr Mirko Demasi (psychology) mirko.demasi@leedsbeckett.ac.uk and Dr Chris Till (sociology) C.Till@leedsbeckett.ac.uk

Summary & Aims

FIMI (foreign information manipulation and interference) is a major political concern in the UK in particular, and the democratic world in general: it is the spread of known false information (disinformation) for political gain and the intent to manipulate the behaviour of others. What is lacking as a body of research is a systematic, qualitative, study of how FIMI online is designed to appeal to target audiences in order for them to achieve the manipulative outcome. This PhD proposes a systematic study of how FIMI, spread online, unfolds looking at the detailed rhetorical means through which propaganda seeks to align with its target audience.
The aims are to identify key social media sites (e.g., X or TikTok) where FIMI is spread by malicious state agents and agencies (most notably Russia, China and Iran) and execute a systematic and detailed discursive psychological analysis of the rhetorical means used to advocate propaganda. For example, how pro-Russian propaganda is discursively constructed as reasonable, desirable and correct in social media. The outcome of the research generated in this PhD is designed to complement existing quantitative research done by key counter-FIMI organisations and to potentially partner with these organisations in knowledge exchange collaborations.

Method

Discursive psychology. A qualitative method, a variant of discourse analysis, designed to explore and unpack how lay psychological language is used as a form of social action. It is particularly suited to explaining *how* something unfolds. For this project, it would look at how such language is deployed in, for example, disinformation videos in order to analyse the precise discursive and rhetorical means used to render the message in these videos as persuasive and palatable.

Impact & Outcome

The potentially innovative aspect of this PhD lies in its focus on a target online environment where FIMI is most commonly found and a specific type of data, discourse that is known to be produced with ideologically malicious intent, which will be in-depth analysed using discursive psychological. This analysis will be integrated with existing knowledge on how FIMI spreads (knowledge produced by both academic institutions and thinktanks specialising in counter-FIMI measures), as well as with theoretical accounts of how discursive constructions make messages appear relevant and compelling to particular target audiences. As such, the overall outcome of this PhD is designed to produce both academically valuable knowledge and for knowledge exchange partnerships with relevant non-academic institutions (for example, Institute for Strategic Dialogue).

The overarching aim is to explore how psychologically relevant everyday language is used for disinformation, propagandistic, ends to normalise views and positions that serve the interests of hostile states that may then be spread further or negatively influence democratic processes.

Navigating autism support in the UK: The post-diagnostic experiences of families with English as an Additional Language (EAL)

Proposed supervisors: Dr Lisa Harkry (DoS: l.c.harkry@leedsbeckett.ac.uk), Dr Kate Milnes (Supervisor), Dr Siobhan McHugh (Advisor), Dr Jo Sandiford (Advisor)

Background

Autism diagnoses can provide clarity and access to support, yet for many families the post-diagnostic period is, instead, characterised by confusion, anxiety and difficulty translating clinical terminology into a meaningful understanding both for them and for their child (Crane *et al*., 2016; Hasson, 2019). These challenges may be especially prevalent for families with English as an Additional Language (EAL) where language barriers, cultural expectations and differences in health literacy can intensify uncertainty (Crowther, 2019). While existing research has explored barriers to diagnosis and access to services (Lockwood Estrin *et al*., 2021; Martinez *et al*., 2018; Rabba *et al*., 2019), less attention has been paid to how families from diverse cultural and linguistic backgrounds make sense of autism after receiving their child's neurodivergent diagnosis, and how post-diagnostic information and support can be more responsive to their overall needs.

The proposed community-based doctoral work will explore how families with EAL in West Yorkshire understand and interpret an autism diagnosis, and how post-diagnostic support can be improved throughout the UK to better reflect cultural, linguistic and familial contexts. This would involve co-production of a non-diagnostic framework to support post-diagnostic understanding, informed by family and stakeholder perspectives.

Methods

The proposed PhD would include:

- A literature review of barriers to support, and engagement with, autism diagnostic services in the UK for those experiencing intersectional disadvantage (such as families with EAL)
- Patient Public Involvement and Engagement (PPIE) workshops to understand how families talk about and make sense of autism within their cultural communities
- Semi-structured interviews with parents and caregivers of autistic children from backgrounds with EAL
- Semi-structured interviews with educators, clinicians and community practitioners involved in post-diagnostic support to contextualise findings

Reflexive thematic analysis (Braun & Clarke, 2022) will be used to explore experiences of post-diagnostic understanding from various perspectives. The analysis will triangulate findings (Farmer *et al.*, 2006) to identify patterns in how autism is understood, communicated, and integrated into the lives of families with EAL.

Developing a patient-reported outcome measure

Supervisory team: Dr Tim Pickles and Professor Georgina Jones. For an informal chat, further information, or to talk through your proposal, please contact Dr Tim Pickles at t.e.pickles@leedsbeckett.ac.uk.

Patient-reported outcome measures (PROMs) are questionnaires that are used by patients to self-report the impact of a condition or its associated treatments upon their quality of life, and/or symptoms. They can be used in many different settings including routine clinical care, service audits, randomised clinical trials and cost effectiveness studies and be delivered in paper and/or digital formats. Some examples of PROMs include The Endometriosis Health Profile-30, Short Form-36, Hospital Anxiety and Depression Scales.

This is an opportunity to undertake a PhD on the development and/or validation of a PROM. We would like applicants to decide what health condition they would like to focus on and also what construct they would like the new PROM to measure. By construct, this could be something very broad such as (health-related) quality of life or something very specific, possibly symptom-related or treatment-related, such as fatigue. PROMs for adults or paediatric groups are also welcome. We as supervisors will work with the applicant to support them with the development of this new PROM following internationally recognised guidelines, such as COSMIN and the FDA.

Below we outline a possible programme of research that the PhD applicant may wish to follow in the development of this new measure. It is anticipated that the research will a mix of systematic reviewing and qualitative interviewing and analyses; however, other approaches are encouraged. We are keen to be flexible around the wishes of the applicant, and we would be willing to change this programme of research where possible.

This project has **three research questions**, which aim to answer:

1. Can the existing PROMs for the chosen condition and construct be recommended for use?
2. What concepts, relating to the chosen construct, are important to people with the chosen condition?
3. Is a set of items reflecting these concepts comprehensive, comprehensible and relevant?

Study 1: A systematic review of existing PROMs that measure the construct of interest. This would follow the COSMIN guidelines and would be reported in line with PRISMA-COSMIN guidelines.

Study 2: Semi-structured interviews to explore the concepts relevant to the construct of interest, which will be used to identify the questions for potential inclusion in the PROM.

Study 3: Cognitive interviews with people with the condition of interest to determine the content validity of these questions with respect to comprehensiveness, comprehensibility and relevance.
Alternatively, we also encourage applications that focus on the more quantitative and psychometric aspects of PROM testing and validation if a PhD focusing upon an existing PROM is preferred by the applicant.

Dr Tim Pickles and Professor Georgina Jones are currently setting up the Centre for Outcome Measure Development and Psychometrics at Leeds Beckett University. We will work with the successful applicant to identify relevant clinical advisor/s to the project. We would also look to work with the relevant patient charities and invite people with lived experience of the condition of interest to contribute to the research.

Motivation without will: what is the role of spontaneous thoughts in apathy? Exploring mechanisms and experiences in healthy and clinical populations

Director of Studies: Magda Jordao: M.I.Jordao@leedsbeckett.ac.uk
Supervisor: Kata Pauly-Takacs
Supervisor: TBC

Spontaneous thoughts “pop into” mind with reduced intention, effort and control (Cole & Kvavilashvili, 2019), and occupy around a third of our awake time (Kane et al., 2017). While some spontaneous thoughts may be experienced as intrusive and disruptive, they often fulfil important adaptive functions, such as supporting goal-directed behaviour (Klinger et al., 2018).

Empirical evidence shows that personal goals frequently trigger spontaneous thoughts and are part of its content (Kane et al., 2017). Experimental manipulations like priming that activates personal goals have also been shown to increase spontaneous thoughts about the future (Jordão et al., 2019). Despite this link between spontaneous thought and personal goals, the role of spontaneous thought in goal-directed behaviour and disorders of motivation like apathy, remains largely unexplored.

Apathy is a syndrome characterized by decreased motivation observed as a reduction in purposeful, self-generated and voluntary behaviour (Levy & Dubois, 2006). It is a prevalent and often prognostic syndrome that accompanies several neuropathologies including mild cognitive impairment, dementia, stroke, and multiple sclerosis. In healthy populations, apathy also varies, providing an indication of the risk of future cognitive impairment (van Dalen et al., 2018).

Understanding the mechanisms that influence apathy is key to develop targeted interventions and reduce the negative impact on quality of live for people living with apathy and those supporting them. Current research on the mechanisms of apathy focuses on effortful decisions, and the exercise of cognitive control (Le Heron et al., 2019) but does not address the role of spontaneous cognition. This project aims to address this gap by exploring the mechanisms and experiences of spontaneous thoughts in apathy.

The candidate will be supported to design observational and experimental studies that test the links between spontaneous thoughts and apathy using questionnaires (e.g., Ang et al., 2017, Carriere et al., 2013) and experimental tasks (e.g., Jordão et al., 2019) and may include both quantitative and qualitative approaches. The candidate will be expected to study a healthy sample and will be supported to choose the clinical population they would like to focus on. While supported by a team with expertise and published research in this area, the candidate will be encouraged to assume intellectual ownership of the project, taking the first steps to develop their independent research profile.

Overall, this is an innovative project with potential to support the future development of non-pharmacological interventions in apathy and improve the lives of people living with the condition and those who support them.

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Supporting patient-centred surgical decision-making after breast cancer diagnosis

Director of Studies, Dr Siobhán McHugh, siobhan.mchugh@leedsbeckett.ac.uk
Supervisory team: Professor Trish Holch (Leeds Beckett University), Professor Shelley Potter (North Bristol NHS Trust), Professor Stuart McIntosh (Queens University, Belfast)

<u>Background</u>

In the UK one in seven women will be diagnosed with breast cancer during their lifetime (Cancer Research UK, n.d.). Breast cancer surgery is increasingly complex; not only are women asked to make decisions about breast cancer surgery versus mastectomy, but there are also complex oncoplastic and reconstructive options. Moreover, women with breast cancer now tend to be long-term survivors living a long time with the outcomes of their surgical decision-making. However, despite rapid advancements in surgical options following diagnosis, the empirical evidence about the format and delivery of appropriate information and support for meaningful person-centred surgical decision-making is scarce. In fact, the available evidence suggests that current information provision is not well tailored to individuals, with different information requirements to support decision-making being linked to specific social factors including age, sexuality, family and career (Recio-Saucedo, A., Gerty, S. et al., 2016). Thus, improving patient-centred decision-making about treatment options is increasingly important (DeMiglio, L., Murdoch, V. et al., 2020).

A recent James Lind Alliance Priority Setting Partnership of patients and health care professionals identified clear research priorities to improve information and support for patients undergoing breast cancer surgery (Johnston, E., Cowan, K. et al., 2024). First, the need for information, guidance and support about surgical decision-making that reflects the increasing complexities of treatment options; and second, the need for individualised and equitable information provision which reflects the potential impact of surgical treatment options on physical, psychological and social factors. However, there is as yet no empirical evidence that has explored the current landscape of information delivery in the UK NHS and how this is experienced by patients.

Aims and Objectives

This PhD aims to address this evidence gap by exploring the current landscape of information provision for surgical breast cancer treatment, and co-designing more meaningful guidance and support for patients, their families and healthcare staff to enhance patient-centred communication.

- RO1: To explore the current evidence about information and guidance for surgical treatment options provided to people diagnosed with breast cancer.
- RO2: To understand how patients experience the process of surgical decision-making.
- RO3: To co-design more meaningful guidance and support for patients, families and healthcare staff to improve the process of surgical decision-making.

Methods

This PhD will utilise applied qualitative methods of inquiry. Although the specific methods used will be decided collaboratively with the successful candidate, we anticipate the following broad methodologies will guide each research objective:

- RO1: A systematic or scoping review to explore the current academic and grey literature.
- RO2: Qualitative fieldwork in breast clinics at our partner NHS sites, including ethnography, rapid qualitative methods, and interviews.
- RO3: Co-design methodology will be employed to collaboratively develop information, support and guidance. The co-design community will broadly comprise of patients, healthcare professionals, family members, third sector organisations, policymakers and researchers.

Health beliefs, technology cognitions, and behavioural intention: Testing an integrative framework of AI adoption in Nigerian healthcare.

Director of Studies: Professor Jim Morgan, jim.morgan@leedsbeckett.ac.uk
Dr Siobhán McHugh (Supervisor) Professor Grigoris Antoniou (advisor)

Nigeria has a population of approximately 220 million people and one of the highest rates of preventable mortality in the world (World Health Organization, 2023). The country loses an estimated 993 women per 100,000 live births to maternal causes, and non-communicable diseases account for a growing share of the national disease burden, yet the doctor-to-patient ratio remains around 3.8 - 4 per 10,000 people (Zakir, 2025; WHO, 2023; Federal Ministry of Health Nigeria, 2022). Against this background, artificial intelligence (AI) has attracted considerable interest as a means of stretching limited clinical capacity. Diagnostic algorithms trained on radiology data, AI-assisted triage systems, and machine learning models for predicting sepsis and drug-resistant tuberculosis have all been piloted or deployed in sub-Saharan African (SSA) settings with varying degrees of uptake (Oladipo et al., 2024; Owoyemi et al., 2020).

Lack of AI adoption is mostly attributed to poor infrastructure; however, this does not provide a full explanation. There are urban tertiary hospitals in Lagos and Abuja where infrastructure and connectivity are reasonably adequate, and AI tools have still not been adopted at the pace that developers and policymakers anticipated (Okwukwu et al., 2025; CEIMIA, 2024). When Sarfo et al. (2024) reviewed attitudes toward AI in healthcare across Ghana and Nigeria, they found that a substantial proportion of respondents expressed distrust, concern about data being misused, and discomfort with clinical decisions being delegated to machines. Although this suggests that psychological factors may play an important role, the literature has, on the whole, treated them as secondary or as simple by-products of low digital literacy, rather than as phenomena that deserve systematic psychological study.

The proposed PhD aims to address this knowledge gap. Drawing on psychological models of technology acceptance (e.g., the Technology Acceptance Model) and health behaviour (e.g. the Health Belief Model, Theory of Planned Behaviour) the PhD research will attempt to identify the predictors of AI adoption (or lack of adoption) in Nigerian healthcare. The primary focus is likely to be on end users, i.e., the general public, however it will also be important to understand the impact of wider contextual factors (e.g., barriers for AI adoption for the healthcare policy makers, managers, and the wider workforce). In collaboration with the supervision team, the PhD student will have the opportunity to determine the particular focus, research questions, and methods of their programme of work.

It is likely the PhD will use systematic review, quantitative and qualitative methods. The candidate will require access to healthcare settings/users across Nigeria's six geopolitical zones, including urban, semi-urban, and rural areas.

Designing an effective intervention to reduce rape myth acceptance

Director of Studies: Dr Sofia Persson: s.persson@leedsbeckett.ac.uk
Supervisor: Dr Katie Dhingra
Advisor: Dr Tom St Quiton

“Rape myths” (i.e., beliefs about rape, its victims, and its perpetrators) encompass attitudes that blame victim-survivors of rape, exonerate the perpetrators, and minimise the impact, severity, and prevalence of rape (Bohner et al., 2009). These beliefs directly contribute to rape (Persson & Dhingra, 2022) and are “harmful” to criminal justice outcomes for sexual offences (Law Commission, 2025, p.2). Rape myths remain widely endorsed among the general public, and there is little consensus on how to effectively reduce them (Krahé, 2025). Existing interventions exhibit substantial limitations; they often lack a sound empirical or theoretical basis, and few have been tested for long-term impact (Helm et al., 2026). Research is required to understand which interventions are being implemented, and to use this knowledge to design an evidence-based solution capable of producing sustained change. Fields such as health psychology offer a wealth of evidence on attitude and behaviour change, providing established theoretical frameworks, such as the Theory of Planned Behaviour and Inoculation Theory, that have been successfully applied to complex health and social behaviours. These frameworks offer a robust foundation for designing interventions that move beyond awareness-raising to target the cognitive and motivational drivers of rape myth acceptance.

The project will design an evidence-based intervention to reduce rape myth endorsement using a mixed-methods approach. This will begin with a scoping or systematic review to identify existing interventions and their characteristics. Findings will inform the intervention design phase, which will employ qualitative methods (e.g., focus groups or interviews with key stakeholders) and quantitative methods (e.g., surveys) to refine content and delivery, all anchored in established behaviour change frameworks. The intervention’s effectiveness will then be assessed through a longitudinal experimental design, such as a feasibility randomised control trial with a factorial or component-based structure, to evaluate long-term impact and isolate the contribution of key theoretical elements.

The PhD will align with Open Science practices throughout all stages of the research. The candidate will be supported in engaging with reproducible methods, including in obtaining training in data analysis using R and other open research practices. This PhD is, therefore, an exciting opportunity for a motivated candidate to work on an important project and to gain expertise in conducting research using reproducible research practices. It will appeal to candidates with a commitment to feminist scholarship, gender equality, and evidence-based approaches to tackling sex-based violence.

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Mapping potential and possibility for future SLTing: A living cartography of mixed neurotype Speech and Language Therapists' practice

DoS: Dr Rowan Sandle: r.sandle@leedsbeckett.ac.uk
Supervisors: Dr Kate Milnes, Dr Jo Sandiford
Advisor: Dr Lindsey Thiel

Background and Rationale

Recent work by the Royal College of Speech and Language Therapists (RCSLT) has opened up discussions about disability within the speech and language therapy workforce, and support for disabled Speech and Language Therapists (SLTs) (https://www.rcslt.org/learning/equity-diversity-and-belonging/supporting-slts-with-disabilities-in-the-workplace/). This prompted the development of a peer support group for neurodivergent SLTs, which currently engages over 450 SLT professionals, including SLT student members, and has led to deeper understanding of, and guidance for supporting neurodivergent SLTs (https://www.rcslt.org/learning/equity-diversity-and-belonging/neurodivergence-in-the-workplace/).

Ongoing MRes research (Simpson, 2025 a/b) at Leeds Beckett University is exploring the lived experiences of neurodivergent SLTs (ND SLT), with a focus on professional identity, using Karen Barad's (2007) diffractive methodologies. This PhD would build on that work, and further explore the perspective and practice of the ND SLT. While neuro-affirming practice has gained widespread traction across the profession, it has focused on the observable doings of SLT practice rather than the internal dialogue of embodied knowing in the profession itself.

This PhD seeks to extend the boundaries of SLT clinical knowing through speculative discovery of what becomes possible for future SLT practice when neurodivergent (ND) and neurotypical (NT) SLTs explore yet-to-be-mapped SLT intuition as equally valued knowers. To support authenticity of this study, the successful applicant will identify as neurodivergent.

Aims

- To investigate how ND and NT SLTs describe, enact, and negotiate different ways of "doing SLT" practice.

- To explore the possibilities and limits of working across ND and NT modes of practice, including whether SLTs might move between, blend, or resist these modes in practice.

Proposed Methods

Using Video Reflexive Ethnography, this study will explore ND and NT SLT practice through a diffractive lens. Groups of ND and NT SLTs will film segments of their everyday clinical work and engage in layered reflexive discussions, initially in ND-only and NT-only groups, and then in mixed groups.

This study is underpinned by post qualitative inquiry, drawing on cartography and diffractive methodologies, to map how SLT practice might expand, shift or fragment when neurodivergent clinical knowing is illuminated.

What This Study Will Add

This study seeks to diffractively explore how different neurotypes notice, interpret, and respond to clinical moments, generating new understandings of sensory-relational practice. The study examines what becomes possible when practitioners share their embodied ways of knowing and attend to the differences that shape therapeutic encounters. This research maps the possibilities and limitations of mainstream SLT practice's ability to hold multiplicity.

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Understanding and Improving Pathways to Speech and Language Therapy for Adults with Speech, Language and Communication Needs

DoS: Dr Lindsey Thiel: l.thiel@leedsbeckett.ac.uk
Supervisors: Dr Siobhan McHugh and Dr Magda Jordao

Background

Speech, language and communication difficulties can significantly impact on social participation, employment, identity and wellbeing in adulthood (Parr, 2007; Cruice, 2010). Speech and language therapists (SLTs) provide essential services which include assessment, diagnosis, and interventions to support communication and improve quality of life. However, access to services is variable. According to written evidence submitted by the RCSLT to the Health and Social Care Committee of the UK Parliament (RCSLT 2023), there is increasing unmet need within adult primary and community SLT services, which have been exacerbated by the pandemic, workforce shortages, an ageing population, and an increase in chronic diseases and disabilities. This has resulted in a postcode lottery, with longer waiting lists, uncoordinated, insufficient and overstretched services. Moreover, those who do not have their communication needs met early on are likely to need support for more complex needs later on, and people from underserved communities (e.g. global majority, LGBTQ+, homeless, learning disability) are at greater risk of inequality of access to appropriate support.

There is currently a lack of evidence on how decisions about access, prioritisation, and discharge are made, or how people's experiences of their care are affected by organisational structures. An in-depth exploration of how speech and language therapy pathways are designed and how adults with communication difficulties from marginalised groups experience these pathways will help to develop more inclusive models of care.

Aims and Objectives

- RQ1. What is the current landscape of support for adults with speech, language and communication needs from the perspective of appropriate professionals?

- RQ2. How do people from marginalised groups experience the pathways for speech and language therapy support?

- RQ3. How can we address the unmet supports needs in the pathways for adults with speech, language and communication needs?

Methods

The specific methods for this PhD, and the specific scope (e.g. adults with learning disability, adults with acquired brain injury etc.) will be decided with the successful candidate, but broadly the following methods will be used to answer the three research questions:

- RQ1(a). A systematic or scoping review will map the current academic and grey literature evidencing speech and language support pathways for adults with speech, language and/or communication needs.

- RQ1(b). A qualitative systems map generated from the results of the review and following qualitative mapping workshops with professionals working with the specific client group(s) of focus.

- RQ2. Interviews and/or focus groups will be used to understand individual experiences. This data will be used to ‘socialise’ the qualitative systems map.

- RQ3. Recommendations for service/pathway improvement will be generated from the systems map.

Imagining and making the donor-conceived person: Constructions, relationships and boundaries in online sperm donation

Supervisory team: Dr Rhys Turner-Moore and Professor Georgina Jones. For an informal chat, further information, or to talk through your proposal, please contact Dr Rhys Turner-Moore at r.turner-moore@leedsbeckett.ac.uk.

Online sperm donation (OSD) enables people to conceive outside clinical settings via websites, apps and social media groups, connecting people looking for sperm (‘recipients’) with people offering sperm (‘donors’). Research in this area is growing: two reviews were published last year (Côté et al., 2025; Taylor-Phillips et al., 2025a) and the supervisory team are completing a large, four-year ESRC-funded research project – the Online Sperm Donation Project (Turner-Moore et al., 2025; www.theosdproject.com).

However, little research has centred on the donor-conceived person in OSD. Newton et al. (2024) published on the embodied sociotechnical imaginaries of Australian donor-conceived people; although only 12 participants in their national online survey and 1 participant in their semi-structured interviews were conceived via a non-clinical route.

This project has three research aims, which are to explore:

1. How recipients and donors construct ‘the child’ or the ‘donor-conceived person’ in online sperm donation, and what hopes, expectations and perceived responsibilities are attached to this imagined figure;

2. How recipients and donors account for and negotiate trust, risk and boundaries in relation to the donor’s involvement in the life of the donor-conceived person;

3. How people conceived through online sperm donation position their origins, relationships and identities, and how they account for the roles and responsibilities of those involved in their conception.

You should design a programme of research to address these aims. It is anticipated that the project will be broadly qualitative. This may include the studies below, with each study addressing one of the aims; however, methodological innovation, interdisciplinarity, creative and participatory approaches are encouraged.

Study 1: Analysis of OSD forums and social media groups to explore how ‘the child’ or ‘donor-conceived person’ is constructed in naturally occurring interactions between recipients, between donors, and between recipients and donors. If needed, this could be supplemented with a secondary analysis of the qualitative interviews with recipients and donors from the Online Sperm Donation Project (Turner-Moore et al., 2025).

Study 2: Retrospective qualitative research with recipients and donors who conceived a child through OSD, preferably some years ago, to explore how trust, risk and boundaries in the donor’s involvement in the life of the donor-conceived person are accounted for and negotiated over time. For some recipients or donors, this might include instances where the donor is no longer in the donor-conceived person’s life.

Study 3: Exploratory research with people conceived through OSD. Given that OSD is an emergent practice (the first English-speaking website started in 2007; the first Facebook group in 2013; Taylor-Phillips et al., 2025b), this would be an in-depth study with a small sample (approximately five participants aged 16+) to address Aim 3.

Skill Acquisition Across the Lifespan

Supervisors: Andrew D Wilson a.d.wilson@leedsbeckett.ac.uk; Dr Zoe Kolokotroni

Skilled movements require learning to perceive task demands, and organising your actions to meet those demands. We use coordinated rhythmic movements as a model task in the lab to study the processes of skill acquisition and performance. While simple, these movements still require all the elements of more complex tasks, but within a task that is simple enough to study and model in detail.

This project will use this task to investigate the visual and non-visual perception of coordinated rhythmic movements, how this perception shapes learning new coordinations, and how ageing affects this learning. Past research has established that learning rates shrink to half for adults in their 50s, and this has implications for learning and relearning skills (e.g. rehabilitation following stroke) in older adults.

This project would suit a student with a background in experimental cognitive psychology or sports/movement science, and an interest in perception-action. You will be trained in programming (primarily Matlab; prior programming experience not required but would be beneficial), experimental techniques in cognitive psychology (e.g. eye tracking), a variety of statistical techniques and kinematic data analysis.

The Cognition in Action lab is committed to open science and reproducibility. We preprint work on psyarxiv.com, and share data and code on osf.io. This project will also involve pre-registration of all study designs.

<u>Key References</u>

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All papers available at: https://cognitioninaction.wordpress.com/lab-publications/publications-andrew-d-wilson/

How do UK adults with responsibility for feeding children navigate a food environment dominated by ultra processed foods (UPFs)?

Supervisors: Dr Maxine Woolhouse (m.woolhouse@leedsbeckett.ac.uk; Dr Suzie Xu Wang; Dietetic/nutrition group researcher tbc

Background

Ultra-processed foods (UPFs) refer to “industrially formulated products containing heavily processed ingredients and additives” (Mutebi, 2024, p. 4) and thus consist of ingredients typically not found in domestic kitchens and contain little or no wholefoods (Lane et al., 2024). Examples of UPFs are ice cream, bread, breakfast cereals, biscuits, fizzy drinks and so on.

A growing body of evidence points to associations between UPF consumption and numerous adverse health outcomes including cardiovascular disease, type 2 diabetes, obesity, anxiety and depression (Lane et al., 2024). The UK is the second largest consumer of UPFs, with approximately 57% of daily total energy intake coming from UPFs, and the highest consumers being children and adolescents (Marino et al., 2021). There is evidence that UK consumers are aware of the associated health risks of UPFs yet sometimes struggle to identify UPFs, find dietary information overwhelming and untrustworthy, and face numerous barriers and enabling factors when making decisions around UPF consumption (Essman et al., 2026).

Currently, there are no specific policies in place to curtail the production, marketing and widespread availability of UPFs in the UK (Warner & Khan, 2026) despite calls for such from leading scientists (Scrinis et al., 2025, Warner & Khan, 2026). Yet, if and should any such policies be implemented, these are likely to gain public support if people understand their underpinning rationale and perceive them to be beneficial (Essman et al., 2026). However, there is currently limited understanding of how individuals make sense of UPFs in their daily lives and navigate food ‘choices’ in a food environment saturated with ultra processed foods (Essman et al., 2026). Furthermore, it is well-established that children and adolescents are the biggest consumers of UPFs (Marino et al., 2021) yet, to date, UK-based research with parents* and adolescents is non-existent. This is an important gap to fill given the increasing body of evidence around the impact of UPFs on non-communicable diseases, the highest rates of UPF consumption among children and adolescents, and the complex structural, socio-economic, political and commercial environments within which parents* provide food for their children.

*or adults with responsibility for feeding children

Aims

This PhD aims to explore 1) the extent to which parents* and adolescents can identify UPFs and the markers by which they do this (e.g. ingredients, packaging etc) 2) how parents* and adolescents make sense of UPFs and their relationship to health 3) whether perceptions of UPFs shape purchasing and provisioning of UPFs to children 4) where parents* and adolescents source/encounter information about UPFs 5) the barriers and enablers to UPF restriction/consumption and 6) if participants support the idea of policy interventions to curb UPF consumption and their proposed solutions.

Methods

The research will use mixed methods to explore parents'* and adolescents' views around UPFs.

Example study phases (other ideas are welcome):

1. A scoping review on parents'* and adolescents' views, understandings and decision-making around UPF purchasing, consumption and provisioning

2. A large-scale UK-based survey on parents'* and adolescents' views, understandings and decision-making around UPFs

3. Interviews or focus groups with parents* exploring their views, understandings and decision-making around UPFs and their thoughts on potential policy interventions

Expected outcomes are likely to build a platform for future research and add to calls for and suggestions for effective policies and practices around UPFs.

References

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