

# The Thalamus

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**Big Changes in Psychology: The DSM-5**

**By: Sarah Hill**

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is arguably one of the most important books in the field of psychology. Published by the American Psychiatric Association (APA), this book contains descriptions, symptoms, and criteria for diagnosing various mental disorders.

This May will prove to be a very exciting time for the field of psychology, as it marks the release of the DSM-5, the first full revision of the DSM since 1994. The newly revised manual has been nearly fourteen years in the making, and has involved the work and ideas of psychiatrists, psychologists, social workers, psychiatric nurses, pediatricians, and neurologists with expertise in a wide array of fields. Directly working on the new revisions was the DSM-5 Task Force and thirteen Work Groups, all composed of various scientific researchers and clinicians who were nominated and approved for the daunting task of re-

vamping the DSM. Initial drafts of the criteria for the new manual were posted on the DSM website, beginning in 2010, for a total of three open comment periods. After reviewing feedback, the proposals from the Work Groups were evaluated by the Task Force, as well as a Scientific Review Committee and a Clinical and Public Health Committee. After years of research, review, and hard work, the final DSM-5 criteria were approved in December 2012.

There will certainly be many changes in this highly anticipated revision of the DSM. The first thing that many will notice is that the DSM-5 will be organized differently from the previous editions of the manual. The book will be divided into three sections: section one will contain an introduction with instructions about how to use the new manual; section two will be organized into chapters and will outline the categorical diagnoses; finally, section three will con-

tain conditions that still require further research before being considered formal diagnoses. The DSM-5 will also include a discussion about culture and diagnosis. Most interesting to note about this organization will be the order of the chapters. The DSM-IV is currently organized on a multiaxial system, with disorders being categorized from Axis I through Axis V. However, the new version of the manual will be stepping away from this multiaxial organization. Disorders located in the second section of the manual will be structured according to the developmental lifespan. This means that disorders generally diagnosed in childhood will come first, followed by those diagnosed in adolescence, then adulthood, and finally later life.

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**Psychology Events at Stonehill**

**Faculty Game Show Night**



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**Psi Chi Induction**



Read about it on Page 7



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## Big Changes in Psychology: The DSM-5

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Another important change to the DSM will be the inclusion of dimensional assessments. In the DSM-IV, disorders were explained and arranged in categories, and included a list of symptoms for each disorder. With this format, there was no way to account for the level of severity of a disorder, and many felt that the strict criteria did not always fit with the reality of the range of symptoms that individuals may experience with any given disorder. The new dimensional assessments in the DSM-5 allow clinicians to rate the severity of symptoms, as well as track a patient's progress throughout the course of treatment.

The DSM-5 will also bring important changes to the criteria listed for diagnoses and the inclusion of new disorders not previously listed in the main body of the manual. Among these changes include the consolidating of criteria for autistic disorder, Asperger's, childhood disintegrative disorder, and pervasive developmental disorder – not otherwise specified. These disorders will now become one category called Autism Spectrum Disorder (ASD), with symptoms falling on a continuum. New diagnoses that will now be included in the DSM based on current research include disruptive mood dysregulation disorder (DMDD), premenstrual dysphoric disorder (PMDD), hoarding disorder, and excoriation (skin picking disorder), among others.

The field of psychology is one that is constantly changing and evolving based on newly discovered information and ongoing research. The release of the DSM-5 will present changes that reflect the latest research and work in the field. Although some of the changes have been widely debated, everyone from psychologists and psychiatrists to social workers and pediatricians anxiously await the release of the newly revised manual to see what it has in store.



## We Can Do It!: Women in the Military

By: Laura Dzgoeva

Women are playing an increasingly prominent role in the United States military. According to the Department of Veterans Affairs, women compose 14.6% of current active duty military personnel (in 1973, women in this category were at 2%), 19.5% of the reserve forces, and 15.5% of the National Guard. Out of 1.6 million service members who have been deployed to Afghanistan and Iraq since 2001, more than 200,000 were women.

As more women than ever before are deployed to fight ~ and sometimes die ~ for their country, they also represent a larger number of veterans coming back in need of psychological assistance. Psychologists are exploring how females in the military are different from their male counterparts, and what they have in common. Although research is limited and just beginning to emerge, there have been several interesting findings which will surely pave the way for future inquiry.

Psychological researchers have found that women who have experienced sexual harassment or trauma prior to their military service are more likely to suffer from post-traumatic stress disorder (PTSD). However, research has also discovered that females may be more resilient to the effects of combat than males. This research has piqued the interest of psychologists and researchers working with the Department of Veterans Affairs, who hope to use this knowledge to design effective interventions and treatments for both men and women involved with the military.

In civilian populations, research has found that nearly twice as many women report PTSD compared to men. Considering these statistics, the expectation might be that women would be at a disadvantage in rates of PTSD after military service. However, researchers at the Walter Reed Army Institute of Research have found that, compared to male soldiers who had similar jobs and experienced about as much exposure to violence, women did not show elevated levels of PTSD during their deployment, or three months after. Although there is no concrete explanation for why quite yet, this research finds that men have a larger increase in PTSD than women after deployment, and might have more resilience in times of combat.

Research by the American Public Health Association has also discovered that both men and women who screened positive for military sexual trauma were far more likely to be diagnosed with a mental health condition compared to veterans who had not experienced such trauma. Additionally, men and women who had reported prior assault were twice as likely to report PTSD symptoms after deployment than those who did not report assault. Sexual harassment and assault are a significant problem for men and women in the military, and taking this into consideration will assist the Department of Veterans Affairs with detection of possible mental health issues in returning veterans and evidence-based treatment and care following any assault and trauma.

There is still plenty of research to be conducted on women in the military, and many fascinating differences and similarities exist between male and female soldiers. Overall, however, women have done well in combat, and future research will help psychologists understand and provide treatment catering to the needs of men and women veterans who experience mental health issues stemming from their service in the military.

## Psychology in the News

By: Georgia Winters

### Free Trials Lure in Internet Gamblers

Researchers at the University of Adelaide examined the effects of free trials offered on internet gambling sites on betting behaviors. To examine the influence of pop-up messages and high returns on risk-taking behavior, 128 participants were offered free trials to earn real money. One group played the game and received high money rewards. The second group received high returns and also viewed pop-up advertisements. After the free trial, the researchers studied the gambling behaviors when people began playing the actual game. Results revealed that both experimental groups bet significantly more than the control group. The authors suggest that free trials give the person the illusion that “practice makes perfect” so they will be overconfident in their ability to win money when playing the real game.



### Future Seems Closer than the Past



Caruso (2013) examined people’s perceptions of past and future events. Spatial perception research suggests that people feel closer to objects moving toward them compared to those moving away. The researchers hypothesized that this phenomenon may influence our perception of time, which they call the Temporal Doppler Effect. Some participants were surveyed a week before a holiday, and others were given the same survey a week after. In the second study, participants either watched a video moving toward an object or moving away. After, they were asked to report how far away a particular date felt to them. The results suggest that people perceive times in the future as closer to the present than times in the past. The researchers conclude that we feel closer to the future because we are moving toward it.

### Health Benefits of Giving to Others

A five year study provided support for the idea that giving to others can help our health and lengthen our lives. Participants were interviewed about stressful events they have experienced in the past year and whether or not they have provided tangible help to family or friends. Stressful events included serious illness, job loss, deaths in the family, and financial struggles. The most common helping behaviors were providing transportation, running errands, providing child care, and assisting in housework. Results show that during stressful situations, participants providing assistance to others in the past year were less likely to die than those who did not help others. Researchers conclude that health benefits for assisting others may be a way to buffer stress for some individuals.





## Faculty Game Show Night

By: Teresa McGinley



On December 3, 2012, eleven highly skilled and talented faculty members participated in the Psychology Department's first ever Faculty Game Show Night. The night featured two game shows testing participants' wit, knowledge and competitive drive as they battled for coveted trophies in the Faculty Feud and Not-So-Newlywed Games. Despite the level of challenge each game presented, professors rose to the occasion in one of the department's most competitive events to date. The female faculty team featured Professors Perkins, Klentz, Nash, Stein, and Capezza. The male team featured Professors Tirrell, Craton, Poirier, and D. Hurley.

Highlights of the evening included Professor Craton's answer of "rum" as Professor Poirier's favorite dessert, Professor Perkins selecting herself as an answer choice for Best Dressed Professor, the female faculty team uniforms of multicolored bandanas, and much more!

The professors dared to determine which of their peers were voted the funniest, which classes students found most difficult and which professors they knew best, among other topics. Students and other audience members alike were kept laughing and entertained all night through the clever banter of hosts Professor Erin O'Hea and Professor John Hurley.



**Not-So-Newlywed Game**



**Faculty Feud**





## Internet Addiction: A Mental Disorder?

By: Jessica Pappagianopoulos

Do you have a friend who can't take her eyes away from a computer screen for longer than five minutes? Do you know someone who can't go a day without sending a tweet? Do you yourself have trouble thinking of matters other than those regarding the Internet? If you answered yes to any of these questions, does this mean that you or your friend have a mental disorder? Until recently, most people would have answered with a definitive no, but new research has sparked confusion and led some people to think otherwise.

In the DSM-5, coming out next year, this addictive "disorder" will not be included. Researchers have not yet reached to a conclusive decision regarding whether or not "the disorder" truly exists. This "disorder" was previously known as the Internet Addiction Disorder (IAD), but has recently been renamed the Internet Use Disorder (IUD). This term has been discussed for three long years, and yet there are still unanswered questions.

A specific reason why this "disorder" is suddenly spurring so much debate is not only because of its new name, but also due to the fact that it will be appearing in an appendix-like section of a new reference manual about mental disorders. However, this list is for the purpose of assisting psychology researchers, not for diagnosing patients in a real-life hospital setting. Also, Medicare, Medicaid and insurance companies do not provide reimbursement to people who get treated for this type of "disorder."

Recent studies have discovered that people who are addicted to the Internet have dramatic changes in how their brain functions. There are

drastic changes found in the connections between different cells and within the areas that are in charge of attention, executive control, and the processing of emotion. Similar changes occur in the brains of people who are addicted to substances such as heroin and cocaine! It has also been found that people obsessed with the Internet experience differences in the function of their dopamine system: either their dopamine system does not function properly or there is a smaller number of dopamine receptors than normal.

Whether or not Internet Use Disorder should be classified as a mental disorder or if it is merely a compulsive behavior, a method of escaping the troubles of reality, or a behavior triggered by a mental disorder such as depression is a persistent controversy in the psychology field. What do YOU think about it? Do you think your friend in college who spends hours scrolling down her Facebook newsfeed is trying to procrastinate doing the pile of homework she needs to do, or she has an actual mental disorder that must be brought to light and be treated? Although this is a topic that psychologists say needs additional research, if you think you or a friend is suffering from this, there is professional treatment

targeted at reducing this disorder. One suggested treatment that may be effective is cognitive behavior therapy, which educates people on how to replace their addictive behavior patterns with healthier and more efficient ones.



## Lateral Thinking Puzzles

**Puzzle 1:** Acting on an anonymous phone call, the police raid a house to arrest a suspected murderer. They don't know what he looks like but they know his name is John and that he is inside the house. The police bust in on a carpenter, a lorry driver, a mechanic and a fireman all playing poker. Without hesitation or communication of any kind, they immediately arrest the fireman. How do they know they've got their man?

**Hint:** The police only know two things, that the criminal's name is John and that he is in a particular house.

**Puzzle 2:** You are driving down the road in your car on a wild, stormy night, when you pass by a bus stop and you see three people waiting for the bus:

- An old lady who looks as if she is about to die.
- An old friend who once saved your life.
- The perfect partner you have been dreaming about.

Knowing that there can only be one passenger in your car, whom would you choose?

**Hint:** You can make everyone happy. Your car can only contain one passenger, so whom should it be?

**Pictures from Psi Chi Induction & Student Recognition Ceremony  
March 13, 2013**



**HONOREES**

**2013 Psi Chi Inductees:**

Sofia Bergen  
 Laura Dzgoeva  
 Nicole Farrar  
 Jane Farrell  
 Corina Fusco  
 Trent Fontanella  
 Sarah Hill  
 Elizabeth LaRegina  
 Alison Patev  
 Sarah Pearson  
 Jessica Piscatelli  
 Emily Tyler  
 Victoria Wetmore

**2013 Psychology Research**

**Excellence:**  
 Katherine Ackerman  
 Brittney Brady  
 Erin Carmone  
 Gabriella Caruso  
 Lindsay Castonguay  
 Alexandra Cutillo  
 Christina Dileo  
 Rachel Enwright  
 Corina Fusco  
 Ariana Geisse  
 Samantha Harding  
 Bryana Killion  
 Victoria Pace

**2013 Psychology Outstanding**

**Field Placement:**

Elizabeth Iolli  
 Daniel Parlato

Amy Plouff  
 Erin Rielly  
 Christina Scanlon  
 Emily Schumacher  
 Elyse Stewart

**2013 Neuroscience Research**

**Excellence:**

Rachael Donnelly  
 Theresa Lynn  
 Michael McGovern  
 David (Wes) Nelson  
 Ashley Proctor  
 Astopheline Uwimana

Georgia Winters  
 Miranda Williams

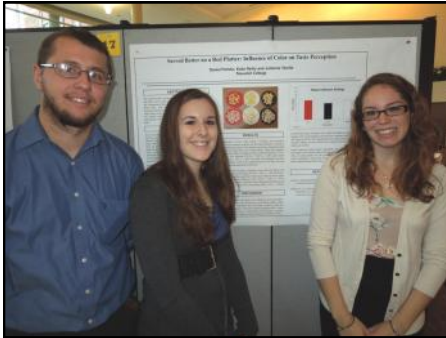
**2013 Psychology Department**

**Service Award:**

Teresa McGinley  
 Georgia Winters

## Research Methods Poster Presentation – Fall 2012

A sample of the student research presentations at the poster conference this past fall



### Served Better on a Red Platter:

#### Influence of Color on Taste Perception

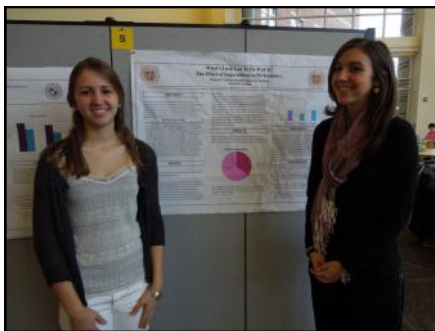
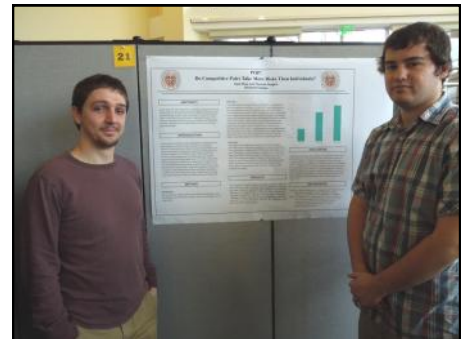
by Daniel Parlato, Katie Reilly, and Julianne Tarella

We explored color and taste perception by testing the hypothesis that plate color would influence an individual's taste perception. We hypothesized that participants would rate popcorn from the black plate with the lowest satisfaction rating. We also hypothesized that the red plate would be rated the sweetest and the white plates as the saltiest, although no significant result occurred. The results showed that participants rated the black plate significantly lower in overall liking, in comparison to the red plate.

### Pop! Do Groups Take More Risks Than Individuals?

Thomas Dragani & Kyle Shea

This study examined the relationship between competition and risk-taking behavior. We hypothesized that participants completing a risk assessment task in pairs while competing for a prize were more likely to take risks than individuals competing for a prize. Using the Balloon Analogue Risk Assessment (BART), we measured risk-taking across three conditions: control, individual competition, and group competition. Participants in the experimental conditions were informed that they were competing for an additional prize and either worked individually or in pairs to complete the task. There was no significant effect of competition on risk-taking behavior between conditions, although the difference in means that we predicted could be observed. Further research with a larger sample size will likely elicit significant effects.



### What's Luck Got to do With It?:

#### The Effect of Superstition on Performance

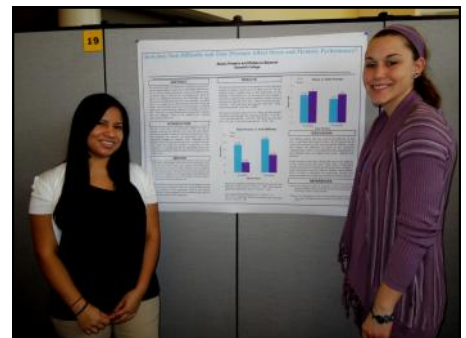
by Bryanna Killion and Samantha Harding

We explored the relationship between superstitions and performance by testing the hypothesis that college students would perform better on a motor task when exposed to a positive superstition and worse when exposed to a negative superstition. Interestingly, we found no significant difference between conditions. Possible reasons for these findings are discussed.

### How does Task Difficulty and Time Pressure Affect Stress and Memory Performance?

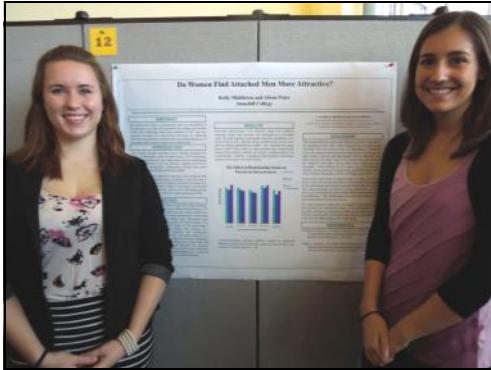
Alexis Powers & Rebecca Banever

We explored the effects of whether the difficulty of task and time pressure had an impact on stress levels and memory performance. We did this by having participants perform two different stem completion tasks, on the first test participants were given 30 seconds to complete the task and on the second they were given 60 seconds to complete the task. After each task they were asked to fill out a stress survey. Our hypothesis was that during the shorter interval of time stress level would increase and memory performance would decrease compared to the longer interval of time. There was a significant interaction between time pressure and task difficulty. Stress in the different time intervals approached an interaction.





## Research Methods Poster Presentation – Fall 2012, cont.



### Do Women Find Attached Men More Attractive?

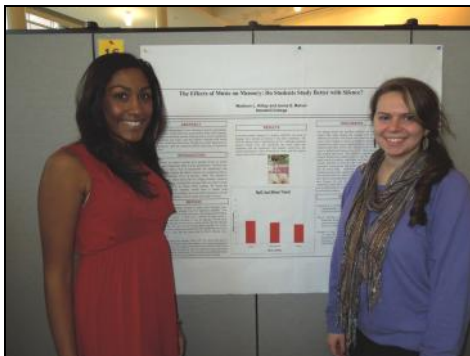
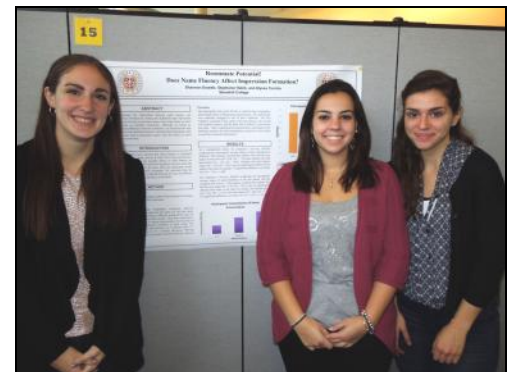
Kelly Middleton & Alison Patev

We explored the effects of relationship status on perceptions of attractiveness by testing the hypothesis that college-age females would find college-age males more attractive if the male was presented as being in a relationship. However, no significant difference in perception of attractiveness was found among any of the groups tested: control, single, or in a relationship.

### Name Fluency and Its Influence on Name Based Selection

by Shannon Dowdle, Stephanie Habib, and Alyssa Torchio

The current study explored the relationship between name fluency and impression formation. We hypothesized that individuals who received easy to pronounce names would be more likely to like and select them as potential roommates than those who received medium or difficult names. We tested this hypothesis by providing 22 female participants with questionnaires and names with different fluencies. Although we found no significant differences between conditions, we found that the data trended in the predicted direction, indicating that participants who were given hard to pronounce names were less likely to select them as roommates.



### The Effects of Music on Memory: Do Students Study Better with Silence?

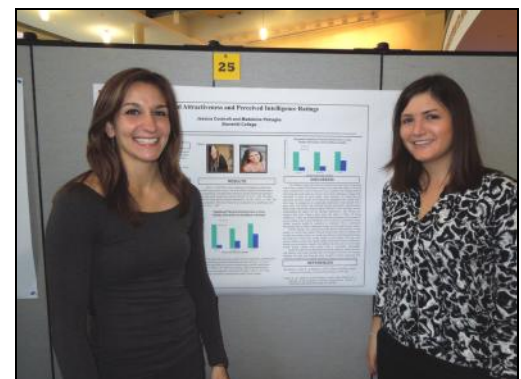
by Madison Kittay and Jenna Mohan

We tested undergraduates on how listening to lyrical, instrumental, or no music would effect their memorization skills while studying. We hypothesized that students studying with no music would have the highest test scores, and that students studying with lyrical music would have the lowest. Though our means supported our hypothesis, after the statistical analysis, there was no significant effect.

### The Effect of Physical Attractiveness on Perceived Intelligence Ratings

by Jessica Cockroft and Madeleine Petraglia

We explored how participants rated attractive and unattractive individual's level of intelligence when grading an essay of either poor or good quality. We tested the hypothesis that individuals rate attractive stimuli as more intelligent on both poor and good essays. Our hypothesis was not supported because participants rated an attractive stimulus as less intelligent than an unattractive stimulus when grading a poor essay. Even though our hypothesis was not supported, we did find significant interactions between physical attractiveness and essay quality.



## A Reality Check about Reality TV

By: Teresa McGinley

*“This is the true story of seven strangers picked to live in a house, work together and have their lives taped. Find out what happens when people stop being polite...”*

And... you finished that, didn't you? How could you not? Since the premiere of *The Real World* in 1992, reality TV shows have consumed television viewers' interest, time and often emotions. These new shows provided us with the opportunity to discover how interesting, revealing, informative, and engaging real people's lives could be. Since the classic reality TV shows of the 90s, we have seen an explosion of this popular media with rates increasing from 4 a year in 2000 to 320 in 2013, and there are still more on the way!

Depending on the day of the week, we rush to the couch to catch the latest *American Idol* performances, drama brewing on the *Jersey Shore*, or as I have fallen victim to this semester, anxiously waiting to see who will receive Sean's next rose on *The Bachelor*! But why are we so obsessed with reality TV? Countless reasons have been explored by researchers in psychology and communication. Do their logical explanations get at the root of our obsession, or is it merely because these shows are just so good?

Professor Sundar of Penn State believes we are intrigued by how real the programming appears to us as viewers because the script seems to be less orchestrated. But is that the case? The drama we can't help but watch seems to unfold so perfectly between these "real" people. How much of a script does exist? I'm not sure if the viewers want to know which of the catfights, breakups and breakdowns are the real deal. These types of reality shows, which follow a group of famous individuals and the inevitable drama disaster to ensue, take us out of our mundane lives and into those of the rich and famous. *Keeping up with the Kardashians* gives us an inside peak at what it is like to have a closet overflowing with designer clothes and connects us to the celebrities we so anxiously follow, rather than relatable fictitious characters.



Other types of reality programs provide the viewer with a more interactive experience. We can call or text in to vote for our favorite *Idol* contestant, or follow cast members of these shows on Twitter. This appeals to the audience because they have someone to root for and support, often finding connections to others who share their love of a contestant. Shows like *The Bachelor* allow us to all collectively hate the bad guy (Tierra) and support the more kind-hearted women who are head over heels for the show's latest single man. Social media sites were in an uproar when Sean sent America's sweetheart, Des, home from the show recently. But don't worry reality TV show viewers, there are already talks of her upcoming season of the *Bachelorette*! And so it continues.

Our reality TV habits may also have a negative impact on our lives. Studies have found that the more reality TV shows people watch, the more they are concerned with their social status. A troubling link between reality media consumption and body image has also been found. Adolescent girls who watch reality TV report spending more time on their appearance. In extreme circumstances, watching reality TV may influence people to undergo plastic surgery. A survey found that first time plastic surgery patients were regular viewers of cosmetic surgery reality TV programs, and the patients claimed that these shows influenced their decision to do so. Finally, according to Professor Mina Tsay at BU, watching too many of these reality TV programs may lead the audience members to idealize real world situations. Your views of dating, for example, may be romanticized after watching the extravagant, overly romantic dates on *The Bachelor*. It is not all bad, however. Shows like *Extreme Makeover Home Edition* and *The Biggest Loser* can actually inspire viewers to help others in their community or make changes to lead a healthier lifestyle.



Whether we are looking to escape the ordinary and immerse ourselves in the glamour of the life of the celebrity or finding contestants to support all season long, we have fallen victim to the highly addictive, very entertaining reality TV shows of our time. We are strongly cautioned by experts to keep in mind that these shows do not accurately represent "reality" as we know it. Even knowing this may not take the pleasure out of plopping down on the couch to catch the latest commotion from our favorite reality TV shows. Heed the warnings however you'd like. As for me, I am off to catch the finale of *The Bachelor*, fervently hoping that Sean makes the right choice and keeps Lindsay Yenter.

**Schizophrenia**  
**By: Elena McGinley**

Schizophrenia is one of the many psychological diseases known to the world today that affect millions of people. Schizophrenia is a mental disorder that makes it difficult for people to differentiate between what is real or non-existent. Many people outside the field of psychology often confuse schizophrenia with Dissociative Identity Disorder. Those who suffer from schizophrenia have a hard time thinking clearly, producing standard emotional responses, and acting normal in social situations. Mental health experts are unsure what causes schizophrenia, but believe that genetic play a role. People whose genetic makeup predisposes them to schizophrenia can have the disease triggered by certain traumatic events that occur in their lives. People who have family members suffering from schizophrenia are more likely to develop it themselves. Schizophrenia affects both men and women. Typically, it begins in the teen years or young adulthood, but in some cases it may begin later in life. Schizophrenia has a tendency to begin later in women, and the symptoms are milder. It is possible for schizophrenia to start in children after the age of 5, although it is difficult to determine whether children so young are suffering from schizophrenia or developmental problems such as autism. Symptoms sometimes develop slowly over months or years, and it is possible to have many symptoms or only a few. People with schizophrenia may have trouble keeping friends and working. They may also have problems with anxiety, depression, and suicidal thoughts or behaviors. Most common symptoms include:



- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Irritable or tense feelings</li> <li>• Trouble concentrating</li> <li>• Trouble sleeping</li> <li>• Bizarre behaviors</li> <li>• Hearing things that are not there (auditory hallucinations)</li> </ul> | <ul style="list-style-type: none"> <li>• Isolation</li> <li>• Lack of emotion (flat affect)</li> <li>• Problems paying attention</li> <li>• Strongly held beliefs that are not real (delusions)</li> <li>• Thoughts that "jump" between different topics ("loose associations")</li> </ul> |
|--|--|

The identified types of schizophrenia include paranoid, disorganized, and catatonic. Depending on which type someone is suffering from he or she may have different symptoms.

Paranoid Schizophrenia Symptoms	Disorganized Schizophrenia Symptoms	Catatonic Schizophrenia Symptoms
<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Anger or arguing</li> <li>• Delusions of persecution</li> <li>• False beliefs that others are trying to harm you or your loved ones</li> </ul>	<ul style="list-style-type: none"> <li>• Childlike behavior</li> <li>• Racing thoughts</li> <li>• Problems thinking and explaining your ideas clearly</li> <li>• Showing little emotion</li> </ul>	<ul style="list-style-type: none"> <li>• Grimacing or other odd expressions on the face</li> <li>• Lack of activity</li> <li>• Rigid muscles and posture</li> <li>• Not responding much to other</li> </ul>

Treatments for schizophrenia are limited, but the most effective treatment uses antipsychotic medications. These medications change the balance of chemicals in the brain and can help control symptoms. People who suffer from schizophrenia may also be involved in support programs and therapy. Unfortunately, there is no known method or procedure to stop the occurrence of schizophrenia.

**Schizophrenia in the Media**

Me, Myself & Irene



Shutter Island



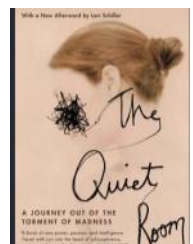
A Beautiful Mind



The Soloist



The Quiet Room





## Planet Prozac?

### An Examination of Depression Diagnoses and Treatments Around the World

By: Leanne Brooks

Depression is becoming a mental health problem of epidemic proportions and was recently named the leading cause of disability worldwide. This mood disorder is characterized by depressed feelings, loss of interest, sleep disturbances, lack of energy, memory deficits, and, in some cases, suicidal thoughts and/or behaviors. The increasingly rapid globalization of all aspects of society has led to additional stress on humanity to cope with the challenges of life and how we interact with others. Geographic and lifestyle differences have an immense impact on the causes, diagnosis, and treatment of depression across the globe, and several key nations will be examined to better understand uniqueness of this global disease.



#### COUNTRY 1 - U.S.A.

The primary treatment method of depression in the United States is antidepressant drug prescription and/or drug treatment in combination with psychotherapy. The nation's dependence on these drugs assist in explaining why the drug market is flooded with them. In an example scenario studied by the WHO, the cost of treating depression with amitriptyline (the most commonly prescribed tricyclic antidepressant) at a normal dosage ranged anywhere from \$21.90 per year in the Americas to \$78.40 in Europe. The pharmaceutical industry thrives on this dependency, and further propagates the cycle of drug dependence by spending \$4.2 billion dollars a year on direct advertisement. Correspondingly, antidepressants are the third most commonly prescribed across the age spectrum (2005-2008). The dependency on these drugs has become ingrained in U.S. popular culture, sparking phrases such as "Prozac Nation," "Medication Generation," and "Pharmageddon."

#### COUNTRY 2 - GREAT BRITAIN

With 8-12% of the population experiencing depression in any year, it is the most common mental health disorder in the U.K., and their rates of self-harm are some of the highest across all of Europe. In response to a survey that found that 26% of British workers are diagnosed with clinical depression, workplace initiatives such as "Work in Tune with Life" were created to increase the awareness of mental health promotion in the workforce among administrators and employees, and encourage companies to invest in the mental health of their employees to encourage productivity. This is based on the fact that, on average, 58% of British workers took 41 days per year off due to experiencing depression. An app designed by a British team called "moodscope" allows users to see an estimate of their "mood measures" based on a simulated card game, so that they can try to identify stressors in their lives. These data can then be shared with friends so that they build a supportive professional and personal relationships network and check on each other's mental health state.

#### COUNTRY 3 - SUDAN

The prevalence of patients with depression in Sudan is what one psychiatrist called "intense," to put it lightly. Their problems begin in the language itself - with the lack of an Arabic word to adequately describe "depression" and a very harsh stigma associated with it. Many patients do not know or do not feel comfortable reporting their states. Most concerning, lack of epidemiological studies of the population means there is no true numerical data showing the pervasiveness of the problem, so no policies can be created to combat it. Psychiatry as a medical specialty is even stigmatized and underappreciated, contributing to the lack of psychiatric professionals seen here and throughout all of Africa. The availability of mental health professionals is another important indicator of a region's mental health needs and support services. In Africa, there are only 0.04 psychiatrists per 100,000 people compared to Europe, which staffs 9.80 psychiatrists per 100,000. Costly treatments and a lack of respect for the profession most definitely contribute to the nation's absence of depression care.

**COUNTRY 4 - GOA, INDIA**

On India’s western coast, the state of Goa is a tourist hotspot and well known for its affluence. However, citizens here are struggling with depression at very high rates, with 1 in 5 adult patients seeking services at primary care centers for depression treatment. The nation has implemented an educational program known as “Manas” or “search for mental peace,” that incorporates psycho-education, interpersonal psychotherapy, and yoga into primary health care. Since beginning in 2005, they have reported that the project has helped many citizens to learn and practice lifestyle changes that have reduced the burden of depression. On the Indian subcontinent itself, psychiatric care is grossly underfunded and the lack of treatment facilities is unimaginable, with only 37 mental institutions to support the needs of the 1.2 billion person population. Correspondingly, nations of the Southern Asia region have begun to invest more of their budgets in mental health funding to ensure that its citizens can have access to quality care. Financially, 69.2% of the countries of the world include funding for mental health care, in their budget, with the greatest percent of countries including this in their budget in the South-East Asia area (90.0%) and the least in Africa (62.6%).

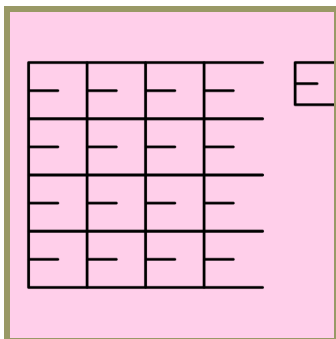
**COUNTRY 5 - CHINA**

Dating back to the 1980s, many comparative studies have shown that the Chinese tend to be diagnosed with depression less frequently and/or this diagnosis is less frequently reported compared to similar nations. Up until the Maoist era, the Chinese referred to depression-like symptoms as a physical/somatosensory disorder called “neuasthenia.” The recent (1984) adaptation of a clinical treatment guide for mental disorders, the Chinese Classification of Mental Disorders, bears great resemblance to the ICD-9 and DSM-IV, and perhaps incorporating the Western style of diagnosing will elucidate this underreported problem. Interestingly, Chinese immigrants to the U.S. continue to follow this pattern of denial, with the rate of depression in their subpopulation being 5.2%, compared to 17.1% of the total U.S. population. Several possible explanations for this discrepancy include the patients not seeking help, mental disorders being viewed as an embarrassment for the family name, and perhaps an increased resistance to depression and mood disorders due to their inborn stoic character.

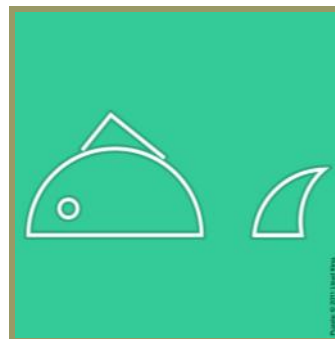
**COUNTRY 6 - COLOMBIA**

Depression in Latin America is characterized most frequently by somatic symptoms such as headaches, gastrointestinal troubles, and “nervios” (‘nerves’). Studies done in Colombia found that those most at risk were females and persons over age 45, and one of the risk factors that seemed to be especially prominent in this country was consumption of marijuana and other addictive substances. Colombian health officials tend to be more concerned with communicable diseases because of the tropical location and the incidence of HIV/AIDS. But, they have designed an Internet treatment program that allows college students to overcome some of the barriers to mental health care, such as waiting lists, expensive care, and need for privacy in these matters. The program’s usefulness lies in teaching students to identify their triggers of depressed moods and engage them with Cognitive-Behavioral Therapy techniques that then can be applied in the future.

**Visual Puzzles**



How many E's, exactly similar to the small one on the top, of any possible size and orientation, can you find in the pattern?



What familiar sea creature does this best represent?

Answers on back page

## Rebus Puzzles: How Many Can You Solve?

1 CCCCCCC	2 LE / VEL	3 GIVE GET GIVE GET GIVE GET GIVE GET	4 ABCDEFGHIJKLMNQRSTVWXYZ	5 T O W N
6 LU CKY	7 HE'S / HIMSELF	8 BLOUSE	9 AID ← AID AID	10 V D D S T
11 GROUND FEET FEET FEET FEET FEET FEET	12 ECNALG	13 CYCLE CYCLE CYCLE	14 r e a d i n g	15 R O A D S
16 0 — M.D. Ph.D. B.Sc.	17 KNEE LIGHTS	18 J YOU UST T	19 MILONELION	20 PRO / MISE
21 TO CH U	22 1,2,3,...,38 39,40 LIFE	23 JACK	24 economy	25 UP 8
26 JUST	27 	28 G N I K A M LOST LOST LOST	29 NOITAVO	30 STAND TAKE MINE TAKING 1 YOU 2 MY

Answers on back page

## Psychology Fun Facts

The human brain is more active in the night than the day.

Our pain over losing a certain amount is usually greater than the pleasure we feel after gaining the same amount.

That short term memory only lasts up to about 18 seconds. Everything after that is considered long-term memory.

You pupils dilate when you see the person you are attracted to.

Because the nervous system controls the muscles of the irises, the response of the nervous system to different stimuli results in involuntary pupil dilation. Another commonly cited reason the pupils dilate is in response to excitement or sexual arousal. When a person sees something or someone he finds very attractive, his eyes may dilate.

When you encode information, you also encode features of the environment, which are later used as retrieval cues when trying to access your memory of that information.



## Speaking Through Our Skin: How Touch Functions as Language

By: Alexandra Kirwin

The word *language* connotes a distinct communication style, which we generally understand to be a spoken dialect pertaining only to a specific community. However, psychologist Matthew Hertenstein of DePauw University recognizes that universal touch can be just as powerful as the spoken word. American society generally overlooks touch as a communicative modality, yet we know from research on attachment styles and cases of feral children that physical contact plays an integral role in human development. Hertenstein's research extends the existing body of knowledge concerning how we use touch to communicate, specifically in regard to emotion.

In 2006, Hertenstein, Keltner, App, Bulleit, and Jaskolka conducted a masked study in which one participant (the "encoder") was asked to convey a specific emotion to another participant (the "decoder") by merely touching the decoder's forearm. The encoder and decoder were separated by a curtain and were not informed of the other's identity. The results indicated that the encoders correctly interpreted that the decoders' touch blindly communicated both prosocial (love, gratitude, sympathy) and adverse (anger, fear, disgust) emotions at levels significantly greater than chance. Hertenstein, Holmes, Keltner, and McCullough replicated a version of this study in 2009. This time, encoders were allowed to touch the decoders in any appropriate area, but the encoders remained blind to the decoders' identity. When allowed a broader array of expression, decoders correctly interpreted the encoders' touch for not six, but eight emotions (including sadness and happiness). Accuracy rates then reflected those found in research investigating how we detect emotions through voice and facial expression.

Pairing modalities of interpersonal communication allows for intensely complex

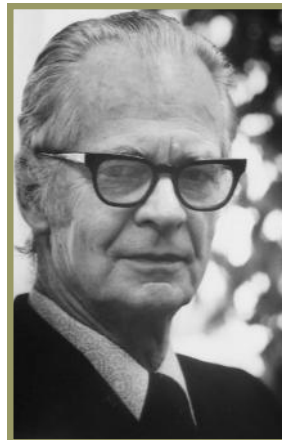
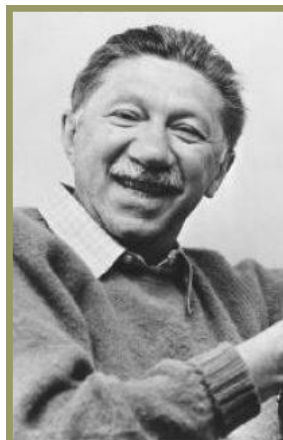
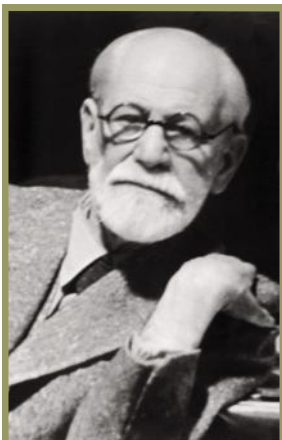
interactions, arguably a human-specific profundity. Yet Americans largely feel unnerved by interpersonal touch. Other countries, like Spain, feel more comfortable communicating tactilely. To generalize their results cross-culturally, Hertenstein and his fellow researchers conducted their 2006 study with not only American participants, but also in Granada, Spain with Spanish natives. Spaniards' rates of tactile emotional detection not only matched those of Americans', but even dramatically exceeded American detection rates for some conditions. Hertenstein and his research team attributed this finding to Spaniards' proclivity to communicate through touch, in contrast to Americans' preference to avoid it.

Hertenstein's research has demonstrated that we have access to a language with just as much instinctual origin as the spoken word. However, our society shies away from this language of touch because tactile expression seems unfamiliar, so it breeds uneasiness. Hertenstein reports that his American encoder participants consistently expressed little faith in their ability to encode touch. Moreover, he found that many of his decoder participants felt hesitant to participate in the study once he informed them that they would be touched by strangers. The feedback which Hertenstein has received through his research has compelled him to deem our society "touch-phobic."

Becoming cognizant of our uneasiness is the first step that we can take to combat it. If we challenge our discomfort with tactile communication, we can enhance interpersonal understanding and improve the ease with which we relate to others. Speaking through our skin may not seem all too comfortable, but Matthew Hertenstein's research shows that it might not be such a strange concept after all.



## Familiar Faces: Do You Know Your Psychologists?



### Name Bank:

- A. B.F. Skinner
- B. Sigmund Freud
- C. Abraham Maslow

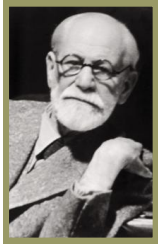
Answers on back page

**Rebus Puzzle Solutions**

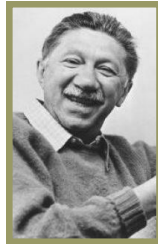
- |                               |  |
|-------------------------------|--|
| 1. Seven seas                 | 17. Neon lights  |
| 2. Split level                | 18. Just between you and me                                |
| 3. Forgive and forget         | 19. One in a million                                       |
| 4. Missing you                | 20. Broken promise   |
| 5. Downtown                   | 21. You are out of touch                                   |
| 6. Lucky break                | 22. Life begins at 40                                      |
| 7. He's by himself            | 23. Jack in the box  |
| 8. See through blouse         | 24. Growing economy  |
| 9. First aid                  | 25. Up before 8  |
| 10. West indies               | 26. Just around the corner                                 |
| 11. 6 feet underground        | 27. Apple pie  |
| 12. Backward glance           | 28. Making up for lost time                                |
| 13. Tricycle                  | 29. Standing ovation                                       |
| 14. Reading between the lines | 30. I understand you undertake to undermine my undertaking |
| 15. Cross roads               |  |
| 16. Three degrees below 0     |  |



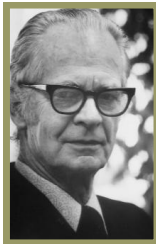
**Familiar Faces Solutions**



Sigmund Freud



Abraham Maslow



B.F. Skinner

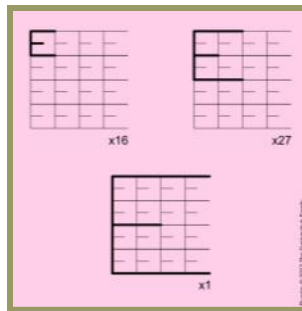
**Lateral Thinking Puzzle Solutions**

**Puzzle 1:** The fireman is the only man in the room. The rest of the poker players are women.

**Puzzle 2:** The old lady of course! After helping the old lady into the car, you can give your keys to your friend, and wait with your perfect partner for the bus.

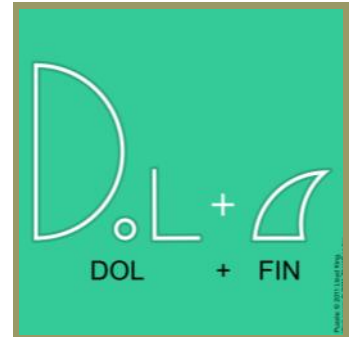


**Visual Puzzle Solutions**



There are 44 E's of all possible sizes and orientations, as shown in the illustration.

Rearrange the elements of the picture into DOL and FIN and you could read DOLPHIN.



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