

VOLUME 6 ISSUE 1 • 2025

The Psych Analyst

MODERN INSIGHTS ON
CURRENT EVENTS IN THE
FIELD OF PSYCHOLOGY





ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the traditional custodians of the Macquarie University land, the Wallamattagal clan of the Dharug nation, whose cultures and customs have nurtured and continue to nurture this land, since the Dreamtime.

We pay our respects to Elders past, present and future.

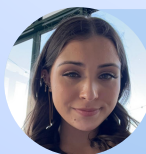
CONTENTS

i.) Publications Team Welcome	4
ii.) A Defence of Freud: Psychoanalysis in the 21st Century.....	5
iii.) Love in Captivity: Understanding The Attachment, from Hostages to Homes.....	9
iv.) Why We Can't Let Things Go: The Psychology of Unfinished Business.....	13
v.) Does Money Really Buy Happiness? Investigating the Relationship Between Financial and Mental Wellbeing.....	16
vi.) When the Past Sleeps Between Us: How Trauma Hides in Love.....	20
vii.) You Are What You Listen To.....	24
viii.) All Of The Lights: The Psychological Impact of Indoor Lighting on Our Mood and Cognition.....	27
ix.) Academic Procrastination: How Motivation Helps Alleviate It and Improve Well-Being.....	30

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THE PUBLICATIONS TEAM (EDITION 1)

Message from the Director of Publications

Welcome Everyone!

On behalf of the Publications Portfolio, it is my pleasure to invite you to delve into our first edition of the Psych Analyst for 2025. Our teams have worked tirelessly to present a suite of highly engaging, topical issues around the field of Psychology.

As fellow psych-enthusiasts, we share your desire to learn through informative, empirical, peer reviewed research. This issue showcases new, and unique topics that highlight the ever-evolving nature of psychological findings, and particularly its wide-ranging relevance to the many facets of our life.

I am extremely proud of our entire publications team for their contributions to the production of these high-quality articles. I hope you gain some new insights from the topics explored, which span from Freud to Finance.

We hope you ignite your curiosity to engage deeper with the subject matter explored in each article. Happy reading!



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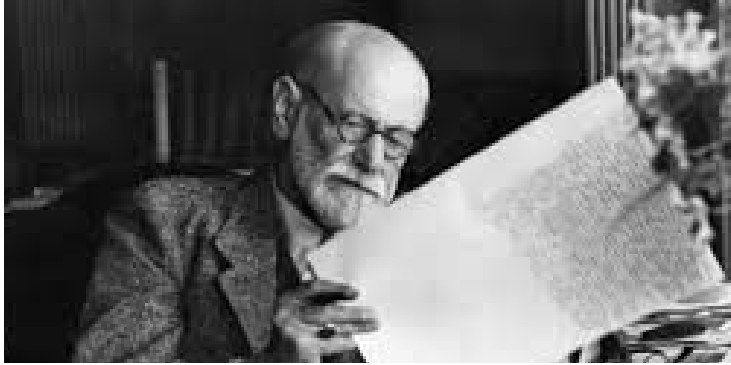


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A DEFENCE OF SIGMUND FREUD

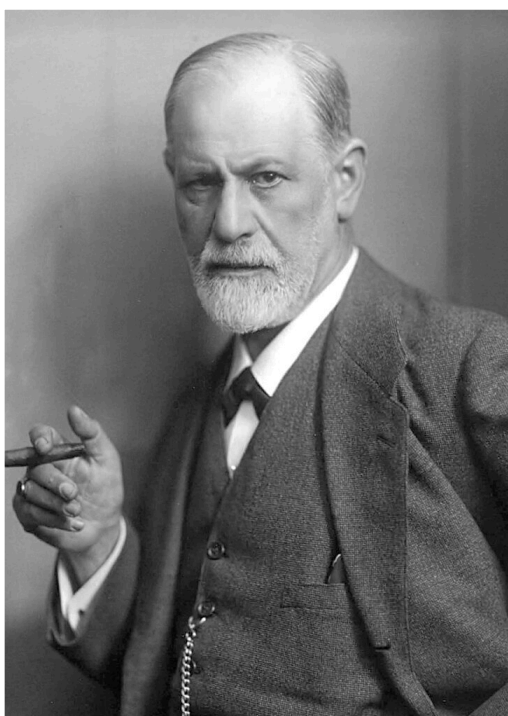
PSYCHOANALYSIS IN THE 21ST CENTURY

WRITTEN BY BLAKE MORGAN | EDITED BY NEIL NI



The infamous psychiatrist, Sigmund Freud, often portrayed as a cocaine-addicted sex pest had a lot to say about the workings of others' minds. So, why is he such a mainstay of all introductory psychology classes, in spite of his controversial history? As students of the behavioural sciences it's important to understand the colourful history of the subject's

past to grasp why we approach the questions we do in the present. Freud, as a practitioner with such wide influence over the field, shaped much of early scientific inquiry, and through his work, modern talk therapy, or 'the talking cure' was developed. I plan to cover the perceived radical and strange nature of his frameworks, such as Freud's theory of innate drives, and theory of dreams, and explore how modern cognitive neuroscience literature appears to back up his theories of functional organisations of the brain. This scientific connection is explored in Solms' (2018) description of the limbic system and dopaminergic pathways, and Zizek (2006) explores the philosophical implications of Freudian dreams and daydreams in modern society, which I hope to critically evaluate. I hope to know what the rest of us writers think! I would also love to hear what perspectives of Freud people may have to know what elements to focus on as widely interesting.



Whilst some of Freud's work does currently appear unsalvageable in the eyes of psychologists and brain scientists (the oedipus and electra complex come to mind) (Solms, 2018), Freud's theory of drives has proven itself to stand up to harsh scientific scrutiny (Alcaro, et al., 2007; Rizzolatti, 2014; Solms, 2018). Freud and his followers posit that one's drives act as 'the devil on the shoulder,' a compulsive inner-voice geared towards selfishness, preservation, and sexual and appetitive desires. Furthermore, they counterintuitively include amongst these the death drive, a self-destructive force that can overtake rational thought in distressed self states (Schroeder, 2020). Whilst these drives do not completely control who we are or what we do, they are difficult to ignore, and a uniquely persuasive source of desire (Zizek, 2006).

Freud's drives formed the basis of his characterisation of the psyche: one's id, counterbalancing their ego and superego. It also formed the basis for his clinical psychoanalytic practice, or, talk therapy (Lunbeck, et al., 2019). Whilst psychoanalytic practice has mostly been replaced by cognitive behavioural therapy, Freud's DNA is undoubtedly still present in the clinical understanding of the 'talking cure' as the basis of improving patient outcomes, which incorporates the exploration of one's unconscious (Marx, et al., 2017). The talking cure achieves this through an active dialogue between patient and therapist, encouraging the patient to examine and reexamine the reasoning and narrative underpinning their dysfunctions (Marx, et al., 2017).



Sigmund Freud's own psychoanalytic couch, a vital part of the talk therapy process. Retrieved from the Freud Museum London
<https://www.freud.org.uk/about-us/the-house/sigmund-freuds-famous-psychoanalytic-couch/>

The drive theory of intrinsic motivation has gone through a renaissance of sorts through the 21st century as cognitive research focussing on the Ventral Tegmental Area (VTA), a key component of the mesolimbic and mesocortical dopaminergic pathway, appears to release dopamine (a key neurotransmitter in the conscious experience of motivation) when fulfilling fundamental bodily desires, such as eating, drinking, having sex, and others (Alcaro, et al., 2007).

Furthermore, and of special note, the VTA appears to release dopamine when dreaming of fulfilling a drive, both in idle daydreaming and dreams occurring in sleep (Perogamvros & Schwartz, 2015; Zizek, 2006). Research on the dopaminergic brain systems therefore lend new credence to Freud's drive theory, which before recently, can appear to reach contentious conclusions - such as the minimisation of logical or conscious sources of motivation.



Pop-psychology tends to minimise Freudian perspectives as archaic, from a time before neuroscientific inquiry. Character assassinations of Freud commonly take the shape of strawmanning his exploration of motivation as a result of drives as a function of the id: 'You must have developed an earwax fetish due to your drive to be meaningfully listened to.' These arguments against Freud rarely deviate from the structure; a highly libidinal activity hand-wavily excused as the natural outcome of a, usually insignificant, life problem. It's easy to shy away from Freud when explaining psychological phenomena, as applying his models in practice invites a shame attached to his cultural and historical background - something psychological practitioners would rather leave in the past.

Modern literature indirectly invites Freud back into the dialogue surrounding clinical psychology. Whilst Freud himself informed a lot of his clinical practice upon philosophical self-reflection and patient observation, cognitive brain sciences introduces falsifiable, evidence-based techniques into the testing of psychoanalytic techniques. ECGs and fMRIs especially have swayed scientific consensus back in favour of desires explored by the unconscious in states of dream and fantasy enactment (Samuels, 2022), with further research indicating that behaviour displayed in media choices, especially video games, providing insight into the inner-world of individual's motivations (Rizzolatti, et al., 2014; Zizek, 2006). These fantasy enactments are now able to be measured and recorded with higher accuracy and resolution than ever before, providing sources of insight into both functional and dysfunctional enactments.

The modern focus on outcome-based therapies inadvertently loses the ability to attack psychological pathologies at their sources. Yet, reintroducing an exploration of unconscious desires within talk therapy may counteract this clinical shortcoming. For example, psychoanalysts and supporters of Freud have undergone clinical trials exploring drive theory as it pertains to the treatment of alexithymia (Taylor & Bagby, 2013). Extensions to this direction of research include Le Heron, et al. (2019), who provides a neuroscientific framework underlying experiences of apathy which produce further insight and evidence for the death drive. This research encourages future practitioners to follow in the footsteps of early psychologists in discussing underlying thoughts and feelings with clients to investigate unconscious desire, whilst also keeping consideration for the modern rigor involved in cognitive research.

To summarise, it's not so simple as dismissing Freud as no longer relevant. His astonishing staying power means it is important to keep a few things in mind when considering his work, or modern psychoanalytic theory:

- Freud wrote at a time where the brain was even more mysterious than it remains today, but his ideas cannot be disregarded before examining the direction of modern evidence.
- The functions of the dopaminergic pathways of the brain appear to align with the drives comprising the id in psychoanalysis.
- Modern cognitive behavioural therapies are built upon the groundwork of psychoanalysis and its exploration of unconscious desire and fantasies.

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LOVE IN ~~CAPTIVITY~~

WRITTEN BY DEEYA SABNANI
EDITED BY KLOE LANE

UNDERSTANDING THE ATTACHMENT FROM HOSTAGES TO HOMES

What if the connection to an abuser is not a mystery, but a mirror of how the brain protects itself? When people hear stories of hostages defending their captors, or abuse survivors returning to their abusers, confusion gives way to judgment. The question “Why didn’t they leave?” is reflexive, but rarely reflective. It overlooks the deeper question: What made them stay? Within the folds of fear, survival, and attachment lies a dark paradox: on occasion, the mind forges bonds, not of affection but necessity.

By examining Stockholm Syndrome, trauma bonding, and the brain’s subconscious survival wiring, we uncover not weakness or irrationality, but adaptation.

What is Stockholm Syndrome – Really?

Stockholm Syndrome originated from a 1973 bank robbery in Sweden, when hostages began defending and even sympathising with their captors (Namnyak et al., 2008). Since then, it has entered common discourse, often reduced to a catchphrase. Yet in psychological literature, it remains controversial due to the lack of formal diagnostic criteria. Rather than a defined disorder, it is understood as a constellation of behaviours involving emotional bonding with one’s abuser, closely tied to processes of cognitive adaptation (Graham et al., 1995).



FIGURE 1: STYLIZED ILLUSTRATION USED FOR BRANDING STOCKHOLM SYNDROME. FROM BRASSNECK BREWERY (N.D), UNTAPD

This “syndrome” often involves feelings of gratitude, loyalty, and dependence toward a captor or abuser, especially in contexts where the victim perceives small acts of kindness amidst an overwhelming threat. This distorted emotional calculus emerges from a survival imperative, not from irrationality (Fuselier et al., 2002). Stockholm Syndrome thus, isn’t just about hostages — it’s a shorthand for what happens when fear, hope, and attachment meet desperation.

But prolonged exposure to trauma alters this circuitry. Over time, the brain adapts by reinforcing behaviours that reduce a perceived threat. One such response is bonding, a neurobiological survival mechanism observed in situations of chronic abuse. Neurochemicals like oxytocin, typically associated with maternal bonding and love, also play roles in attachment to abusers (Campbell, 2008). Oxytocin release under duress can reinforce dependency, even in harmful contexts (McKay & Bonner, 2019).

This paradox, sometimes called “misplaced attachment” (Carnelley & Rowe, 2010), is not a flaw but an adaptive function. It's a strategy embedded deep in our evolutionary psychology, akin to how captive animals bond with handlers or neglected children cling to abusive parents (Perry & Szalavitz, 2017).

In environments of chronic danger, aligning with the source of threat can increase one's chances of survival. These subconscious processes, including fear conditioning, attachment wiring, and hormonal modulation, combine to produce a behavioural pattern that is neither voluntary nor conscious. Though born in the context of hostage crises, Stockholm-like dynamics appear across a spectrum of abusive environments. Similar patterns appear in cults, trafficking rings, and high-control family systems.

In such contexts, the abuser controls not just the environment, but the victim's perception of reality. Over time, victims may internalise the abuser's narrative, leading to what psychologists call cognitive dissonance resolution — the subconscious re-shaping of beliefs to reduce mental discomfort (Festinger, 1957).

Survivors of domestic violence often describe moments of compassion from their abuser that feel disproportionately significant, such as “he only hit me once this time” or “she said she loved me after the argument.” These instances become psychologically amplified in isolation and serve to reinforce attachment (Herman, 1992). In this case, “Maybe they care about me” becomes easier to believe than “I am powerless.”



Figure 2: Stockholm syndrome by Anna Di Mezza (2019). Acrylic on wood panel with timber shadow frame.

While often used interchangeably, trauma bonding and Stockholm Syndrome are distinct but overlapping phenomena. Trauma bonding, coined by Dutton & Painter (1981), refers to strong emotional ties that develop between two people when one periodically harms the other in a relationship marked by power imbalance and intermittent reinforcement. Trauma bonds rely on a cycle of harm, followed by reconciliation. This reinforces attachment through reward pathways in the brain, much like an addiction (Carnes, 2010).

Stockholm Syndrome includes cognitive distortions formed under intense situational duress, such as hostage or captivity scenarios. The difference lies in context: trauma bonding is often domestic and cyclical; Stockholm is acute and situational. Yet both point to the same psychological truth — our brains are wired to seek connection, even in chaos.

Recognising these dynamics isn't just an academic exercise; it reshapes the ways in which we can support survivors. Understanding the neurobiology of attachment challenges the pervasive myth that staying equals weakness or consent. In truth, survivors are navigating the invisible forces within their own minds, not just the external constraints.



Support begins with informed empathy. Instead of asking “Why didn’t they leave?”, informed care asks “What kept them tethered, and how can we help them feel safe enough to untie that knot?” (Bloom & Farragher, 2013).

Cognitive restructuring therapies like EMDR and schema therapy can help survivors rewire beliefs and separate attachment from survival instincts (Young et al., 2003). Safe, supportive environments allow the brain to update its model of safety and connection, reclaiming the attachment system for healthier relationships.

When love and captivity entwine, it’s easy to judge but harder to understand. Attachment theory, trauma psychology, and neuroscience converge on a haunting truth: sometimes our minds bond with what hurts us because, on a primal level, it feels safer than isolation. In understanding this, we don’t excuse abuse — instead, we dismantle the myths around it. By recognising these bonds not as failures but as adaptations, we create space for healing, safety, and ultimately, freedom.

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HOW TO DEAL WITH UNFINISHED BUSINESS

THE PSYCHOLOGY OF WHY WE CAN'T LET THINGS GO

Introduction

Ever had an argument that lingered long after it ended? Or found yourself replaying a half-done assignment in your head when you are meant to be relaxing? If so, you're not alone. Unfinished business, whether emotional, academic or social, has a way of clinging to our thoughts, refusing to be tucked away. From unanswered texts to season finales, this mental clinginess taps into something deeply human. But what makes the unresolved psychologically sticky?

The Zeigarnik Effect: Why Incompleteness Hijacks Our Minds

In the 1920s, psychologist Bluma Zeigarnik noticed something intriguing while dining out: waiters could remember unpaid orders with surprising accuracy, but once the bill was settled, those orders vanished from their memories. Her research uncovered a phenomenon now known as the Zeigarnik Effect—our brains prioritise incomplete tasks. Simply put, unresolved tasks create mental tension that keeps them active in our working memory until we address them. It's the brain's way of nudging us towards a solution.

The Zeigarnik Effect explains why unfinished assignments, open-ended conversations or half-written essays take up more mental space than those we've ticked off our lists.

From To-Do Lists to Text Messages: Incompleteness in Everyday Life

This mental magnetism isn't confined to work or study. It shows up everywhere: the gnawing guilt over a delayed email reply, the nagging thought of an unreturned library or even this article being created until it has reached perfection. The nagging thought of an unreturned library book, or even this article, feels unfinished until it's perfect. In the age of social media, even being left "on read" can trigger this effect; our minds hunger for resolution in social dynamics just as much as in formal tasks. (In the age of social media, even being left "on read" can trigger this effect; our minds crave resolution in social interactions just as much as in formal tasks.) Media producers exploit this too. Cliffhangers are engineered psychological traps that ensure viewers remain invested. The tension created by a suspenseful ending gets trapped in the same mechanism that keeps half-finished assignments on your mind while you're trying to sleep.

Your Brain On Unfinished Business: The Neuroscience of Mental Loops

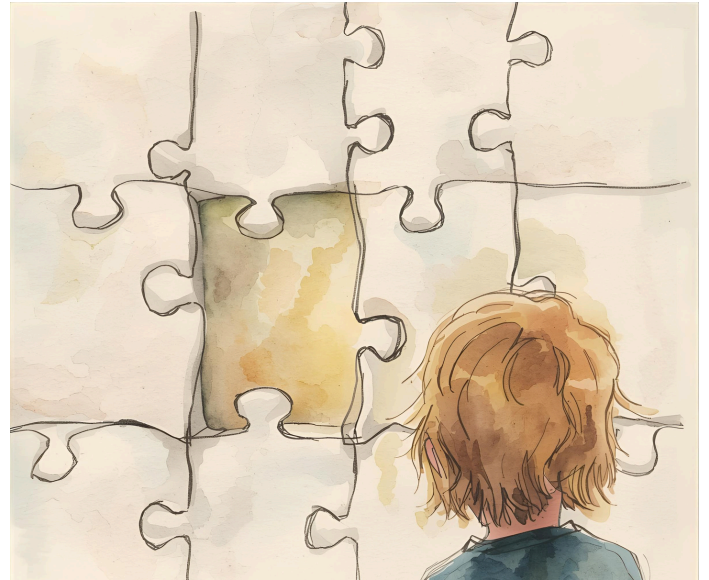
Why does unfinished business feel so personal?

Fortunately, neuroscience provides some answers. When an emotional event remains unresolved, areas like the hippocampus (which handles memory), the amygdala (which processes emotions) and the prefrontal cortex (which plans and directs attention) all stay active. (areas like the hippocampus (which handles memory), the amygdala (which processes emotions), and the prefrontal cortex (which plans and directs attention) all stay active.)

Studies by Zhou & Chen (2020) and Lorig (2019) highlight that mental loops stimulate both cognitive and affective pathways, particularly when tied to anxiety or stress. That explains why a minor argument can spiral into sleepless nights, not because it was especially important, but because your brain hasn't been permitted to move on.

The Myth of Closure: Are We Chasing Something That Doesn't Exist?

We're often told that to move forward, we need closure. But is closure truly achievable, or just a comforting illusion? Research by Baumeister & Vohs (2004) suggests that full resolution isn't always necessary. Trying to force closure can sometimes backfire. What might help more is simply acceptance, recognising that not every question has an answer, and that's okay.



Interestingly, Masicampo & Baumeister (2011) found that making a concrete plan, even without completing a task, can reduce intrusive thoughts. This suggests our minds might just need a sense of direction, rather than a neat conclusion.)

So long story short: Maybe it's not closure we need, but rather a way to feel like we're not stuck.

Conclusion: Making Peace with the Unfinished

Whether it's a lingering thought, an unresolved argument or a goal we didn't quite reach, unfinished business tugs at our attention and emotions. But understanding the psychology behind this can help us feel less overwhelmed and more self-compassionate. The next time your brain gets caught in a loop, remember: you're not broken ... you're just a human. And sometimes, letting go isn't about closure; it's about permitting yourself to move on anyway.

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DOES MONEY REALLY BUY HAPPINESS?

Investigating the relationship between financial and mental wellbeing

Written By: Owen McGuire | Edited By: Keira Kelly

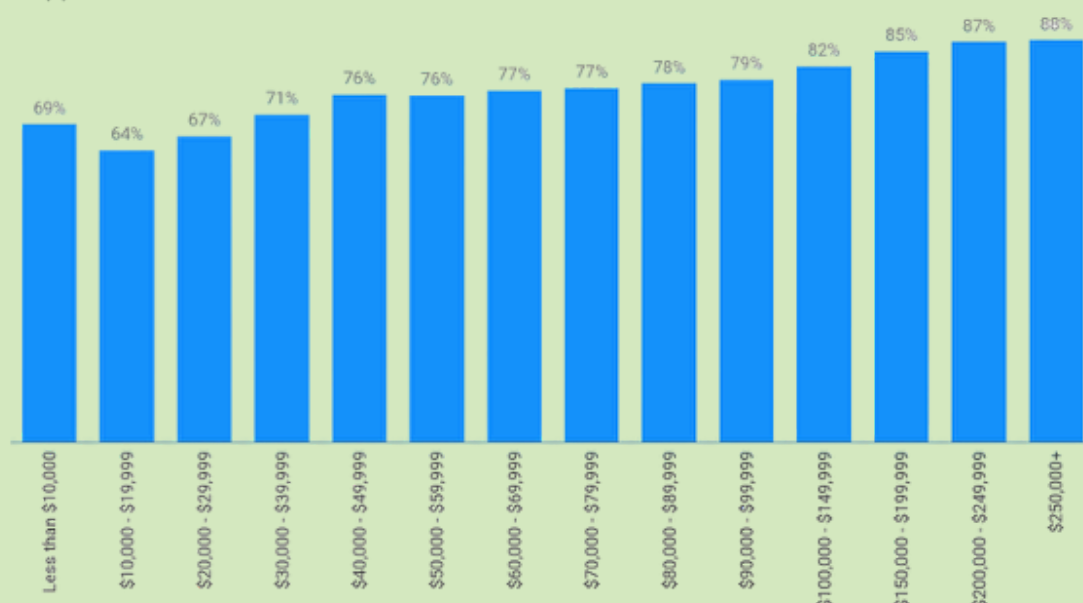
I'm sure, at some point, we've all heard that 'money can't buy you happiness.' Yet, with the current cost-of-living crisis and dire housing markets, this notion that wealth and mental wellbeing are independent of each other has seldom faced more scrutiny. In 2023, half of the state reported worsened mental health due to their financial situation, with an increased figure of 56% for the 18–29 age group (Mental Health Commission of NSW, 2024). So, is there really a price on our peace of mind? A psychological perspective suggests the answer isn't so simple. Time and time again, research has shown that monetary status is positively correlated with mental wellbeing. In fact, "financial situation" is the most commonly reported cause of unhappiness in Australia (Ipsos, 2025). Those with lower incomes report more frequent feelings of sadness.



Note. From 1582525610-money-mind-edm, 2020, The New Daily (Note. From Bankruptcy stock illustration, by erhui1979, 2018, iStock (<https://www.istockphoto.com/vector/bankruptcy-gm900873904-248545092>)).

Conversely, higher household and personal incomes, as well as larger savings balances, are all associated with greater reported happiness (Cooke, 2025). Despite this association, it was widely believed that increases in emotional wellbeing plateau past a certain income level. In other words, further increases in income would no longer lead to additional improvements in wellbeing (Kahneman & Deaton, 2010).

Happiness and household income



Note: From "Consumer Sentiment Tracker," by G. Cooke, 2025, (Note. From Bankruptcy stock illustration, by erhui1979, 2018, iStock (<https://www.istockphoto.com/vector/bankruptcy-gm900873904-248545092>)).



Note. From Bankruptcy stock illustration, by erhui1979, 2018, iStock (<https://www.istockphoto.com/vector/bankruptcy-gm900873904-248545092>)

This belief has since been challenged by more recent research, which suggests that wellbeing may continue to rise with income, without a clear upper limit (Killingsworth, 2021). Beyond income levels themselves, the type of debt a person holds also matters. Consumer debt, like credit-card balances and overdue bills, is strongly tied to lower life satisfaction, whereas home ownership and greater home equity are linked to higher happiness (Cassells et al., 2010). At first glance, our answer seems decisive.

So, if money truly ‘buys’ happiness, then suddenly receiving a large sum of cash, such as winning the lottery, should make people happier. Yet lottery winners experience only a brief spike in pleasure after they ‘hit it big,’ before returning to their previous levels of happiness (Brickman et al., 1978). So, what gives?

Mental wellbeing is often ascribed two separate components: hedonic wellbeing, which covers immediate pleasure, and eudaimonic wellbeing, which reflects long-term purpose, accomplishment and life satisfaction (Ryan & Deci, 2001). A lottery win grants a hedonic thrill but does nothing for the deeper fulfillment earned through years of climbing the corporate ladder for a higher salary.

Debt illustrates this dichotomy too: consumer debt undermines both pleasure and purpose, whereas a home loan, though it represents a deficit of hundreds of thousands of dollars, is often linked to increased life satisfaction (Cassells et al., 2010). A home loan also offers an investment in an appreciating asset, and a pathway to stability, quality of life, and future security- all indicators of eudaimonic wellbeing. How you earn and spend your money may matter just as much for your mental wellbeing as how much you have.

Of course, the link between money and happiness doesn’t actually prove that money ‘buys’ happiness. Correlation is not causation. All this shows is that the two are linked, such that an increase in one is often accompanied by an increase in the other. There is no evidence to suggest that one causes the other.

In fact, it may work the other way around: happier workers tend to be more productive, earn higher wages (Oswald et al., 2015; Bellet et al., 2019), and receive better evaluations by their superiors (Cropanzano & Wright, 1999), while poor mental wellbeing undermines performance and increases absenteeism (Cocker et al., 2013; Patel et al., 2017). Researchers describe this as a bidirectional relationship a kind of feedback loop where wealth can boost happiness and happiness can boost wealth (Matthew et al., 2020). It’s far more nuanced than money ‘buying’ happiness or happiness ‘buying’ money.



Note. From Health and work on scales. People balance job, money and sleep. Comparison business stress and healthy life. Tiny employees vector concept Pro Vector, by Tetiana Lazunova, Vecteezy (<https://www.vecteezy.com/vector-art/36191909-health-and-work-on-scales-people-balance-job-money-and-sleep-comparison-business-stress-and-healthy-life-tiny-employees-vector-concept>)



Note. From Wages, salary or income, work hard for money or incentive motivate to work overtime, overworked and life balance concept, businessman working hard on busy desk seesaw balance with wages money bag. stock illustration, by Nuthawut Somsuk, 2022, iStock (<https://www.istockphoto.com/vector/wages-salary-or-income-work-hard-for-money-or-incentive-motivate-to-work-overtime-gm1392702061-4488606>)

Despite the link between wealth and happiness, money is far from a prerequisite for wellbeing, it's just one of many influencing factors. While “Financial situation” tops the list of unhappiness drivers in Australia, the greatest contributors to happiness are family, friends, and feeling appreciated or loved (Ipsos, 2025). Chasing a higher income can be particularly detrimental to relationships and social lives (Nickerson et al., 2003), whereas improvements in marriage or health often boost happiness more than equivalent income gains (Cassells et al., 2010).

Even 10–30 minutes of daily exercise can lift your mood, no matter the size of your wallet (Chan et al., 2019). So, while financial wellbeing matters, nurturing your social and physical health can be just as, if not more, important. By neglecting these aspects, pursuing happiness monetarily can paradoxically backfire.

So, does money really ‘buy’ happiness? In the sense that wealth is positively correlated with happiness, you could say so, but you could just as easily say that happiness buys money. Yet, even amid grim cost-of-living and housing conditions, a pile of cash alone won't magically make you a happier person. Instead, earning and spending your money in ways that satisfy both your present self (hedonic wellbeing) and future self (eudaimonic wellbeing), without sacrificing social connections or physical health, is more likely to do the trick. Even if you're dirt poor right now, improving your friendships, nurturing your family life and exercising daily can ‘buy’ you just as much, if not more, happiness. These are examples of lifelong investments that money can't buy.



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WHEN THE PAST SLEEPS BETWEEN US: HOW TRAUMA HIDES IN LOVE.

WRITTEN BY YACHNA KUMAR

EDITED BY FEBE ABBY

"WHY DO I PUSH AWAY THE PEOPLE I LOVE?"

"If you've ever asked yourself this, you're not alone. In this article, we'll explore how unhealed trauma, often the invisible kind, shapes our capacity to connect, feel safe, and stay in love.

UNDERSTANDING THE EVERYDAY FACE OF TRAUMA

Love After Survival

It's rewriting the belief that love has to hurt. That closeness means danger. That you are hard to love. Healing asks us to stay present, not just with someone else, but with ourselves. And sometimes, love starts by staying when we most want to run. Trauma is a heavy word but it doesn't always come from dramatic events. Sometimes, it stems from quiet moments that left us feeling unseen or unimportant. It might look like growing up in a household where no one asked how you were, or learning to suppress your feelings to avoid conflict. Dr Gabor Maté explains, "Trauma is not what happens to you. It's what happens inside you as a result of what happens to you." In other words, trauma isn't the event itself, it's the imprint it leaves on your heart, body, and mind. According to Perry and Szalavitz (2017), these early experiences can influence how we relate to others, regulate emotion, and experience closeness as adults.

"I never got yelled at. I never got hit. But I was never truly seen either. I grew up learning that needing things made me 'too much'. I still flinch inside when someone asks me how I feel."

— Anonymous student

HOW TRAUMA MANIFESTS IN LOVE

Trauma doesn't just live in the past. It lives in how we love today, how we pull away, how we overthink, how we chase, how we apologise for having needs. It lives in our nervous system, not just our memory. Even when life feels safe now, our body might still be bracing for impact. These protective behaviours are not a sign that we're "bad at love." They are often echoes of past experiences where love came with conditions, confusion, or pain.

COMMON WAYS TRAUMA SHOWS UP IN LOVE:

- **Avoidance:** You crave connection but feel the urge to run when things get real. Vulnerability feels like exposure, so you shut down or disappear, even if you don't want to.
- **Hyper-independence:** You've taught yourself to be everything for yourself. Depending on others feels like weakness, or a setup for disappointment.
- **People-pleasing:** You believe love must be earned. You silence your needs, anticipate theirs, and tiptoe around rejection. You give too much, hoping not to be left.
- **Anxious attachment:** You constantly seek reassurance, fearing that love is temporary. Every silence feels like abandonment. Every boundary feels like distance.
- **Control:** You micromanage or over-plan in relationships to avoid feeling vulnerable. Being "in control" helps soothe the fear of being blindsided again.



WHY RELATIONSHIPS END (EVEN WHEN THEY FEEL RIGHT)

Sometimes, relationships don't end because they're wrong, they end because they feel too right. When love feels calm, consistent, and safe, our nervous system may interpret that unfamiliarity as a threat.

We may start to overthink. We question their intentions. We test their patience. Or we leave before they get the chance to. This doesn't mean we're incapable of love. It means we're still learning that safety can feel soft, not scary.

UNDERSTANDING TRAUMA IN LOVE

Unhealed trauma often shows up in emotional cycles, familiar patterns we repeat even when we want something new:

- **Push-pull dynamics:** You want intimacy, but fear it at the same time.
- **Settling for the familiar:** Unsafe love can feel like 'home' when it's what we've known.
- **Self-silencing:** You avoid conflict by hiding your truth

Dr Nicole LePera refers to this as 'nervous system loyalty', staying loyal to the emotional patterns you were raised in, even when they no longer serve you.

WHAT HEALING CAN LOOK LIKE

Healing doesn't mean you never get triggered. It means you're aware of your reactions and learn to move through them with compassion. Many survivors of childhood trauma unconsciously develop protective behaviours that shape how they relate to others in adulthood. Healing starts with gentle self-inquiry and the courage to create new relational experiences.

ANONYMOUS STUDENT REFLECTIONS

"I broke up with someone who treated me so well. Nothing was wrong. But the love felt unfamiliar... I couldn't trust it. I didn't know how to receive it."

"I always felt like I had to earn love by being useful. If I said no, I thought they'd leave. So I said yes to everything... even when I was hurting."

"I convinced myself I didn't have needs. That way, if they left, I couldn't say they let me down. I made it easy to be left."

"Every time someone gets close, I find reasons to back off. I'll convince myself they're not right for me, even if nothing's wrong. It's like I'm scared they'll love me, and even more scared that they won't."

"I used to be proud of doing everything on my own. But now I realise that being 'strong' was just a shield. I was terrified of needing anyone because I didn't believe anyone would stay."

"I fall fast, and I fall hard. But the second someone pulls away, even slightly, I spiral. I think I've done something wrong. I go into fix-it mode. It's exhausting."

1. LEARN YOUR PATTERNS

- Start by asking yourself:

“Am I protecting myself, or pushing people away?”

This question invites awareness of emotional reflexes rooted in survival, not connection. You might notice patterns like avoiding vulnerability, withdrawing during conflict, or overextending to earn approval. Recognising these behaviours isn't about shame, it's about reclaiming agency.

“Awareness is the first step to transformation.” — Dr Nicole LePera (2021)



2. TRY TRAUMA-INFORMED THERAPY

Healing trauma requires more than insight; it requires body-based and relational work. Modalities like:

- EMDR (Eye Movement Desensitisation and Reprocessing) helps reprocess past trauma safely.
- Somatic therapy addresses how the body holds onto past pain.
- Attachment-based therapy focuses on reshaping the way we trust and connect with others.
- These approaches don't pathologise trauma, they honour your nervous system's history and help create new internal experiences of safety.



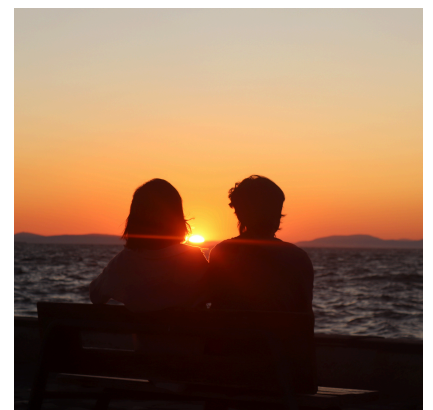
3. SEEK SAFETY IN LOVE

True healing often happens in relationships that feel safe, not perfect. Safe relationships:

- Honour your boundaries
- Welcome your emotional truth
- Don't make you earn love, they offer it freely

“My healing started when someone said, ‘You don't have to earn my care.’ I didn't believe them at first. But now, I'm learning how to stay.”

— Anonymous student



LOVE AFTER SURVIVAL

Love after trauma is not a destination, it's a slow return to self. It's rewriting the belief that love has to hurt. That closeness means danger. That you are hard to love. Healing asks us to stay present, not just with someone else, but with ourselves, and sometimes, love starts by staying when we most want to run. What safe love can feel like:

- You feel seen even when you're not performing
- You can take space without fear of abandonment
- Boundaries are respected, not punished
- You're allowed to be messy, not perfect

REFLECTION

If any of this feels familiar, ask yourself:

- Have I noticed my past shaping how I love today?
- What helps me feel emotionally safe in relationships?
- How can I show empathy for someone who pulls away, not because they don't care, but because they're scared?

Healing starts with recognition. With compassion. With learning to offer to ourselves the very safety we seek from others.

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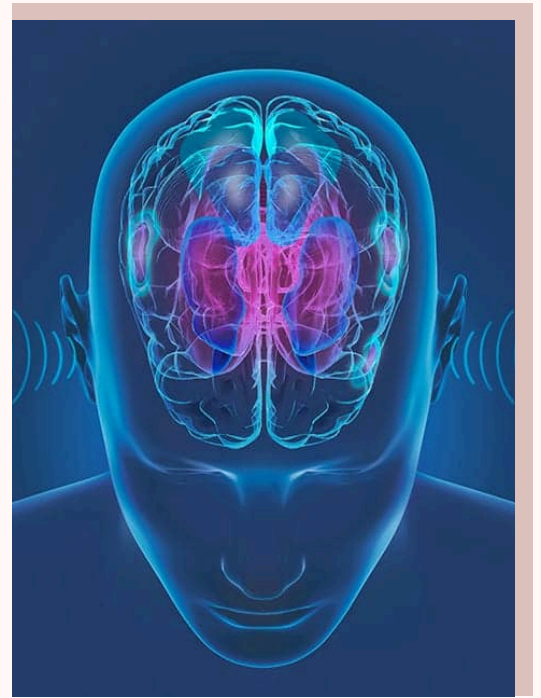
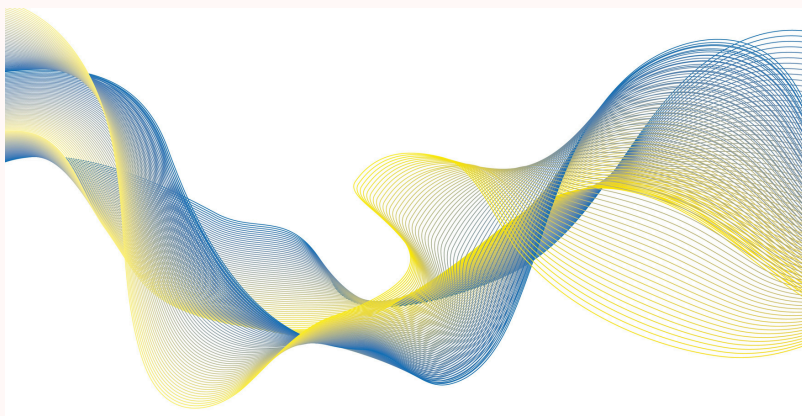
YOU ARE WHAT YOU LISTEN TO

WRITTEN BY: ELIZABETE LASMANE
EDITED BY: KEIRA KELLY

There is so much information in the media on how to nourish the body – protein intake, gym workouts, “eat your veggies” – but almost nothing about feeding the brain, our body’s control centre, that burns 20% of our energy (Padamsey & Rochefort, 2023). So, how do we nourish it? With sound – our brain’s electrical rhythms (measured in Hertz) shift with every thought and feeling. In this article, we’ll cover the five core wave types and then explore how simple tools – auditory beats and coloured noise – can guide those waves toward focus, relaxation, or sleep.

UNDERSTANDING BRAIN WAVES

Our brain is constantly buzzing with electrical activity, literally! According to the Netherlands Institute for Neuroscience (NIN, n.d.), this activity occurs in rhythmic patterns called brain waves. The speed of these waves – known as frequency and measured in Hertz (Hz), or cycles per second – is linked to different mental and emotional states. Scientists use electroencephalograms (EEGs) to track these patterns. Based on frequency, brain waves are grouped into five main types (Engelbregt et al., 2021; NIN, n.d.):

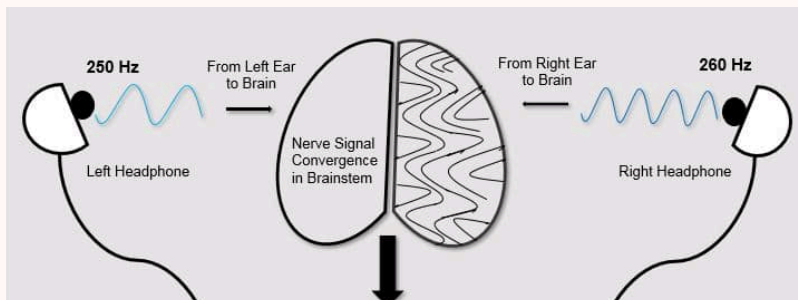


- **Gamma waves (38–80 Hz):** The fastest waves, linked to focus, memory, learning, and positive mood. They appear during intense mental activities, like studying or problem-solving (Geng, 2024).
- **Beta waves (14–38 Hz):** Activated when we’re alert and actively thinking, common during tasks involving focus, decision-making, or problem-solving (Geng, 2024).
- **Alpha waves (8–14 Hz):** Present during relaxation yet wakefulness, such as daydreaming or winding down before sleep. Associated with mental clarity, reduced anxiety, and improved working memory (Larson, 2020).
- **Theta waves (4–8 Hz):** Appear during deep relaxation or meditation, linked to creativity and memory processing, especially in dream-like states (Jirakittayakorn & Wongsawat, 2017).
- **Delta waves (0.5–4 Hz):** The slowest waves, active during deep, dreamless sleep. Crucial for physical recovery, mental restoration, and reducing anxiety (Larson, 2020)

CAN WE INFLUENCE BRAIN WAVES?

Knowing that different brain waves reflect different mental states naturally raises a question: can we intentionally shift these patterns on purpose, especially to manage anxiety, racing thoughts, or sleep difficulties?

Emerging research suggests we can. Certain sound frequencies appear to influence brain wave activity, helping the brain adjust its state. One method is auditory beat stimulation (ABS), where the brain gradually synchronizes its electrical activity to the rhythm of a sound – a process called frequency-following response (Engelbregt et al., 2021; Jirakittayakorn & Wongsawat, 2017). Another involves coloured noise, emphasizing specific frequency ranges linked to changes in mental state (Low et al., 2021; Jones, 2025).



BINAURAL BEATS AGAINST AVERSIVE STATES

One well-studied form of ABS is the binaural beat (BB), created by playing two slightly different tones separately in each ear. Instead of hearing them separately, the brain merges them into a third rhythmic beat based on the frequency difference (Cafasso, 2017; Engelbregt et al., 2021). Because each ear receives a different tone, the brain actively engages specific brain wave frequencies.

For example, if your left ear hears 250 Hz and your right ear hears 256 Hz, your brain detects a 6 Hz beat, aligning with theta waves. Theta waves are linked to deep relaxation, meditation, and dream-like states. Indeed, Jirakittayakorn and Wongsawat (2017) found listening to a 6 Hz BB significantly increased theta activity, promoting meditative states and reducing worry.

MONAURAL BEATS FOR ENHANCING MOOD

Monaural beats (MB) differ slightly. Both tones are combined and played simultaneously through both ears. The brain detects the frequency difference directly (Engelbregt et al., 2021). For instance, playing 200 Hz and 240 Hz together creates a 40 Hz beat, stimulating gamma waves.

Gamma waves are associated with sharper focus, clearer thinking, and improved cognitive performance. Jo et al. (2023) demonstrated that listening to a 40 Hz MB enhanced mood, reduced sleepiness, and increased positive affect.

Both BBs and MBs, despite their different delivery methods, have been shown to enhance attention and mood, offering promising tools for mental well-being (Engelbregt et al., 2021; Jo et al., 2023).

COLOURFUL NOISE

Most of us know white noise – a steady, even hum that like a fan or static. But have you explored the vibrant spectrum of coloured noise? Each colour offers distinct benefits, helping manage ADHD, easing insomnia, or enhancing everyday focus (Jones, 2025).

Each type has a distinct feel – white noise is steady and even (like static or a fan), pink noise softer and natural (rain or ocean waves), and brown noise deeper and heavier (thunder or waterfalls). Different coloured noises may help with common issues: ADHD (white noise for focus), insomnia (pink, white, brown noise for sleep), anxiety (brown noise or nature sounds for calmness), and difficulty focusing (coloured noise to quiet a restless mind).

CONCLUSION

With all this in mind, why not intentionally nourish your brain with sound, much like you nourish your body with food? Just as certain foods impact your physical health, specific sound frequencies may positively influence mental states – some promoting focus, others aiding relaxation or sleep.

Ultimately, the sounds you choose to surround yourself with shape your mental landscape. So, pick wisely – you really are what you listen to.

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ALL OF THE LIGHTS

THE PSYCHOLOGICAL IMPACT OF INDOOR LIGHTING ON OUR MOOD AND COGNITION

• Written by John Mark Dominguez • Edited by Neil Ni

Since antiquity, we have understood light as our companion to seeing the world. The development of artificial light over the centuries, such as Thomas Edison's patent of the incandescent light bulb and Edmund Germer's contributions to the modern fluorescent light bulb, have led to more advanced lighting conditions in our lives. Studying, resting, socialising, and even concerts are only a few of the situations where we spend a lot of our time under artificial lighting. It would be reasonable to raise a few questions to understand how our mood and cognition can be shaped by our environment, as well as draw practical suggestions that could benefit ourselves in shaping living and study spaces with light.

IS IT POSSIBLE TO BE EMOTIONALLY STIMULATED BY LIGHTING?

Most probably! Researchers proposed that light is responsible for turning on our 'hot' emotional system, an illusionary experience of heat that intensifies emotional reactions to certain stimuli (Xu & Labroo, 2014). Their extensive study consisting of six experiments collectively found that whether the emotion is positive or negative increases under bright light. Indeed, the visual perception of ambient brightness can impact decision making and judgement.

In other words, the visual perception of warmth is a crucial factor in shaping arousal, emotional responses, and our physiology. As participants perceive bright light as 'heat', reducing the light's illuminance may help promote making more beneficial and rational daily decisions. Lower brightness could decrease the influence of emotional bias brought about by bright lighting, whether the emotion may be positive or negative. Bedrooms and resting areas can benefit from warm dim light from mood lighting for relaxation and calm ("The Missing Link Between Lighting and Emotions," 2024).

An interactive effect was also established between the combined effects of illuminance and colour temperature on positive affect. In fact, higher positive affect is found in two specific lighting conditions—warm standard lighting (300 lx) and cool bright lighting (2000 lx) (Lan et al., 2021). Higher positive affect is characterised by more positive emotions such as happiness and confidence. The finding could be attributed to neuroscientific pathways, where the prefrontal cortex activation reduces with increasing light intensity, or illuminance (Sabbah et al., 2022). This particular mechanism mirrors.



The effect of antidepressants in the said brain region that is crucial to cognitive and emotional processes like decision-making and mood regulation indicating a possible link between mood and light intensity. While regular indoor lighting itself may not be used for treating mood disorders, it implies how effective light can be as a tool for therapy and treatment. Ambient lighting like big lamps and LED strips generally illuminate the room (A Guide to Task, Accent, and Ambient Lighting Types, n.d.), and could be useful in adjusting the lighting to these lighting conditions to set a lighter mood, especially when you feel “blue”. Perhaps the rationale behind this mechanism is bright blue-enriched light encouraging an energetic mood that could influence positive affect (Lan et al., 2021).

A key implication of the above findings is that improved mood state through the effect of lighting could reliably predict faster cognitive task performance.

WHAT MAKES A LIGHTING CONDITION OPTIMAL FOR COGNITIVE PROCESSING?

It all boils down to fluency, the ease of processing information. Creating a ‘fluent’ environment hinges on two aspects of light: illuminance and colour temperature, to create a conceptual fit that can harness more activated mental states (Kang et al., 2019). Examples of a conceptual fit may include warm colour temperatures with brighter illuminance and cool colour temperatures with darker illuminance. These preconceived associations may allow people to feel ‘right’ about their lighting situation and thus feel at ease that such lighting conditions match. Modifications to lighting in students’ learning environments and workplaces could better harness their attention, focus, and productivity. More often, fluent lighting is preferred over disfluent lighting so it would be reasonable and ideal to study under brighter conditions. However, individual preferences may differ (I won’t be dictating how you like your lighting).

Increasing colour temperature (e.g., more cooler tones such as blue-ish white) influenced faster reaction times (RT) in cognitive tasks such as verbal event planning and spatial map study (Hawes et al., 2012). They found no significant differences in accuracy between LED conditions and fluorescent lighting. Rather, the improved RTs could be attributed to generally increased arousal (e.g., physiological alertness, increased attention) under higher colour temperature. Sabbah et al. (2022) found that blue-enriched white light improved cognitive performance, alertness, and concentration regardless of whether it was emitted by the environment or a computer screen in the evening. Moreover, blue-enriched lighting (not to be confused with blue-enriched white lighting) improved cognitive performance in the afternoon.

Increased arousal under blue-ish light could be attributed to our evolution as a diurnal species. Circadian rhythms are disrupted when there is increased chronic exposure to blue light during the night time as opposed to during the day, where melatonin production is being suppressed (Wahl et al., 2019). As a result, it would be reasonable for us humans to use higher illuminance cooler lighting during the day. The timing of using blue-enriched lighting to maximise our alertness matters more than we think. Study areas and work spaces can consider the combination of timing and the kind of lighting to optimise cognitive performance and enable us to do more tasks requiring cognitive capacity with minimal to no depletion. The morning and afternoon are ideal times of the day to get work done with cooler indoor lighting to take advantage of our circadian rhythms while staying productive and alert. Furthermore, the type of lighting could be beneficial to highlight specific tasks that we do daily; task lighting, such as desk lamps and reading lights, can enhance visibility, facilitate attention and increase focus when reading or working, especially during the night.

Overall, the renaissance of light over the centuries has highlighted not only the very need of the mere presence of light but also the need to control it for our own benefit. We understand that light not only helps our everyday function but also enhances our cognitive capacity. It would be beneficial to consider different lighting options in our living and study spaces that could suit our preference and psychological well-being. Light transcends everything, including our own knowledge, so let's stay enlightened and use this to our advantage.

Remember: warm for better mood, cool for easier cognitive processing.

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ACADEMIC PROCRASTINATION

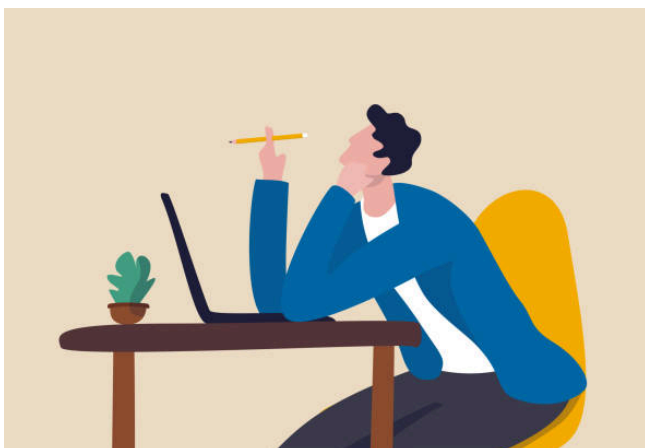
HOW MOTIVATION HELPS ALLEVIATE IT AND IMPROVES MENTAL WELL-BEING

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INTRODUCTION

Academic procrastination—the voluntary delay of study-related tasks despite expecting negative outcomes—is a widespread issue among university students. It is estimated that 70–95% of students engage in procrastination, which is increasingly linked to mental distress and poor academic performance (Schouwenburg et al., 2004). Motivation, or the lack thereof, is consistently cited as a key contributing factor (Oram & Rogers, 2022). Previous researches demonstrated that there exists a potential connection between motivation and procrastination (Grunschel et al., 2016; Oram & Rogers, 2022; Vlachopanou et al., 2025). This review examines how motivation influences academic procrastination and mental well-being, focusing on these recent empirical studies conducted in university settings.

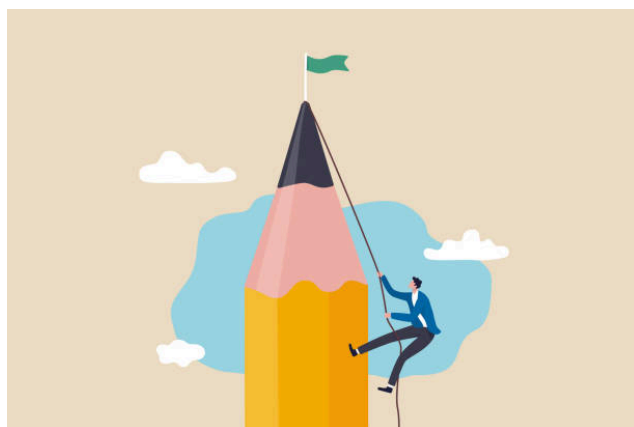


ANALYSIS AND INTERPRETATION

Multiple studies highlight the correlation between motivational strategies and levels of academic procrastination. Grunschel et al. (2016) have conducted an observational study with German university students to examine whether motivational regulation strategies influence academic procrastination, academic performance, and well-being. Their findings indicate that such strategies can positively impact academic outcomes and mental health of university students by reducing procrastination. However, the study also noted that not all strategies are beneficial; for example, "performance avoidance self-talk" had a negative indirect effect on both performance and well-being. This suggests that while motivation can be beneficial, the specific type of motivational strategy employed is crucial.

In another study, Oram and Rogers (2022) investigated how basic psychological need (BPN) satisfaction and frustration relate to academic procrastination, and whether academic motivation mediates this relationship. Sampling 617 Canadian university students, the study found that motivation significantly mediated the relationship between BPN satisfaction and procrastination. However, motivation did not mediate the relationship between BPN frustration and procrastination. This suggests that while fostering motivation through satisfying psychological needs may help reduce procrastination, it may not be effective in counteracting frustration-based procrastination.

Certain types of motivations could also differ in impacting academic procrastination. Vlachopanou et al. (2025) explored the relationship between motivation types and academic adjustment among 284 Greek undergraduates. Their findings support the idea that intrinsic motivation—motivation driven by personal interest or enjoyment—is the most effective in promoting academic adjustment and reducing procrastination. Extrinsic motivation—motivation driven by external factors such as money and fame—had a weaker positive effect, while amotivation was associated with higher procrastination and poorer adjustment. This study provides a nuanced understanding of how different types of motivation impact students' academic behaviour.



These studies collectively demonstrate the importance of motivation in addressing academic procrastination and enhancing mental well-being. However, they also highlight the complexity of this relationship and caution against one-size-fits-all approaches.

CONCLUSION

This review affirms that motivation, especially intrinsic motivation, plays a significant role in reducing academic procrastination and promoting students' mental health. Not all motivational strategies are equally effective, and some may even be counterproductive. For university students, it is important to note the types of motivations and practice particular strategies to alleviate procrastination and establish better well-being.

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