

Modern perspectives on current events in the field of psychology. In this edition, students discuss:

*Schadenfreude*

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*Growth mindsets*

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*Memory*

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*Imaginary friends*

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*Social media*

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*Nootropic supplements*

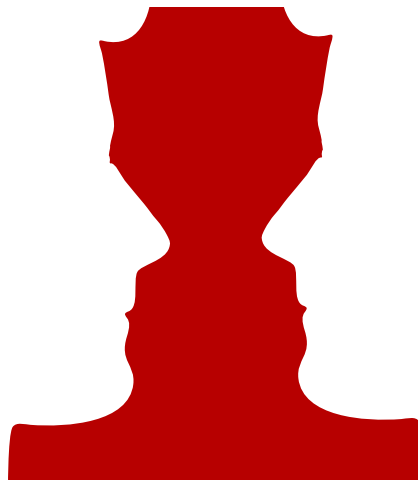
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*Psychology pathways*

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*Test validity*

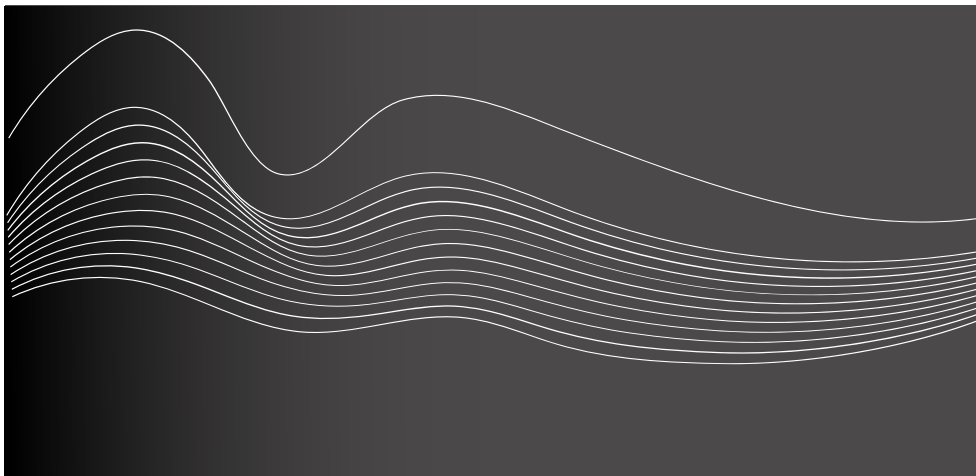
# THE PSYCH ANALYST



*FIRST EDITION*

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**WINTER  
2021**



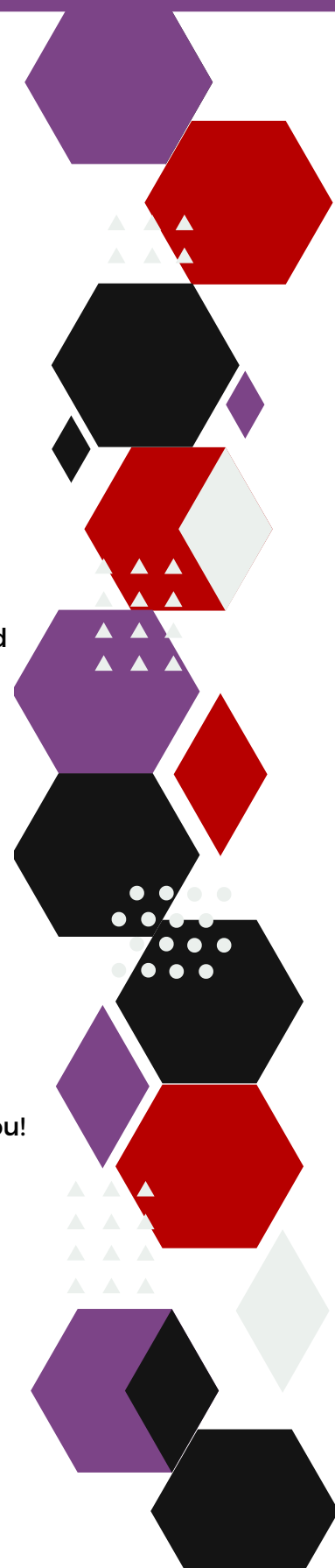
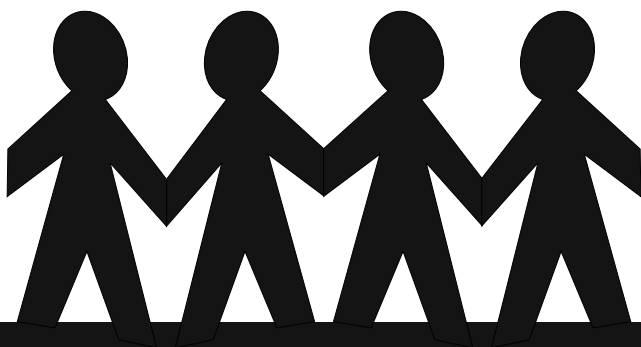
**MACQPSYCH**  
MACQUARIE PSYCHOLOGY SOCIETY

# 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.

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**Isabel  
Lowe**



**Kayley  
Zielinski-Nicolson**



**Milena  
Shvedova**



Hey!  
Welcome to MacPsych's first edition of The Psych Analyst! We're thrilled to be offering psych students an avenue to discuss all things psychology related and allow us all to gain an insight into theories and studies that impact our daily lives!

All writers and editors have produced highly engaging articles on topics that are sure to spark your interest! Whether that be the psychology of social media (page 16) or the psychological phenomenon of why we feel pleasure at someone else's misfortune (page 25). You're bound to walk away with an insightful understanding of theories you may not have known existed!

A final thank you to the efforts of our incredible writers and editors! I hope you enjoy the Winter Edition as much as I have!

Hello!  
I'd like to warmly welcome you to the 2021 Winter Edition of The Psych Analyst. I recommend you settle in with a hot cup of tea! Personally, reading about the exciting psychological phenomena explored in this issue has sparked my excitement for the semester ahead of us. This issue has got you covered for your first assessment task with evidence based memorising strategies (page 2), and nutritional eating suggestions to help you get the most out of your study sessions (page 8). I can't wait for you to take my quiz and find out 'Which famous psychologist are you?' (page 5)! Be sure to share it with your friends and compare your findings. I hope you have fun flicking through these articles and learn something interesting to kick off the new semester. Happy reading!

Hey friends!  
We are so excited to share this edition of The Psych Analyst with you. Our writers and editors have worked tirelessly to bring you an incredible range of informative and compelling evidence-based perspectives in the field of psychology. I hope you enjoy the articles as much as we all have, and that they'll inspire your thirst for knowledge this coming semester. I know it's been a tough year, so I hope this publication can be a source of motivation through all the unease. However, if you find yourself bored during a well-deserved study break, feel free to peruse our book/film/podcast recommendations (page 29)... they're my personal favourite study break (procrastination) activities... Now that I've shared my secrets, find a snack, kick back, and read away!

*Isabel* 

*Kayley*

*♥ Milena*



## Learning to Remember

Written by Sophie Vernicos

Edited by Sarah Bakker

Imagine a monotonic, robotic voice promptly reciting 0, 8, 0, 2, 2, 5, 2, 9, 0, 6, 8, 4, 0, 9, 2, 0, 5, 2.

A string of numbers that, for the average person, would evaporate into thin air almost instantaneously. This monosyllabic mish-mash of digits is, after all, hardly riveting to read, so why would anyone remember it? Would you perhaps fare better with a deck of playing cards? A haphazard arrangement beginning with an ace of spades, nine of clubs, two of hearts and so on fifty-two times? Would a quick scan be sufficient to memorise its order? At the World Memory Championships, these tasks are mere child's play, however the average contestant's brain structure and cognitive ability probably isn't too different to yours (Maguire et al., 2003). This article will discuss the psychology underlying memory and how memory athletes have been capitalising on its uses for decades using a special technique called mnemonics.

Memory, or the retention and retrieval of information, is a cognitive faculty that is more outsourced than ever, with Google and

the Notes app on everyone's phone now serving as reliable alternate repositories of information. This phenomenon most strongly pertains to declarative memory or long-term memory, which is characterised by the conscious retrieval of facts and events (Ullman, 2004).

Great memory traditionally thrived in societies including Ancient Greece where Homer's 'The Iliad' was kept in circulation for "hundreds, if not thousands of years" purely by being learned and repeated aloud (National Geographic, 2015). The World Memory Championships revives this lost art via an annual 3-day competition consisting of ten disciplines, including memorising as many random digits as possible in one hour, as many random words as possible in 15 minutes, and linking names to the correct face. Feats such as memorising a deck of 52 playing cards in 13.96 seconds may lead one to conclude that the competition is merely a gathering of geniuses, but the athletes themselves deny any innate aptitudes, instead attributing their astonishing achievements to mnemonics.

A mnemonic is any device or system that aids the recall of information, usually by manipulating the way it is encoded (Bellezza, 1981).

In other words, it is a way of saturating dull information with a kind of cognitive adhesive that makes it vivid and evocative, so it will stick to the brain. For example, the association system links a unique visual image with every 2-digit number. 02 could be a bicycle because it has two wheels, 25 a present because it's the day that Christmas occurs and 60 a clock because there are 60 minutes in an hour. After encoding every 2 digits in a string of numbers using this visual mnemonic, one can arrange them sequentially using a second technique called a 'memory palace'. A memory palace is simply a location a person knows intimately enough that they can envisage themselves walking through it, such as a family home or even Macquarie University campus. Every three images (or 6 digits) can be placed at a specific point along this memory palace so that a person can imagine travelling through the location and the numbers simply materialise via an absurdly amusing narrative.

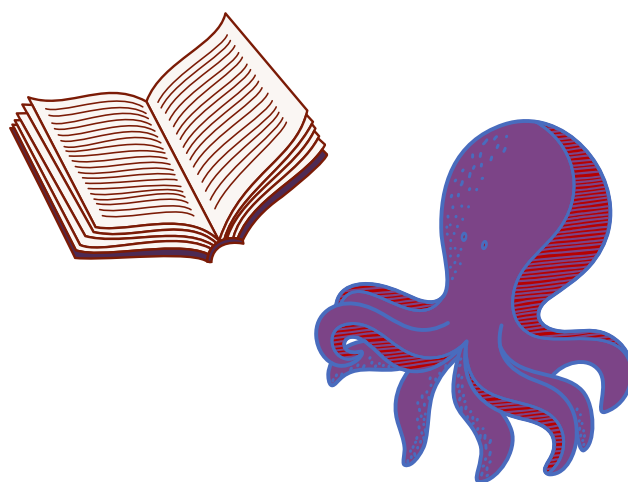
Here is an example of what you could visualise to remember the number sequence listed at the start of this article, using a set of associations outlined by three-time World Memory Champion, Andi Bell.

- You have just arrived home and are unlocking your door.
- Just as it swings open an octopus (08- octopus has 8 tentacles) riding a bicycle (02- bicycle has 2 wheels) dashes out of the door, swiping a present (25- Christmas day) up off the ground using one of its slimy, blue tentacles.

- You continue on into your living room where a human-sized, cartoonish frog (29- 29 days in a leap year) sits on your couch frantically rolling a dice (06- 6 sides on a dice) onto a tattered, paperback book (84- George Orwell's '1984').
- Finally, you make your way into your kitchen where you watch in awe as a fluffy, grey cat (09- cat has 9 lives) puts on a pair of glasses (20- 20-20 vision) to inspect a deck of cards (52- 52 cards in a deck).

The ease at which this quirky scenario can be remembered compared to a sterile set of numbers derives from a multitude of psychological theories and phenomena. According to Craik and Lockhart's (1972) levels of processing model, information can undergo either shallow or deep processing.

Deep processing is deemed to produce better memory because rather than merely observing the appearance or sound of a stimulus, one considers the meaning of it, enabling it to be encoded in a rich, semantic network. Encoding a number as a concrete, mental image situates it within a semantic network with more associations, fastening it more securely into a person's memory.



Furthermore, the mnemonic capitalises on the memorable quality of narratives as each image is interacting with the adjacent images in the number sequence, cultivating a causal, story-like chronology. This aligns with research that has found that individuals who constructed a meaningful narrative to remember a list of words recalled almost 7 times as much as the control group (Bower & Clark, 1969).

Finally, the integration of the memory palace technique employs the relative ease with which individuals can envisage themselves navigating a familiar place. In his book 'Moonwalking with Einstein', journalist and US memory champion, Joshua Foer, explains that many of the evolutionary leaps and bounds experienced by the brain occurred when humans lived as hunter-gatherers (Foer, 2012). Consequently, memory was modelled on remembering the location of food sources and knowing the route home - not memorising essays for exams or recalling people's names!

Thus, despite its enigma, enhanced memory is not an inflexible faculty limited to those bestowed with it. Rather, the success of memory champions who rely on mnemonics indicate that information can be intentionally encoded in a fashion that is more conducive - and entertaining - to recall.

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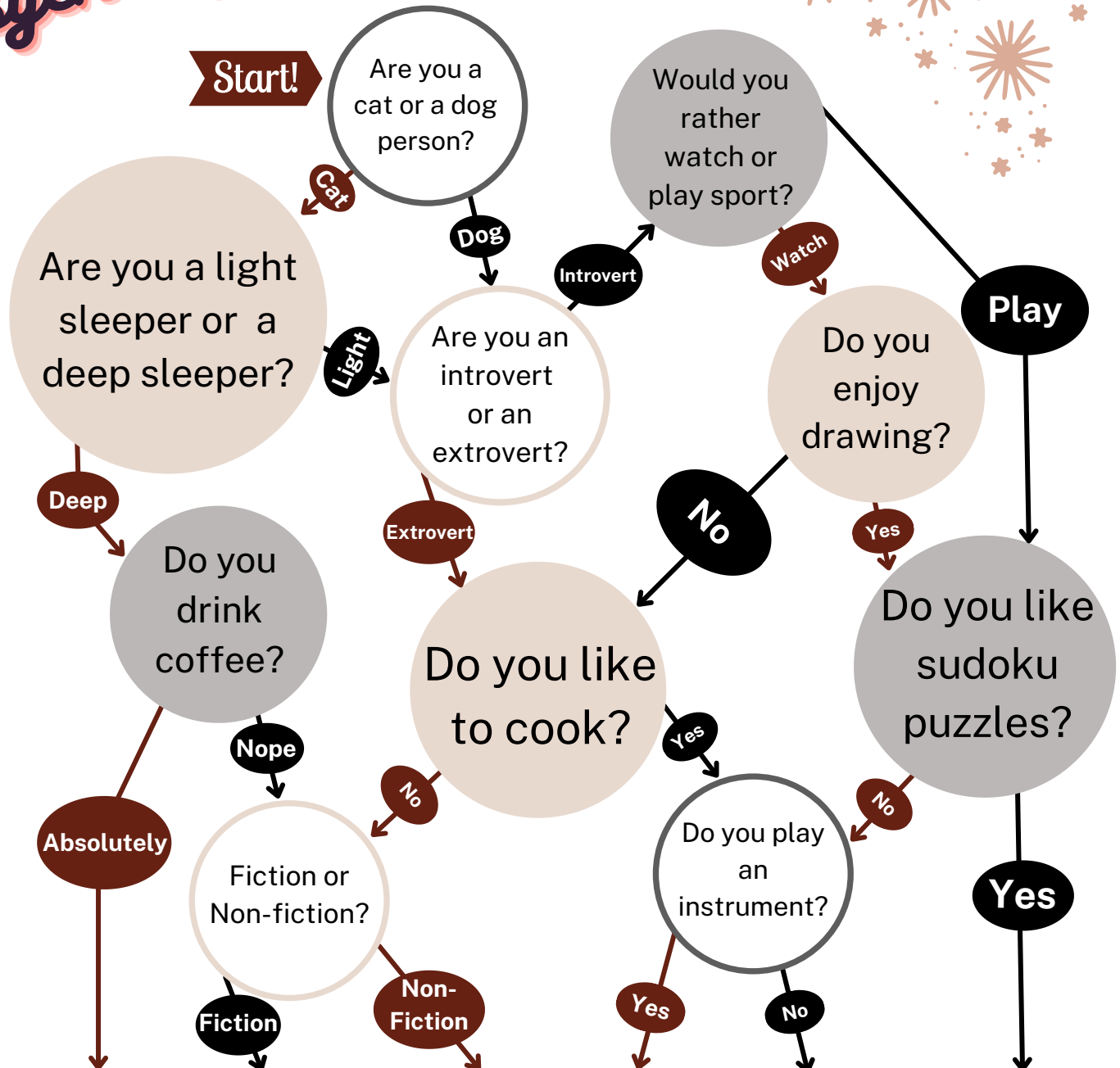
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# Which famous psychologist are you?



**You're Sigmund Freud!**  
 Those closest to you probably describe you as creative and determined. You are loud spoken and committed to your views. Although this may foster debate with others, this is an opportunity for both parties to learn more from each others' perspectives.



**You're Ivan Pavlov!**  
 Your friends probably describe you as consistent, reliable, and dependable. Although you tend to stay within your comfort zone, you're really skilled at the things you're passionate about!



**You're Jean Piaget!**  
 Your loved ones probably describe you as fun-loving, intelligent and friendly. You're cool, calm and collected and others find you easy to be around. You always offer the best advice when others seek out your perspective on a tricky situation.



DECLASSIFIED

# Is your quiz result valid?

Written by Kayley Zielinski-Nicolson

Many of us have indulged in a plethora of personality quizzes that litter magazines and the internet. While we know that these quizzes likely haven't been exposed to the same scientifically rigorous processes that genuine personality assessments are, we can't help but wonder, "Which famous psychologist am I?" This curiosity often motivates us to take the quiz, (maybe dislike the result and retake it), and share it with our friends to find out if they're a Piaget like we suspected, or actually more of a Freud than we thought.

Psychology researchers use several concepts and methods to ensure that tests they conduct provide valid results. Let's review a few of these concepts to find out if your quiz result from the previous page is valid.

## Validity

*Construct validity* refers to the proficiency of test scores to infer a non-directly measurable psychological construct from individual differences in the construct (Clark & Watson, 1995).

*Content validity* refers to whether items on a test are quantitatively representative of the domain the assessment is attempting to measure (Haynes et al., 1995).

*Face validity* refers to the degree that the test items appear to measure the target construct, from the perspective of the test-taker (Haynes et al., 1995).

## Item Pool Creation

In psychological assessment good content validity is typically built into the test from the beginning of its construction and is established by systematically evaluating test content (Clark & Watson, 2019). A broad, overly inclusive, and comprehensive pool of items that encompasses the target construct can be initially devised (Clark & Watson, 2019). This type of psychometric analysis allows for items that do not adequately represent the target construct to be dropped (Clark & Watson, 2019). Adequate representation of major content areas which compose the target construct may be achieved through proportionate inclusion of items by their narrow or broad importance to the construct (Clark & Watson, 2019).

The target construct was never precisely defined prior to construction of the quiz on page 5 and this psychometric analysis was not implemented. Therefore, there is no evidence that the item pool is representative of the target construct - famous psychologists' personalities.



## Creating Good Test Items

- Language is clear, simple, and appropriate for the target population
- Use timeless phrasing rather than colloquialisms, trendy terms, or other language that requires contextual familiarity to understand
- Items should ensure variable responding
- Each item should assess one characteristic
- Base items on robust research to ensure they measure the target construct

(Clark & Watson, 1995)



## Items on the Famous Psychologists Quiz

The items in the quiz on page 5 are written clearly and simply, have timeless phrasing and do not contain items that every test-taker will agree or disagree with. However, the items in the quiz are not based on any robust literature regarding the personality types of Sigmund Freud, Ivan Pavlov, or Jean Piaget. Furthermore no key personality characteristics or traits relating to these famous psychologists were appropriately mapped onto quiz items. For example, there was no empirical relationship between disliking cooking and sharing personality characteristics with Freud!

Therefore we can conclude that the items on the test poorly measured the target construct.

**CASE CLOSED**

## Case Summary

From our review of a few related validity concepts we can conclude that the results of our personality quiz are likely to be invalid due to a range of issues in test development. Despite the entertaining nature of the quiz (especially when shared with friends with an interest in psychology at Macquarie University), the results should not be considered valid as the quiz construction was not exposed to the scientifically rigorous standards that robust psychology research is commonly held to.

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# Nootropic Supplements or Foods?

## How to Eat your Way Through Exam Period



Written by Amy Lin

Edited by Sarah Bakker

In a national study of 633 Australian University students, 50% of participants reported the use of nootropic substances at least once in their lifetime (Riddell et al., 2017).

Nootropics, or ‘cognitive enhancers’, are any dietary supplements and synthetic substances that have stimulant effects on the nervous system (Frati et al., 2015). They are often taken to improve cognitive functioning, including working memory, attention, organising, and self-monitoring (Frati et al., 2015). Nootropics such as prescribed Eugeroics improve focus in those with various sleep disorders, while others are Attention Deficit Hyperactivity Disorder medications (Napoletano et al., 2020). However, recent research from the Australian Alcohol and Drug Foundation reports that the effects of nootropics from everyday use in healthy individuals only masks fatigue, and only does so while the drug is present in the body (Alcohol and Drug Foundation, 2020).

There are numerous nootropic supplements marketed online which claim to ‘enhance brain power’ by taking nootropic capsules or powders, however these marketing campaigns fail to note the side effects. For example, Piracetam, a treatment for muscle jerks, is also marketed online as a cognitive enhancer. It’s effects take time to appear, and its risks include agitation in the psycho-motor system, anxiety, dizziness, dysphoria, headache, and diarrhoea (Healthline, 2021). Smaller studies show some benefits of nootropics on the brain, although there is a substantial lack of evidence in larger, controlled studies and clinical trials which show any consistent benefits (Frati et al., 2015). Alternate research by Melanie McGrice (2019) from the Dietitian Association of Australia suggests that making certain dietary changes can satisfy your nutritional needs and maintain cognitive performance in the long term. Additionally, these dietary changes reduce financial costs and avoid negative health side effects from excess or inappropriate nootropic use (McGrice, 2019).

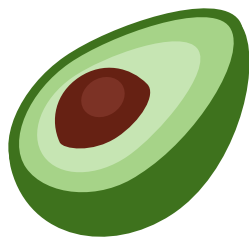
### 1. Low-GI carbohydrates = Consistent energy

Maintaining a low-GI diet with small regular meals can help with consistent brain functioning during long study days. Instead of eating high sugar foods or excessive caffeine for a surge of high energy in a short time period, McGrice says “enjoy low GI carbohydrates which give the brain a constant source of energy”. These include kidney beans, chickpeas, lentils, oats, bran breakfast cereals, raw carrots, and green vegetables (McGrice, 2019).



## 2. Leafy Veg, Avos and Eggs

Leafy greens such as spinach, avocados and eggs contain high levels of a nutrient called lutein, which has been found highly predictive of memory performance. A recent study published in 2019 found that lutein obtained through leafy veggies plays an important role for memory function within the brain's hippocampus (Cannavale et al., 2019). Conversely, a diet of high fats, sugars and processed foods are linked to dysfunctional hippocampal functions, which are so important when you're trying to establish long-term memories during exam preparation (Kanoski et al., 2011).



## 3. Omega-3

Omega-3 fatty acids play an independent role in the central nervous system and enhancing neurogenesis; the process of making new neuronal connections and learning. There are three important Omega-3 fatty acid types, including: Alpha-linolenic acid (ALA), Docosahexaenoic acid (DHA) and Eicosapentaenoic acid (EPA), which must be obtained through diet. These are essential for neuronal health, specifically fluidity in the neuronal membrane structure, energy and ion channel flow between neurons, and neurotransmitter release (Grayson et al., 2014; Pawel & Volterrani, 2008; Smith & Refsum, 2018). As new neuron connections are formed during learning and memory tasks, especially during exam periods, an intake of omega-3 fatty acids assists this formation.

An improvement in working memory tasks was found in young people aged 18-25 after taking 750mg of DHA and 930mg of EPA daily (Narendran et al., 2012; Leray, 2017). In adults with low omega-3 fatty acid intake (less than one or two fatty fish servings a week), a dietary supplement of 1g of DHA daily over 6 months significantly improved episodic memory performance in women, and working memory in men (Stonehouse et al., 2013; Leray, 2017).

The best way to obtain benefits is through eating two to three servings of cold water fish a week: salmon, black cod and sardines (Special Broadcasting Service Food, 2019). The Linus Pauling Institute from Oregon State University found that vegetarians and vegans can obtain ALA by eating flax seed, where the body can then convert ALA to DHA and EPA (Cortright, 2015). However, better results were found through fish oil, and capsule form (Cortright, 2015). Ideally, it is best to take molecularly distilled capsules which have no mercury or heavy metal contamination, especially ones with high amounts of DHA and EPA (Cortright, 2015).

## 4. Coffee

Many of us reach for coffee and tea to reduce fatigue, improve focus, alertness, energy, and mood. It is effective, which is why they are a necessity in the office! Regular coffee has 80 to 100mg of caffeine, and a healthy intake of 30 to 300mg can improve focus and attention (Ribeiro & Sebastião, 2010). Caffeine works by stimulating the central nervous system, and boosts the activity in particular brain cells that the brain chemical Adenosine, naturally inhibits (Ribeiro & Sebastião, 2010).

However, caffeine can be highly addictive, and too much can cause excessive sweats and anxiety. Taken too close to bedtimes (even during the afternoon) can negatively disrupt sleep-wake cycles in some individuals – and sleep is essential for memory consolidation and learning from all the hours of studying. Caffeine obtained in coffee may not be beneficial for everyone, particularly those who have high caffeine sensitivity, particular heart conditions, are pregnant, or are experiencing higher levels of anxiety and stress (Richards & Smith, 2015).



## 5. Water and Fruits

Drinking water is often neglected when focusing for long periods of time, often causing severe dehydration. If you're finding it hard to concentrate, have been studying for a while, and are only sipping coffee, you may be dehydrated. McGrice recommends "we should be getting approximately 2L of water a day, depending on your weight and physical activity" (McGrice, 2019). An emphasis was placed on fruit and berries which "contain water, as well as beneficial antioxidants and properties which reduce inflammation in the brain" (McGrice, 2019). The recommendation is to have three to four fruit servings a week, and makes a perfect healthy snack during studying.

Therefore, we may not really need to take more pills for better focus. Nootropics results are extremely mixed, and the risks often outweigh the pros. If you decide to try a nootropic supplement, it is advised you consult with a medical provider, who can provide you with some guarantee for its benefits. On the other hand, you can't go wrong with making minor dietary changes which provide long-lasting benefits for your brain, as well as overall body health.

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# Imaginary Friends: A Creative Child's Cure to Loneliness and Teacher of Social Understanding

*Written by Sienna Anderson*

*Edited by Sarah Bakker*

Many children have imaginary friends, however less people know why or how it affects them long-term. There is a very specific type of child that is more likely to have imaginary friends than others, due to them needing the extra company. Simply put, they provide kids with someone to play with when they feel alone and can provide comfort to them during difficult situations. Current research indicates that imaginary friends do far more in terms of influencing how these children's personality traits develop and these effects last well into their adult life.

Around 25% of preschool children as young as two-years-old have been known to have imaginary friends, with the number increasing to 75% by the time they reach seven-years-old (Taylor et al., 2004). They can last for varying amounts of time, from as little as a few months to many years. Children may only have one imaginary friend or a whole group that they play and socialise with (Raising Children Network, 2021).

These children generally embody similar characteristics and life circumstances which impact their likelihood of creating an

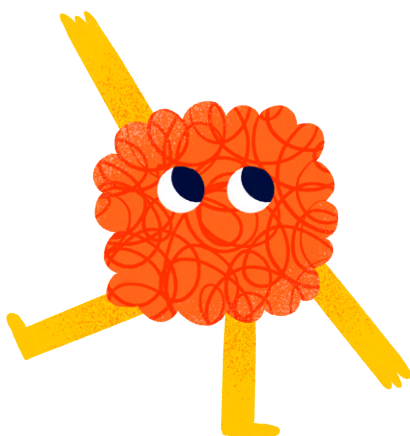


imaginary friend. For example, 88% of children who have these companions are first born or only children, compensating for their less social upbringing and higher chance of loneliness (Gleason et al., 2000). One study found that children with imaginary friends had lower self-image compared to others of a similar age. However, they also scored higher on two out of the three creativity tests; indicating an association between the creation of imaginary friends and creativity (Hoff, 2005).

The children with imaginary friends gain a variety of short-term benefits. A study of 152 preschoolers using the Test of Emotional Comprehension and the Theory of Mind Test (Ponns & Harris, 2000) found that having an imaginary friend was the most beneficial factor accounting for 38% of a child's emotional understanding and theory of mind (compared to age or gender), with the children who had created these companions scoring much higher on both tests (Giménez-Dasí et al., 2014). These companions also provide entertainment, opportunity for play, and friendships in solution to their generally more socially isolated life and periods of loneliness (Majors, 2013).

Thanks to these opportunities, the children have an increased social understanding when meeting real friends (Taylor et al., 2004). Likewise, their imaginary friends can provide support during difficult times which ultimately leads to stronger coping abilities and encourages healthy personal growth (Majors, 2013).

Not only do imaginary friends provide short-term benefits, but they also provide long-term advantages which last well into adolescence and adulthood. A study of 102 university students found that those who had imaginary friends as children scored higher on both the socio-cognitive achievement and absorption scales when tested using the Dissociative Experiences Scale (Bernstein & Putnam, 1986). This means that they have better emotional understanding, in particular theory of mind, and are also more likely to become engrossed in activities (Kidd et al., 2010). There is also evidence to suggest that high-risk adolescents (specifically those with behavioural problems) often have greater positive adjustment by the end of high school, if they have an imaginary friend during their early adolescent years (Taylor et al., 2010).



Overall, imaginary friends are often created in the minds of those who need them, specifically those who are lonely or require higher levels of social interaction. They provide companionship, offer support in times of distress, and provide a playmate when children feel isolated. They also assist in developing a child's creativity and social understanding, as well as increasing their capacity for emotional understanding and ability to become deeply invested in their work.

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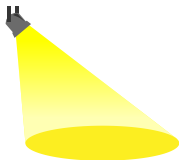
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# Social Media Psychology - Fast Fix or Perilous Pitfall?

Written by Milena Shvedova

Edited by Niharika Soni

"I suck at replying"

No you're just emotionally closed off from past trauma and haven't dealt with it in a healthy manner causing it to manifest itself in poor social & communication skills



Note. [Twitter photograph], from The Artist formally known as Naier, 2019, (<https://twitter.com/UzairAfrica/status/1087318308913905667/photo/1>).

## Figure 1

Twitter Meme

You're scrolling through your phone, procrastinating that assignment due tomorrow, indulging in an unconvincingly brief Tiktok binge. You stop scrolling on a familiar video. Looking at you through the screen is a face filled with compassion and concern. They're holding a clipboard and pen which coax your gaze towards a sentence at the top of the screen. The sentence reads: "Things people with anxiety do". A series of words begins to appear around the screen, describing behaviours such as "fidgeting", "excessive sweating", "nail biting" and "overanalysing". In a moment of introspection, you realise that you engage in these behaviours yourself. However, you've never been formally diagnosed with an anxiety-related disorder, nor is it something you've ever considered looking into...

The explosive popularity of social media platforms such as TikTok and Instagram has created opportunities for many people to share insights about mental disorders and their associated characteristics (Tzeses, 2021). While this may present itself as a host of mental health professionals providing easily accessible videos about various techniques employed in therapy and the like, not all those who perpetuate such information are licensed therapists (Wylde, 2020). While reducing stigma surrounding mental illness through open discussion on social media presents its benefits, it coexists with a dark underbelly of pathologising normal human behaviour (Tzeses, 2021). The previously outlined scenario is not a real example, but it is akin to many videos currently circulating social media.

The question is; could videos like these assist you in acknowledging previously disregarded symptoms of mental illness? Or would it entice you into assuming your behaviour is symptomatic of a figmental disorder?

There is intense speculation surrounding the interplay of diagnostic criteria, changing living conditions and the growing number of people being diagnosed with disordered mental health. Like all other mental illnesses, anxiety disorders are diagnosed based on the DSM-5 criteria, which is consistently reviewed and updated. In 2012, concerns about the rise in Generalised Anxiety Disorder (GAD) being attributed to inappropriate DSM-5 criteria were met with its evaluation and amendment (Reuters, 2012). Interestingly, at this point in time, experts were already concerned about attributing standard behaviour to mental illness.

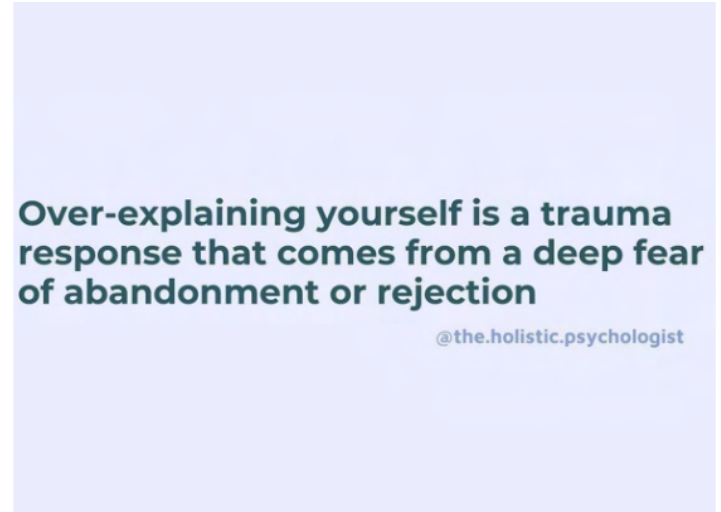
Psychiatric epidemiologist/sociologist Dr A V Horwitz stated; “We don't oppose people getting treatment... but people are much too willing to think they have a disorder that requires treatment.” (Reuters, 2012). With this in mind, rates of GAD amongst young adults in the United States continued to rise steadily between 2008-2018 (Goodwin et al., 2020).

Unfortunately, due to the fact that social media platforms like TikTok are relatively new, empirical evidence surrounding their interplay with diagnoses of mental illnesses is lacking. While experts agree that more research needs to occur to draw appropriate conclusions regarding social media use and mental illness, so far, meta-analyses have found that more frequent use of social media platforms such as Facebook predicts mood disorders such as major depressive disorders, persistent depressive disorder and mania (Durbano & Marchesi, 2016). Frequent social media use has also been correlated with the severity of obsessive-compulsive disorder, as well as rates of depression amongst young adults in the US (Durbano & Marchesi, 2016). Davidson and Farquhar (2014) found a significant positive relationship between social media use and rates of social anxiety. Tzeses (2021) suggests that a similar pattern of results may occur in the misuse of platforms like TikTok. According to clinical psychologist Dr T Gallagher, misuse may occur when online advice is mistaken for evidence-based diagnosis and treatment (Tzeses, 2021). This is a method by which mental illness becomes a social construction, counteracting the value of psychological dogma (Walker, 2006).

This social construction of mental illness is also seen in the warped perception of trauma and stressor-related disorders across social media platforms. How often have you seen graphics like the one pictured below?

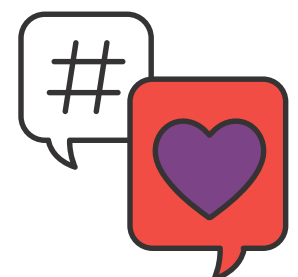
## Figure 2

### *Trauma response graphic*



Note. [Instagram photograph], by N. LePera, 2021, ([https://www.instagram.com/p/COTth\\_SEgZQs/](https://www.instagram.com/p/COTth_SEgZQs/)).

Images and videos such as these are rampant across social media platforms. This media fails to account for the diagnostic criteria of trauma, thereby invalidating the experiences of those with related diagnoses. In fact, the wide variation of individual's personal concepts of trauma has been found to undermine true resilience, meaning that those who hold broader beliefs about the definition of trauma are more likely to report externally perceived trauma as their own, with more associated negative emotions (Jones & McNally, 2021).



With this in mind, it has been found that destigmatizing mental illness is more effective when implementing the psychosocial explanation, rather than the biogenetic (Walker & Read, 2002). This means that perceptions of instability and danger are likely to increase following an explanation for mental illness, which is based on biogenetic factors. However, when individuals are previously socially exposed to experiences of mental illness, they are less likely to perceive mentally ill individuals as dangerous and unstable. For this reason, it is suggested that increased exposure to symptoms of mental illness is likely to decrease perceived negative connotations of mental illness (Walker & Read, 2002).

So, what does all of this mean?

It has been found that more frequent social media use correlates with higher accounts of mental illness. It has also been suggested that misuse of information regarding mental illness across social media platforms may contribute to the undervaluing of psychological practice and diagnosis. The negative effects of this have already been seen in the warped definition of trauma, as perpetuated by accounts across social media. Considering this, it is nevertheless suggested that the psychosocial approach is most effective when attempting to destigmatize mental illness. So how can we ensure that we are continuing to destigmatize, while still upholding the value of diagnostic criteria, and respecting those who live with mental illness?

We can make sure we are only taking mental health advice from qualified experts.

We can make sure social media support isn't misconstrued as sufficient therapy.

We can hold those that directly oppose empirical evidence on social media accountable by reporting their accounts/posts. Let's speak up. Let's support. Let's safely destigmatise. As psychology students, let's work together to ensure that empirical evidence is correctly addressed and utilised.

*"The problem with diagnosing [online], and people presenting as mental health experts when they're not, is that you can actually create more anxiety: if you get it wrong, you're going to over-diagnose, and then something which is normal gets pathologised." (Greig, 2021).*

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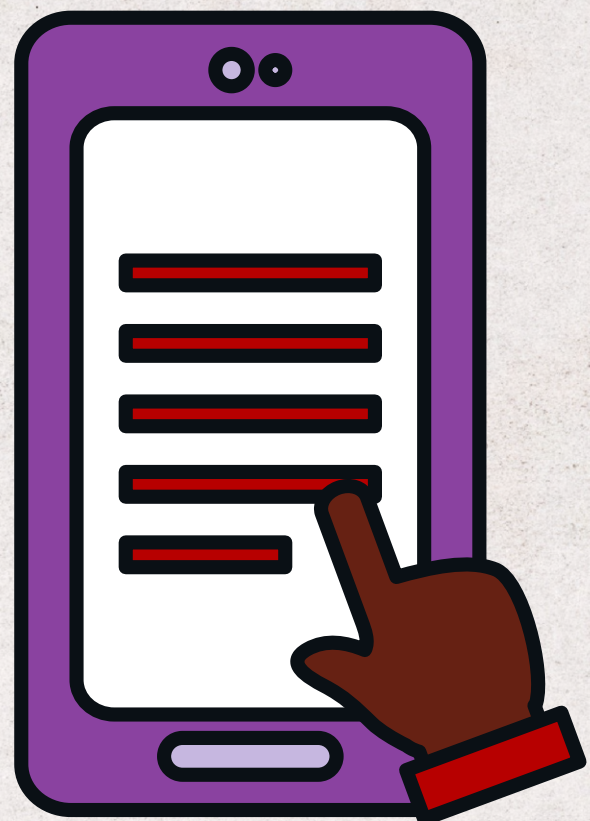
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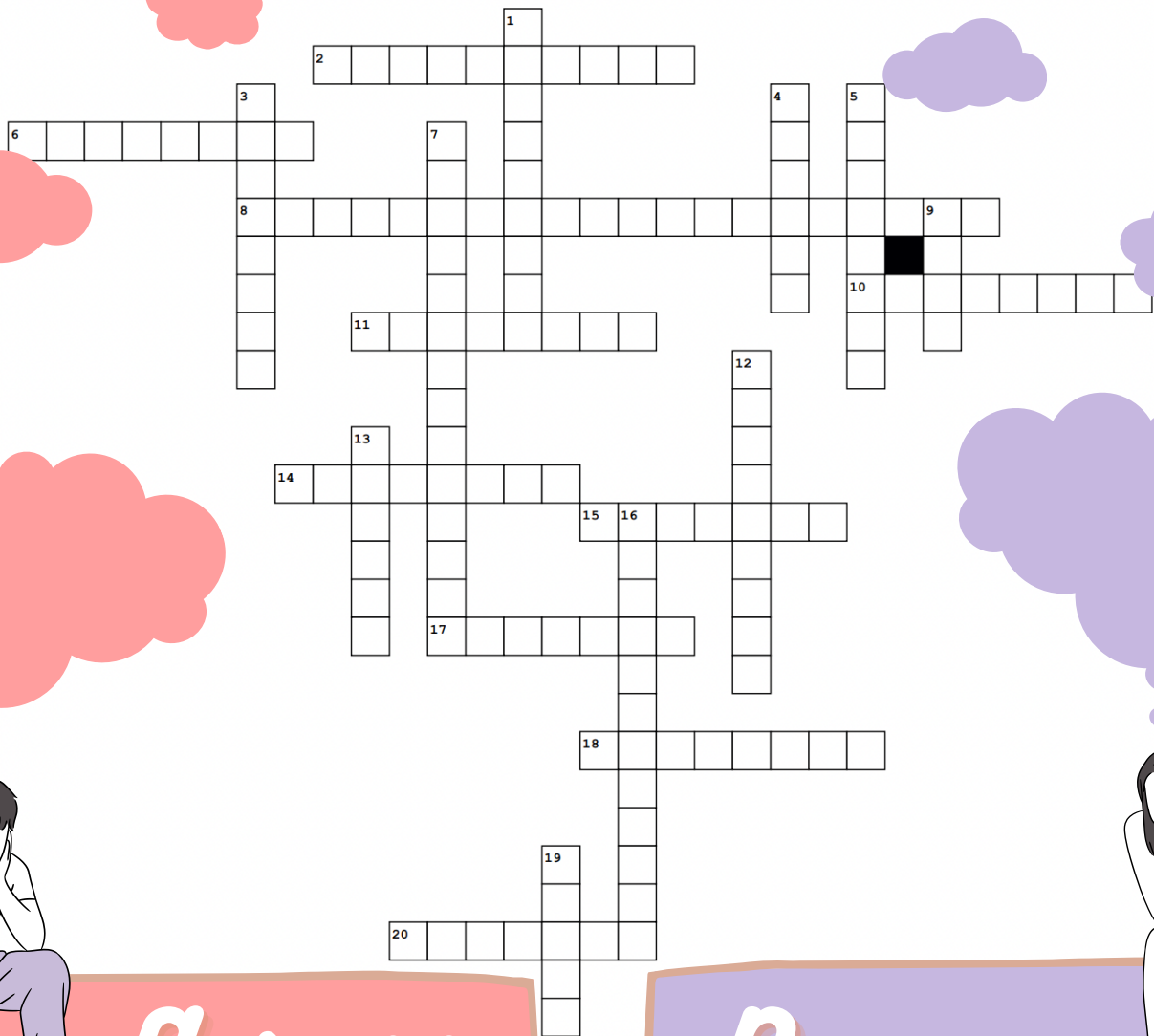
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Your classic

# Crossword

With a psych twist...



## Across

2. A major structure of the hindbrain which is responsible for the coordination of voluntary movement
6. Most sensory information passes through this part of the brain on its way to the cerebrum
8. A test which uses electrodes placed on the scalp to detect electrical activity in the cortex
10. Chemicals which mimic the action of a particular neurotransmitter
11. The origin of a disorder
14. In a language, it's the smallest meaningful unit
15. A procedure within operant conditioning in which reinforcement is used to guide a response closer to the desired response
17. A developmental psychologist who created a theory with eight fundamental stages of psychosocial development
18. The ability of a test to measure the characteristic it purports to measure
20. The delusion that somebody familiar has been replaced by an impostor

## Down

1. The process of extracting information from memory
3. According to Freud, this is the moral component of personality
4. A physiologist most known for his work in classical conditioning - and his dog
5. The part of the limbic system involved in regulating emotions, aggression and fear
7. The neurotransmitter involved in learning, dreaming, memory, stress responses and emotion
9. A fibre extending from a neuron which sends signals to surrounding neurons
12. Also called receptive aphasia
13. Also called expressive aphasia
16. A part of the forebrain which uses hormones to maintain homeostasis within the body
19. A set of values representing a group's typical performance which allow comparisons to be made

Go to page 30 for the answer key!



Image: King, R. (2021), Growth (Illustrated Drawing). Sydney: Macquarie University.

## Learning How to Learn: Why We Should Harness Growth

*Written by Ronan King  
Edited by Sarah Bakker*

In life, quitting is always the easy option when things get complicated. Whether we are attempting to learn a new instrument, a new language, try a new recipe, reach a new fitness goal or are struggling through a new unit or degree - achievement, development, and progress is often not easy to achieve. Too often, this difficulty tempts us to give up on our aspirations; failing to realise that not achieving our goals can diminish our confidence and leave us self-conscious of our true abilities and potential. However, there are ways in which we can retrain our thoughts, behaviours, and perceptions to harness difficulty, rather than fear it, in order to achieve growth and accomplishment despite its difficulties and challenges.

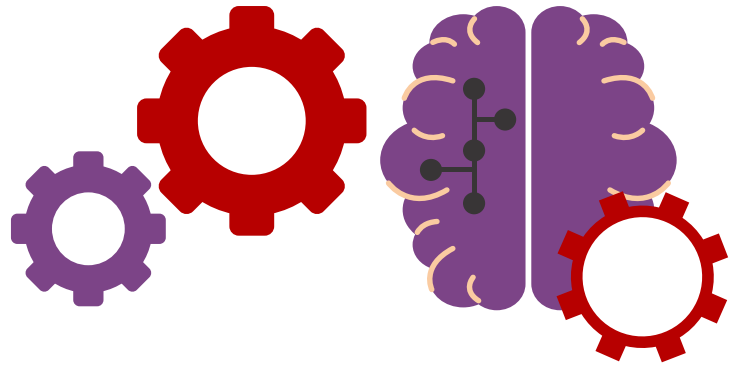
In 2006, Carol Dweck published a revolutionary book 'Mindset: The New Psychology of Success' outlining how we can retrain our minds to harness growth and success (Dweck, 2006). Within her book, Dweck (2006) proposes that two mindsets dominate our thoughts and behaviour: the 'growth mindset' and the 'fixed mindset'. Within a fixed mindset, our intelligence is static. We desire to appear intelligent rather than to learn. Therefore, we avoid challenges, give up easily when obstacles block our progress, see effort as fruitless rather than an investment, ignore criticism and feel threatened by others' success and achievements. Fixed mindsets heavily inhibit our growth and potential as learners in our studies, professions, health, skills, competencies, and relationships.

In being dominated by a fixed mindset, we are self-sabotaging our abilities, our happiness, and our futures.

Alternatively, utilising a growth mindset instead of a fixed mindset, shifts our perception from believing that intelligence is static to understanding that we can develop our intelligence. Possessing a growth mindset fosters a desire to learn and grow as we embrace failure as an opportunity for development instead of fearing the superficial consequences of appearing unintelligent and unsuccessful when we fail. Therefore, we embrace challenges as opportunities to extend ourselves and our abilities, continue to persist and endure despite setbacks or obstacles, view effort as an investment and a crucial necessity to improve and learn from criticism.

So, the crucial question remains, how can we harness a growth mindset? Before we endeavour to change our perceptions and apply this growth mindset, it is essential to note various misconceptions surrounding Dweck's research findings (Dweck, 2016). It is crucial to point out that, on a cursory level, simply making the quick decision to take on a growth mindset will not allow us to reap its rewards. Learning about growth mindsets is not necessarily a magic spell that will rid us of procrastination and capitulation. It takes effort and time to develop a growth mindset and an equal degree of effort to maintain it.

However, the good news is that just by acknowledging that the two mindsets exist, we can begin to mindfully recognise when we behave or act in a fixed way.



In making this recognition, we can begin to inhibit these fixed thoughts and make an effort to think differently. Over time, this will become a more natural process.

Rather than growing discouraged by our failures, we can learn from them and make informed decisions to approach challenges and obstacles differently in future. The key to successfully attaining a growth mindset lies in this conscious and mindful recognition.

Another critical behavioural shift in adopting a growth mindset is to place a higher value on processes and experiences instead of results (Dweck, 2006). Often in a fixed state, we may find ourselves labelling outcomes as success or failure; the problem with this is that we may begin to label ourselves as successful or a failure as a result. It is not rare to hear classmates declare that they are idiots or failures themselves because they did not perform to their desired standard in an assessment task.

Rather than labelling the outcome and labelling ourselves, it is crucial to analyse and dissect the processes leading to the outcomes; we need to question what we can alter in order to achieve higher in the future. Thus, failure can become an invaluable learning experience from which we can learn to grow.



Ultimately, in learning how to learn by adopting a mindset focused on growth, we can retrain the internal thoughts that dictate our behaviour, attitudes, and perceptions. As students, whether undergraduate or postgraduate, and even as teachers and researchers, we never stop learning. Therefore, one of the most influential and profitable investments we can make is by shifting to a mindset that manifests consistent growth and excellence, allowing us to be effective learners for life.

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# Why do we Feel Pleasure at Someone Else's Misfortune?

Written by Kyle McIndoe

Edited by Niharika Soni

The malicious pleasure derived from someone else's misfortune is a strange psychological phenomenon that affects us all at some point. This pleasure, known as *schadenfreude*, is believed by psychologists to be catalysed by three prominent theories: social justice, self-evaluation, and social identity (Clark, 2018). Each theory has strengths and weaknesses, and together, these theories contribute to why we feel pleasure at someone else's adversity.

Social justice revolves around deservingness theory: that an individual's outcomes should match the subjective value of their character (Hafer, 2011). In essence, this theory considers *schadenfreude* to be a justice-based emotion. Individuals who feel someone to be more deserving of negative outcomes, experience delight when others experience misfortune (Wang et al., 2019). Conversely, if a 'corrupt' person experiences positive outcomes, this imbalance can create feelings of resentment; particularly in social comparison situations, where an individual holds an inferior position to the other person (Feather & Sherman, 2002).

This theory is supported by empirical evidence; Feather (1989) found that university students believed an outcome to be deserved when an action is balanced against it, e.g., a negative action will be followed by a negative outcome.



This is reinforced by research identifying that resentment is a key predictor of *schadenfreude* (Feather & Sherman, 2002). The more deserving an individual is of a position, the less the intensity of *schadenfreude*. However, Wang et al. (2019) identified that the relevance of social justice theory is unproven in the broader context of political or sporting environments, as it requires a context of implied personal causation to be effective.

Self-evaluation theory is about a person's reflection of their actions or performances contrasted to their appraisal of others (Kumakawa, 2013). van Dijk et al. (2011) found that when an individual's self-evaluation scheme is threatened by another person's ability, their intensity of *schadenfreude* increases. This threat is considered to stimulate a person's need of self-enhancement, making them more judgemental in their comparisons of others (Aspinwall & Taylor, 1993). Conversely, van Dijk et al. (2015) found that boosting of a person's self-evaluation scheme is positively correlated with a reduction of *schadenfreude* intensity.

Self-evaluation theory is not without its faults. Studies have identified that malicious envy, involving hostility towards an individual stimulates schadenfreude. However, they have failed to find that benign envy, which does not involve hostility, also has the same effect (van Dijk et al., 2015). This poses a limitation in self-evaluation theory, implying that an individual's emotional stability and how they react to a situation is likely a greater indication of schadenfreude's development. Furthermore, Watanabe (2011) failed to find a relationship between a threat in self-evaluation schemas and schadenfreude towards strangers. In addition to that, he hypothesised that psychological closeness to a target increases schadenfreude. Whilst a contributing factor, the self-evaluation model has limitations as a comprehensive psychological explanation for schadenfreude.

Social identity theory is concerned with how an individual identifies within a certain social group. In relation to schadenfreude, it's about how an in-group member views an out-group member (Wang et al., 2019). Combs et al. (2009) found that the intensity of a specific party identification is positively correlated with schadenfreude. The more an individual identifies with a certain political affiliation, the greater the intensity of schadenfreude to out-group members. There is also evidence of this relationship in sports, where being defeated by a rival establishes said rival as legitimately superior, reducing schadenfreude towards them in contrast to a continued rivalry (Leach et al., 2003).



Despite the strength of the above empirical research, there are two prominent limitations to social identity theory. Yam (2017) noted that nearly all the studies on the inter-group theory of schadenfreude relate to sports, with Combs et al. (2009) being the only study to focus on its impact on politics. As the theory may not be applicable across all circumstances, its strength is limited. Additionally, these studies purely utilise a self-reporting measure, risking response bias and confounding variables such as intentions or attitudes.

Whilst these theories hold weight, the current literature fails to account for how these concepts interrelate to create schadenfreude. In a unique study, Wang et al. (2019) viewed each theory by drawing upon evidence from developmental, clinical, and personality research, finding one common factor amongst the theories: that dehumanisation is a catalyst for schadenfreude. Whilst not explicitly suggested by any theory, dehumanisation is a fundamental concept for all, as most individuals fail to recognise others as worthy of equal or humane treatment.

In essence, the reason that you're feeling pleasure at another's misfortune is likely due to one of the theories discussed above. Underlying this theory will be the dehumanisation of the individual; perhaps it's worth considering how you value the person or why you feel that they are not entitled to positive outcomes. Nevertheless, schadenfreude is a normal human emotion, and understanding it better can assist in regulating our emotions and engaging with others in a better way.

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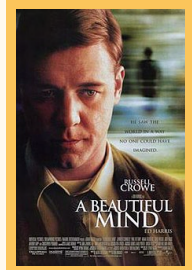


# Psych Faves

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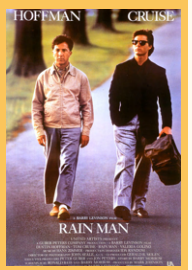
# Films



Note: A Beautiful Mind movie poster. n.d. From [https://en.wikipedia.org/wiki/A\\_Beautiful\\_Mind](https://en.wikipedia.org/wiki/A_Beautiful_Mind).



Note: Driving Miss Daisy movie poster. n.d. From <https://www.imdb.com/title/tt0077238/media-views/r/m2944161536/>



Note: Rain Man movie poster. n.d. From <https://www.imdb.com/title/tt0095653/media-views/r/m275842916/>



Note: Memento movie poster. n.d. From <https://en.wikipedia.org/wiki/Memento>.

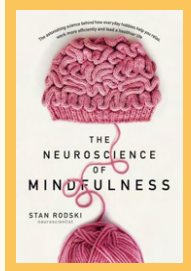


Note: One Flew Over the Cuckoo's Nest movie poster. n.d. From [https://en.wikipedia.org/wiki/One\\_Flew\\_Over\\_the\\_Cuckoo's\\_Nest](https://en.wikipedia.org/wiki/One_Flew_Over_the_Cuckoo's_Nest).

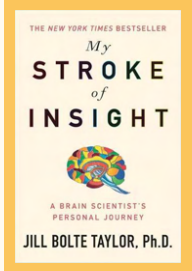


Note: Shutter Island movie poster. n.d. From [https://en.wikipedia.org/wiki/Shutter\\_Island](https://en.wikipedia.org/wiki/Shutter_Island).

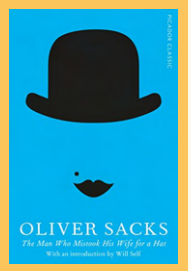
# Books & Podcasts



Note: From 'The neuroscience of mindfulness: The astonishing science behind how everyday hobbies help you relax, work more efficiently and lead a healthier life', by Rodski, S. (2019), Sydney, NSW, Australia: HarperCollins.



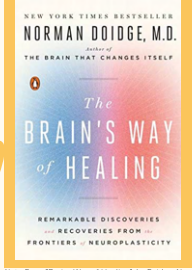
Note: From 'My stroke of insight: A brain scientist's personal journey', by Taylor, J.B. (2016), New York: Penguin Books.



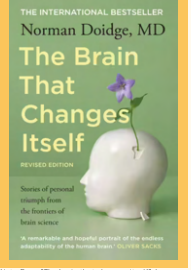
Note: From 'The man who mistook his wife for a hat', by Sacks, O. (1986), London: Picador.



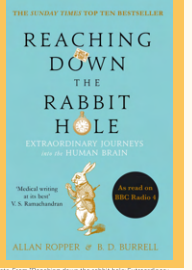
Note: From 'The mind's eye', by Sacks, O. (2011), Toronto: Vintage Canada.



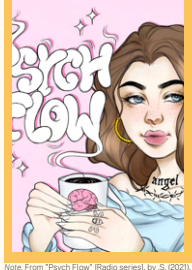
Note: From 'Brains Way of Healing', by Doidge, N. (2015), Penguin Group, US.



Note: From 'The brain that changes itself', by Doidge, N. (2008), Melbourne, Vic: Scribner Publications.



Note: From 'Hacking over the rabbit hole: Extraordinary journeys into the human brain', by Ropper, A.H. & Burrell, B. (2019), London: Atlantic Books.



Note: From 'Psych Flow' [Radio series], by S. (2021), Spotify.



Note: From 'The Psychology Podcast' [Radio series], by Kaufman, S.B. (Writer). (2014), Spotify.



Note: From 'Savvy Psychologist' [Radio series], by Wu, J. (Inid), Spotify.

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## Crossword Answer Key



- |                         |                  |
|-------------------------|------------------|
| 1. Retrieval            | 11. Etiology     |
| 2. Cerebellum           | 12. Wernickes    |
| 3. Superego             | 13. Brocas       |
| 4. Pavlov               | 14. Morpheme     |
| 5. Amygdala             | 15. Shaping      |
| 6. Thalamus             | 16. Hypothalamus |
| 7. Norepinephrine       | 17. Erikson      |
| 8. Electroencephalogram | 18. Validity     |
| 9. Axon                 | 19. Norms        |
| 10. Agonists            | 20. Capgras      |







## What's the pay? Psychologists, Pathways, Medicare... and you!

*Written by Devin Lam*

*Edited by Christine Wu*

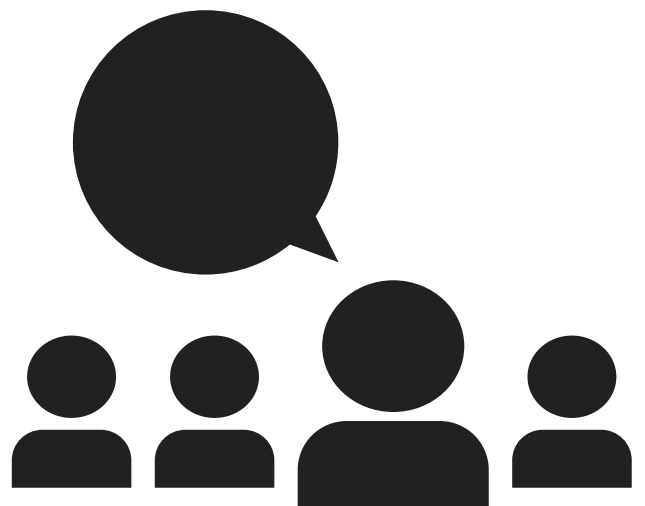
If you're looking to become a psychologist, there's quite a bit to learn about the road ahead!

Once you can go out and practice as a psychologist, you might be concerned with another bit of bureaucracy, the Medicare Benefits Schedule (MBS). The MBS, connected to the Medicare card you might have in your pocket, is a list of medical services and how much providers are paid for them (Department of Health, 2021c).

One of the factors influencing your pay as a provider is what you've studied, which – if you're reading this – is most likely psychology, as well as any Area of Practice Endorsements (AoPE) you have obtained through your education.

The basic requirements of an AoPE for psychologists in Australia are completing a “postgraduate qualification and supervised training” in an area of practice, along with general registration (Psychology Board, 2019). The areas of practice for psychology are: clinical, clinical neuropsychology, community, counselling, educational and developmental, forensic, health, organisational, and sport and exercise (Psychology Board, 2019). More information about the pathway to endorsement for psychology is available from the Psychology Board.

The mental health element of the MBS is the “Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule” initiative, commonly referred to as the Better Access initiative (Department of Health, 2021c). The majority of psychologists (88.1%) identified themselves as clinicians, and most commonly worked in solo (18.8%) and group (17.1%) private practice, as well as in schools (10.8%) (Australian Institute of Health and Welfare, 2021). In private practice, you can set fees for services at your own discretion, but the Australian Psychological Society suggests \$260 for a 60 minute session in its “National Schedule of Recommended Fees” (Australian Psychological Society, 2020).



MBS subsidised mental health services are widely used: 96.2 services per 1,000 people in Australia are delivered by clinical psychologists, and 120.4 services per 1,000 people are delivered by other psychologists (Australian Institute of Health and Welfare, 2021). Pirkis et al.'s (2011) evaluation of the Better Access initiative was generally positive and indicated its importance, though there may be issues regarding disparities in accessibility (Meadows et al., 2015).

So, what can you be paid for under MBS? Clinical psychologists can provide psychological therapy services, listed in table 1 (Department of Health, 2021c).

Psychologists, listed in table 2, as well as occupational therapists and social workers, listed in table 3, can provide focussed psychological strategies (FPS) (Department of Health, 2021c). The MBS schedule fee is what is regarded as “being reasonable on average for that service” and the benefit is the amount payable through the MBS (Department of Health, 2021c). When comparing clinical psychologists to other psychologists, the differences in fees between item numbers 80000 and 80100 is \$29.95, 80010 and 80110 is \$48.42, and for 80020 and 80120 is \$12.21.

**Table 1**  
MBS Group M6 Psychological therapy services

Item number	Duration	Location	Fee	Benefit (85%)
80000	more than 30 minutes but less than 50 minutes	Consulting rooms	\$102.85	\$87.45
80001	more than 30 minutes but less than 50 minutes	Video conference/telehealth	\$102.85	\$87.45
80005	Refer to 80000	Other than consulting rooms	\$128.55	\$109.30
80010	at least 50 minutes	Consulting rooms	\$151.05	\$128.40
80011	at least 50 minutes	Video conference/telehealth	\$151.05	\$128.40
80015	Refer to 80010	Other than consulting rooms	\$176.70	\$150.20
80020	at least 60 minutes	Group therapy with 6 to 10 patients	\$38.35 per patient	\$32.60 per patient
80021	at least 60 minutes	and video conference/telehealth	\$38.35 per patient	\$32.60 per patient

(Department of Health, 2021c)



**Table 2**

MBS Group M7 Focused Psychological Strategies (Allied Mental Health; Psychologist)

Item number	Duration	Location	Fee	Rebate
80100	more than 20 minutes, but not more than 50	Consulting rooms	\$72.90	\$62.00
80101	more than 20 minutes, but not more than 50	Video conference/telehealth	\$72.90	\$62.00
80105	more than 20 minutes, but not more than 50	Other than consulting rooms	\$99.15	\$84.30
80110	more than 50 minutes	Consulting rooms	\$102.85	\$87.45
80111	more than 50 minutes	Video conference/telehealth	\$102.85	\$87.45
80115	more than 50 minutes	Other than consulting rooms	\$129.20	\$109.85
80120	at least 60 minutes	Group therapy with 6 to 10 patients	\$26.25 per patient	\$22.35 per patient
80121	at least 60 minutes	Group therapy with 6 to 10 patients and video conference/telehealth	\$26.25 per patient	\$22.35 per patient

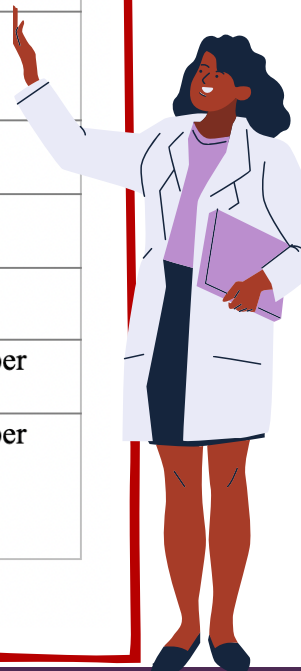
(Department of Health, 2021c)

**Table 3**

MBS Group M7 Focused Psychological Strategies (Allied Mental Health; Occupational therapist/Social worker)

Item number	Duration	Location	Fee	Rebate
80125/80150	more than 20 minutes, but not more than 50	Consulting rooms	\$64.20	\$54.60
80126/80151	more than 20 minutes, but not more than 50	Video conference/telehealth	\$64.20	\$54.60
80130/80155	more than 20 minutes, but not more than 50	Other than consulting rooms	\$90.45	\$76.90
80135/80160	more than 50 minutes	Consulting rooms	\$90.70	\$77.10
80136/80161	more than 50 minutes	Video conference/telehealth	\$90.70	\$77.10
80140/80165	more than 50 minutes	Other than consulting rooms	\$116.90	\$99.40
80145/80170	at least 60 minutes	Group therapy with 6 to 10 patients	\$23.05 per patient	\$19.60 per patient
80146/80171	at least 60 minutes	Group therapy with 6 to 10 patients and video conference/telehealth	\$23.05 per patient	\$19.60 per patient

(Department of Health, 2021c)



Patients accessing services require a referral from a professional such as a general practitioner, psychiatrist, or a paediatrician (Department of Health, 2021b). Patients can access 10 individual and 10 group services every year (Department of Health, 2021b). For eating disorders, patients can access 40 psychological services every year (Medicare Benefits Schedule Review Taskforce, 2020). In response to the COVID-19 pandemic, access to psychological therapy was expanded by 10 sessions and includes telehealth services (Department of Health, 2020a, 2020b, 2021a).

There are a few professional organisations representing psychologists in Australia, and they have different perspectives on the MBS. The Australian Psychological Society (APS) suggested three groups of mental health services: “advanced psychological therapy” for clinical psychologists, “psychological therapy” for psychologists, and “supportive therapy” for other allied health professionals (Australian Psychological Society, 2019). The Australian Association of Psychologists Inc. (AAPi) guiding principles support one group of mental health services for all psychologists, and oppose a distinction between psychological therapy and FPS (Australian Association of Psychologists Inc, n.d.).



On the other hand, the Australian Clinical Psychology Association (ACPA) advocates for the value of clinical psychology and has published a media release where Dr Judy Hyde, its former president, supports the distinction between psychological therapy and FPS (Australian Clinical Psychology Association, n.d., 2019).

It might seem curious to differentiate psychologists who offer psychological therapy from those that offer FPS, which suggests that some psychologists don't provide psychological therapy. One argument for the distinction is that clinical psychologists have specialised training at the postgraduate level, which takes more time (King et al., 2010). One would expect this to hold true for general psychologists; however, other endorsed psychologists can't provide the psychological therapy items. Another argument is the matter of equity, that is, providing the same service should earn you the same pay. The Mental Health Reference Group (2018) disagreed on how to resolve the issue of provider training, registration, and fees, and noted it as “an outstanding debate”.

This was a glimpse into your professional future as a psychologist, and the role of the MBS: what it is, what patients get, and what you are paid. There are ongoing disputes occurring at the intersection of bureaucracy, professional identity, and psychology. A resolution certainly won't be determined by one person, but what are your perspectives on these issues?



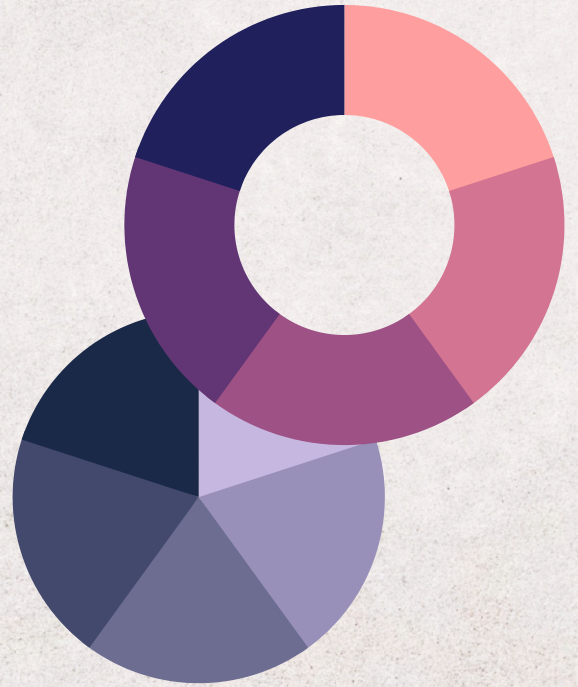
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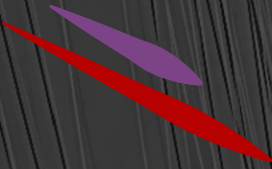
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Thank you for reading.  
Best of luck in semester 2,  
2021!



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