

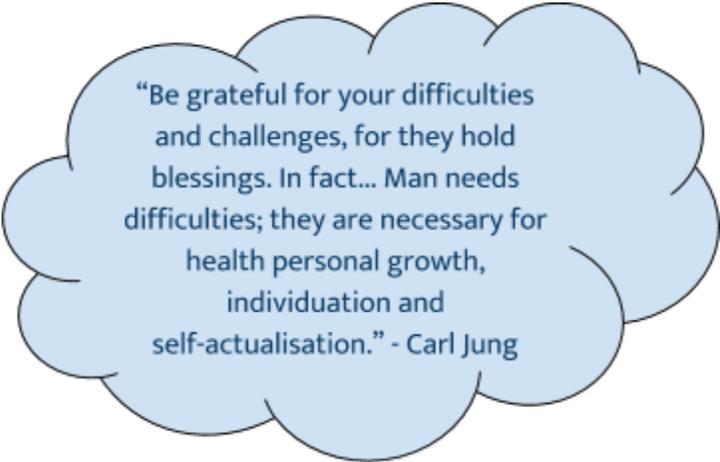


Issue No. 1      March 2019

## Mind Over Matters

WCPC Monthly Newsletter

*Building community and identity by encouraging members to share ideas and experiences, and offering support to one another in pursuit of present and future educational goals.*



“Be grateful for your difficulties and challenges, for they hold blessings. In fact... Man needs difficulties; they are necessary for health personal growth, individuation and self-actualisation.” - Carl Jung

### Letter from the Editor:

Welcome to the first issue of the Spring 2019's Mind over Matters (MoM) newsletter! I am so excited to be the newly appointed MoM editor. Every month the right side of the home page will consist of new opportunities and events that you may register for or attend. Some events are free, while other webinars have a designated registration fee.

If you do have the time to register for an event, please let us know what you thought of it. You may write a piece about it for the next month's newsletter. Besides the "Upcoming Events" section, there will be a new section titled, "On this day in psychology history", which will describe different historical psychology related events people may not know about. Two other new sections were added to this issue, where students may provide psychology based book recommendations and movie reviews. We welcome your thoughts, input, and submissions to: [wcpmindovermatters@gmail.com](mailto:wcpmindovermatters@gmail.com)

Sincerely,  
Jessica Kramer

### Save the date! What's going on this month?

#### **March 10-16, 2019** National Sleep Awareness Week

This event was created by the National Sleep Foundation, whose main goal is to provide information on how sleep affects one's safety and health. The theme this year is titled "Begin with Sleep."

#### **March 11-17, 2019** Brain Awareness Week

**March 13, 2019 1:00 PM - 2:00 PM ET** Managing Your Depression: A Closer Look at Medications and Finding the Right Balance Webinar This educational video program is designed for families or for people managing "major depressive disorder (MDD)". It will empower you to teach yourself or loved ones what to say when having talks about medication, bad side effects, and will help you to understand more additional advocacy resources involving MDD. **Fee: Free.**  
**Please visit this link to register:**  
[https://www.neurocarelive.com/app/signup/MDD\\_PtEd\\_03132019/formPage/?refCode=MDD2\\_Live\\_031319\\_DBSA\\_Newsletter](https://www.neurocarelive.com/app/signup/MDD_PtEd_03132019/formPage/?refCode=MDD2_Live_031319_DBSA_Newsletter)

**March 27, 2019 3:00 PM - 4:00 PM ET (2 CT/1 MT/ 12PT)** Guidelines to Developing Competence with Mindfulness-Based Interventions Webinar Presenter: John Paulson, ACSW, LCSW, MAC, LCAC, CCS, HS-BCP. 6 different guidelines will be discussed that will promote mindfulness-based interventions. Different mindfulness adherence scales will be touched upon, as well as specific competency standards. **Fee: Free.** However, 1 continuing education credit (CE) may be earned by participating in the seminar for \$15. If you don't need the CE credit then the webinar is free. If you're interested in attending, download the powerpoint slides for free from the website provided. **For more information, please visit this link to sign up:**  
[www.naadac.org/mindfulness-based-interventions-webinar](http://www.naadac.org/mindfulness-based-interventions-webinar)



**March 30, 2019 - World Bipolar Day:** On this day people all across the world try to break the stigma against bipolar disorder by opening the conversation up about it. This international

awareness initiative was created by the International Bipolar Foundation (IBPF) and the Asian Network of Bipolar Disorder (ANBD) (World, n.d.).

*On this date in psychology history... by Jessica Kramer*

*In hopes to learn more about psychologists and their lives, history, and everything in between. Let's find out what historical psychology related events happened in March...*

**March 1, 1840-** *"The first public mental health care facility in Tennessee was opened" (APA, n.d.). Dorothea Dix actually visited this facility later on in 1847, where she then reported it to state legislature because of its "deplorable condition" (APA, n.d.).*

**March 1, 1918-** *The U.S. Army commissioned the first set of psychologist officers as psychological examiners "in the Sanitary Corps at Camp Green Leaf, Georgia" (APA, n.d.).*

**March 5, 2002-** *The first state in the U.S. to get legislative approval for prescription privileges was New Mexico (APA 125, n.d.).*

**March 6, 1861-** *Iowa opened up it's first state mental hospital called "Mount Pleasant State Hospital", where the superintendent only made \$1600 a year (APA, n.d.).*

**March 8, 1883-** *The United States founded its first formal psychology research laboratory for a student of William Wundt's named G. Stanley Hall (APA 125, n.d.). It was established at Johns Hopkins University.*

**March 29, 1948-** *John F.J. Cade was the first to administer the use of Lithium citrate in a trial experiment in hopes to treat manic behavior (APA, n.d.). It was successful.*

**March 30, 1896-** *Who was the first to coin the word "psychoanalysis"? Sigmund Freud used it first in two of his papers, where one was published in French and the other was published in Germany on the very same day (APA, n.d.).*



## Depression

By Teresa Robinson

Depression is one of those things that many people struggle with daily. I know someone who is depressed quite often. I watch her from the outside fade away. I see her sink in her seat and as I watch her from a distance, I want to help her, but I don't know how. She looks so sad and when people approach her, she pretends everything is fine. I don't think anyone notices her struggle. She bites her nails to ease her nerves. She often puts her headphones on probably to drown the pain. I wonder what triggers her sadness and does she even know why she's sad? On the outside, she looks put together with her hair and makeup done. Her eyelashes extend so far, they look like long spider legs. Her lipstick is usually a neutral color blending in with her skin tone. Her blush brightens up her face giving her life. Her body spray smells like fresh flowers. She takes the time to look presentable and keeps up with her appearances. I don't think she wants anyone to see right through her. If no one is paying attention she's just a normal person, but someone like me notices and sees through her makeup and her kindness. I wonder how her friends and family don't see it, I'm a stranger and I see very well. Maybe they don't want to see to it. People often don't want to see beyond the surface. I wish I can just ask her what's wrong, but she probably won't talk to me. I don't blame her I'm just a stranger.

I became obsessed with studying her behavior and noticing things that others didn't. She smiles without confidence. Her eyes look as if her tears will wash across her face at any moment. Her frown

deepens when no one is looking. I can't get her face out of my head. She drifts off in her own thoughts, I wonder what she's thinking about and what kind of music she listens to. I often think about if she wants to be saved or left alone. It's hard to tell when someone doesn't talk to you. She often looks tired, since she probably doesn't sleep well. I think about her all the time and what I would say to her, but then I stop myself and let her be. I haven't told anyone about what I see because it feels right to keep it to myself. I find myself protecting her in my head. I can't let anyone know her secret, I have to keep her safe. She can't be exposed, what will people think of her? I care for her from a distance as I continue to watch. I feel the need to defend her secret.

She's probably fighting her own demons on the inside trying to get through the day. I cannot judge her for her actions since it's not easy to tell anyone your secrets. I watched her spirit die a little more each day. I want to whisper to her "hang in there". I want to lie to her and tell her it gets better but I can't be sure it does. I connect with her in a way I can't explain to anyone. It's been a long time since I've seen her. I don't see her as often as I used to but every now and then I see her when I look in the mirror as she stares back at me in pain. I still don't talk to her because I don't know what to say. I just remain quiet until she leaves again. I know she will always come back and sometimes I kind of miss her. No one understands her pain like I do. I don't have the answers for her, but I hope she takes comfort knowing that I'm always there watching.



## **The Dangers of Cognitive Bias in Decision Making**

by Miguel Moyano

“The Chances that a small business will survive for five years in the U.S. are about 35%...the [optimistic] individual believes that the statistic does not apply to them” -Thinking Fast and Slow, Daniel Kahneman

Everyone hopes that the decisions they make are logical and objective. People also hope that they are in an excellent position to take in and evaluate all the information that is available to them. However, this is not what decision making always turns out to be. The underlying fact is that poor decisions and judgments can be the result of cognitive bias. By definition, cognitive bias refers to a systematic error in thinking. This, in turn, could have an impact on the decisions and judgments that an individual makes. Some of the biases could be related to memory in that the way an individual remembers an event is biased. Other biases are associated with the structure of a problem, others with attention and so on. The bottom line is that cognitive biases harm decision making.

Heuristics, another term for cognitive biases, can result in distortion or total blindness. In other words, they can make an individual see what is not there. Another implication is an incorrect interpretation, characterized by a lack of reason. Inaccurate judgment is another adverse impact of cognitive bias. This just means being wrong. It could also make an individual out of touch with reality, which is irrationality. All these negative implications can be crowned as poor decision making. It is important to note, that the decisions are not merely imprudent. Instead, the outcomes of such decisions can be the commonplace implications, but they can also be very catastrophic. Being cognitively biased when deciding on whether to go to war or not, starting a business or planning for retirement could result in devastating outcomes.

Being aware that cognitive biases do exist and that they can cripple the process of decision making is a critical way through which cognitive bias can be avoided by individuals and organizations. Equally important to underscore is the inherent need to ensure that there is the proper assimilation of information before making a decision. Through inquiry, the perceptions and judgments associated with making a cognitively biased decision can be interrogated and challenged by either individuals making a real estate transaction or a government agency deciding how much to regulate an industry. This brings to light the essence of asking the right questions, both to oneself and to others. Three questions can be asked to mitigate cognitive bias;

- (i) Is there reason to suspect the decision such as overconfidence, stereotypes or self-interest?
- (ii) Were there dissenting opinions or was the decision made as a result of groupthink?
- (iii) Is the decision maker(s) warm towards the recommendations?

The desired outcome is that decisions are made prudently and soundly, devoid of bias, as well as a decision making process design with heuristics safeguards. Consequently, good decisions intentionally filter out cognitive bias.



## The Land of Good Enough

By: Deb Little

This past weekend I had a bit of an epiphany. I am a Business Psychology major, who is six classes away from graduation and I spent 8 hours on a silly ten-point assignment. I was in complete angst over this assignment. I told myself I didn't understand the reading or what was being sought after. The need to get it, somewhat correct was all consuming and meanwhile I had four other assignments also due by the end of the weekend. Eight hours? How ridiculous was that? I finally hit the submit button but, in my heart, felt like what I had written did not make any sense. I was confident with my last point on the assignment but all the rest was a blur of words that didn't work. There were a few tears and much gnashing of teeth.

After I hit the submit button, I emailed my professor to explain why my submission had been a bit later than was expected. I acknowledged my lack of clarity and frustration with the whole assignment. I was absolutely certain that I would get a big fat zero for a grade since it didn't make any sense. Then I moved on to the next thing and put it all behind me. It was done.

This morning I received an email from my prof. The first thing he wrote was "I thought you did fine with it. Maybe because you spent 8 hours on it, but I suspect it would have still been pretty good with much less effort. Would you consider yourself a perfectionist?" At which point, I burst into tears. What the heck? What kind of question is that? The fact that I burst into tears told me something right away. I guess I am always in the throes of trying to get it right. In the moment that I was working on it, it was all consuming and yet, upon reflection, I am able to recognize that maybe, just maybe, I need to learn to live in the "Land of Good Enough". Is my GPA going to drop

significantly because of this 10-point assignment? Probably not.

I think it is important to ask myself what does the "Land of Good Enough" look like? If I don't know where I am going then I could continue to circle around my perfectionist behaviour forever. I thought I would start with the question, where does my perfectionism come from? I think it can be explained by the transactional model of stress from Lazarus and Folkman. Their definition of stress describes the relationship between the environment and a person being challenged or when it threatens their wellbeing (Schneider, Gruman & Coutts, 2012). I can most definitely say that I had set myself up for this. I created an obstacle, "getting it right", between myself and my understanding, and then I put the idea of failure on it just to spice it up a bit. From the perspective of the transactional model of stress, I definitely saw my ability to succeed with this assignment as a threat to my overall success in the course. In hindsight, my appraisal of this particular assignment of 10 points was out of proportion to the actual cost. So, my coping strategy was to just keep working on it until it was right. Before I hit the submit button, I had a few meltdowns, just to take the pressure off. This, in the end, costed me high levels of anxiety and extra pressure on myself to get my other work done with less time. Not to mention, I did not leave my study chair for over 8 hours. I am not even sure I did yoga on that day. It was a total set-up for failure.

Today, my self-awareness is at a whole new level. Perhaps I do tend towards those perfectionist qualities that my professor suggested. My daughter confirmed this for me when she got home from work. Understanding this to be my truth, my epiphany was, I am choosing to lean towards the "Land of Good Enough". By taking this approach, I am electing to preserve my sanity, reduce anxiety, enjoy life a bit



more, and possibly even create a better outcome than I could have even imagined.

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## **But she's not MY mother!**

By Cathryn Couzens

He gently picks up the elderly woman who has fallen on the ice, careful not to squeeze her arm too tightly. He notices that she is limping and he helps her to a bench where he wraps her coat tighter around her frail body. Tears fall from her eyes at the pain she feels from her hip that she hopes is not broken. He gently wipes the tears from her wrinkled cheeks. He would do this for his mother, his daughter, his wife, and even his neighbor. Maybe someone else in his town, maybe. Maybe a stranger... if he had time. Someone from another ethnic group? Less likely.

We as humans are capable of such tenderness, such care and empathy for others. We feel their pain, we ease burdens, we love. We give of ourselves, we provide for our children even if it means we have less, and some of us would even die for those we love. But where does empathy end... and apathy begin... and lead to callousness...and even violence?

How can this same man hold a rifle in battle, kill women and children in foreign countries? How can he disregard their pain? The cries of another human being, whom he has hurt rather than helped? How can he yell at coworkers, rage at bad drivers, and yet be short with the checkout lady? Where is his empathy then? Where does empathy stop and violence begin? How can we as humans be so callous to some people's suffering while tenderly nurturing other people?

Our own group of people get our care, while other groups of people usually do not. In-group outgroup bias says that in-group members will relate to each other in favorable ways, but they will relate to members of outgroups in less favorable ways (Schneider, Gruman, & Coutts, 2012). In-group members tend to give more support, assistance, and compassion to members of their own group. When conflict arises, in-group members are given more slack, judged less

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than outgroup members, and forgiven more easily. In-group extremity effect says that we see those in our own group in ways that are exaggeratedly positive (In-group extremity, 2018). We tend to be more understanding of them and believe that negative events that happened to them occur more often for external causes than for internal causes. We are quick to believe in their goodness and that anything negative was the result of circumstances. Contrarily for outgroup members, whom we are less likely to understand and be connected to, we attribute negative events in their life to internal factors like their own ignorance, incompetence, or even wickedness. This leads to negative stereotypical views. You often hear people talking about other groups as simply bad or evil. If we can step back and look at the humanity of the other group and realize that what they are doing comes out of their own needs, then we can see their interconnectedness to ourselves. We can see that they are people just like we are.

Positive intergroup contact has been shown to reduce levels of violent tendencies in both advantaged and disadvantaged outgroups (Saab, Harb, & Moughalian, 2017). Intergroup contact in general may not lead to better relations, since the more powerful group is frequently seen as disenfranchising the lesser group in some way, maybe through thoughtless condescending comments or attitudes (Schneider et al., 2012). But when contact truly is positive, relations get better. How does this relate to in-group outgroup theories? When we have positive contact with those in other groups it helps us feel connected to them. Our groups are no longer separate. We may start to assimilate them mentally closer into our own group, which leads to better cognitions about them.

But people take the path of least resistance. It's easier to rise up in defense of our views than to listen openly to someone we don't agree with. While empathy can break down barriers, defensiveness can provoke attacks from the other side (Böhm, Rusch, & Güreker, 2016). When we are defensive instead of empathetic, we are not connecting. We



are not on the same team, not part of the same tribe, not recognizing the other's humanness and needs. However, if we continue to listen, we will eventually get to a real human need that we can identify with.

In "Nonviolent communication," international peacemaker Marshall Rosenberg tells a story in which he was meeting with leaders from Palestine and Israel to try to talk about compromise and make efforts toward peace. He was accosted by a Palestinian man who used abusive tone and language, yelling "Murderer! Child-killer!" regarding Rosenberg's citizenship in the US which was supplying Israel with weapons. The man demanded to know whether Rosenberg had any idea how hard it was to live in a place where your children are at risk even going to school? Rather than get defensive or react angrily, Rosenberg listened with compassion and apologized for the fear and stress that the man and his family have had to live through. He kept this up through 20 minutes of the man's onslaughts. This empathy eventually broke down the man's wall of armor and he started to feel understood and cared about. Rosenberg had reached across groups and connected in a positive humanitarian way that led to such genuine care that he ended up being invited into the man's home, now part of his tribe. How can we lessen violence toward people outside of our group? Build empathy toward all humans, regardless of which group they are in?

Rather than focusing on differences, we need a viewpoint that sees humans as all part of one big group. One such viewpoint is the Christian faith. It is made up of those who have faith in Jesus no matter what cultural or ethnic group they belong to. It is one body, spread throughout the world, crossing country and party lines. Some of Jesus'

teachings from the Sermon on the Mount include directives of how to treat others. "Do unto others as you would like them to do to you." "If a man asks you to walk with him a mile, walk with him two." One of the boldest statements is "Love your enemies" (Matthew 5, paraphrased). This is really getting outside of our in-group. Stopping to help a hurt person who is a stranger is one thing, but having empathy for an actual enemy?

Perhaps this is why Jesus said that whoever follows him and does the will of his Father is his mother, sister and brother. This puts all Christians in the same in-group of a big family. Yet Jesus' directive is to have empathy for all outside this family as well. When a lawyer asked him how to fulfill the law of love, Jesus answered with a parable of a man who was hurt on the side of the road. A Levite and a priest both passed by and didn't help, but finally a Samaritan, a man from a hated out-group of the Jews, stopped. He had empathy for this Jew, his ethnic enemy, a stranger. He cleaned his wounds, brought him to an inn, cared for him and left money for his further care. This was Jesus' example of how to love. He shows us that there should be no out-groups in humanity.

Love should pass over ethnic and cultural lines, even gender and religious ones. For "Christians" throughout the ages have in fact been the cause of much bloodshed, whether in battle, or through "just war," or even through interpersonal violence. Just having the label "Christian" does not make someone so. It's through actions that our true nature is known. By stopping to help, by loving, by caring, we show that the stranger is really part of our humanity. She is part of our in-group, part of our tribe. She... IS my neighbor, my sister, my mother.

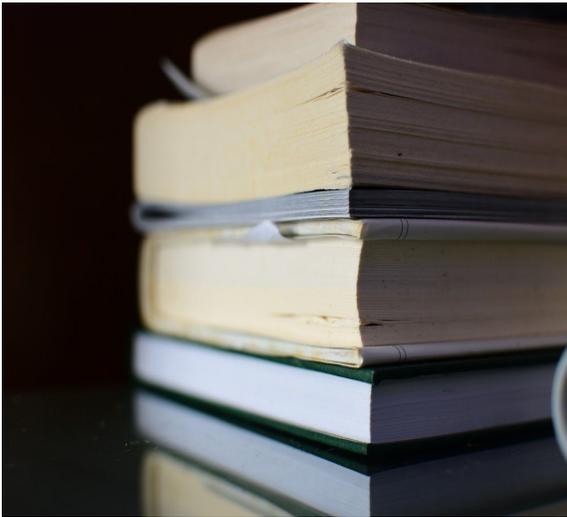
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### Book recommendations by Jenn Smathers



- "The Tipping Point", "Outliers", and "Blink" by Malcolm Gladwell are all great reads.

- If you would like to read some neurology- related books try the author, Oliver Sacks. He is amazing!



- Try "Phantoms in the Brain: Probing the Mysteries of the Human Mind" by V.S. Ramachandran and Sandra Blakeslee if you are interested in reading about many different case studies.

- "Thinking, Fast and Slow" by Daniel Kahneman

## Movie Review

### **What about Bob? By Nicole Thibodeaux**

In *What about Bob* (rated PG), we meet Bob Wiley (Bill Murray) and Dr. Leo Marvin (Richard Dreyfuss). Dr. Marvin takes Bob on as a patient just before leaving with his family on a month-long vacation to New Hampshire. Bob follows Dr. Marvin and his family up to New Hampshire and proceeds to “crash” their family vacation. While Dr. Marvin tries to get Bob to leave and head back to New York, Bob as oblivious as ever, hangs around and makes friends with his whole family. This drives Dr. Marvin over the edge and causes him to break not only professional boundaries, but legal ones as well.

As learned from my Psych 105 class, “Dr. Dippy” and “Dr. Evil” are stereotypes that are commonly used to portray psychologists in movies or in television. The labels I would use to describe Dr. Marvin would be “Dr. Dippy” for sure, while Bob suffers from mental illness we see Dr. Marvin struggle throughout this movie with a mental battle all his own. Typically, “Dr. Dippy” is seen in movies as being crazier than his own patients. Another label I would use is “Dr. Evil”. In Psych 105, we learned that “Dr. Evil” usually is seen as a maniac or a corrupt mind-controller. Towards the end of the movie, we see Dr. Marvin break into a place of business and steal some explosives. He then tracks down Bob and tells him that they are doing a new therapy called “death therapy”. Dr. Marvin then proceeds to tie Bob to a chair and places explosives around his neck with the



intentions of blowing him up. In the movie, we know that Dr. Marvin is a psychiatrist and that he has spent a great amount of time in school. We even see some diplomas on the wall behind Bob in the scene where Bob and Dr. Marvin are talking in his office. The viewer has no other clue about his schooling (i.e. where he went, how many degrees he has, or how long he was in school is given). The portrayal of psychology as a science and as a profession are way off the mark in this movie. I do not think it is an accurate representation of the role of psychology because the movie does not accurately portray a psychiatrist and his relationship with his patient. A lot of people see those who seek the help of psychologists/psychiatrists alike as weak-minded individuals. Popular books like the book Dr. Marvin wrote about in the movie, are generally not written by mental health professionals. These professionals tend to generally write in science journals.

In the movie, I learned that Bob suffered from a list of different mental health issues, which include: obsessive compulsive disorder, agoraphobia, and “multi-phobic



personality disorder”, which isn’t a real diagnosis. According to the National Institute of Mental Health, “Obsessive compulsive disorder (OCD) is a common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over” (Obsessive-Compulsive Disorder, 2016). Bob’s OCD is misrepresented in a few ways, one being that while it does cause him to have some compulsions regarding germs, diseases, and his fear of catching them. So, when Bob goes out in public he doesn’t like to touch anything around him and he is seen using a white napkin/handkerchief to handle items in public. However, while we generally see the obsessions Bob has, we do not see the compulsions. Bob is also labeled as having agoraphobia, which according to the National Institute of Mental health “is an anxiety disorder that involves intense fear and anxiety of any place or situation where escape might be difficult. Agoraphobia involves avoidance of

situations such as being alone outside of the home; traveling in a car, bus, or airplane; or being in a crowded area” (Agoraphobia, 2017). However, in the movie Bob does leave his home and he is seen getting on a bus from New York to New Hampshire. A person who truly had agoraphobia would more than likely have a much harder time than Bob did while leaving his house and getting on a bus. He is also seen pacing in front of a crowded elevator, but he does eventually get on. After entering the elevator, he does scream out in fear. Bob does portray some anxiety when he is faced with these circumstances, but I don’t think he accurately portrays the level of anxiety someone with this actual diagnosis would face.

In conclusion, the movie *What About Bob* was overall a funny movie and was great watch. It allowed me to use some of the tools I learned in the “Why Psych 105?” lecture and put them to use in this paper. However, the movie itself does not represent the science of psychology accurately.



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*Thank you to all of our contributing writers! See you in April for our next issue!*

*The deadline for the next months submissions is March 28, 2019.*

*Please email them to [wpcmindovermatters@gmail.com](mailto:wpcmindovermatters@gmail.com)*

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