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FROM THE EDITORS

Dear subscribers,

This edition is extra chunky, because it is *PsychDigest*'s first birthday!

During our first year, we received compliments from many people on the introduction of *PsychDigest*, which was perceived as filling an important niche. On subscribing for a second year, several people commented that *PsychDigest* has become indispensible reading.

We are also, however, disappointed that some subscribers did not wish to re-subscribe, mostly giving no indication whether *PsychDigest* had failed to meet their needs, or failed in some other way. Some, no doubt, were hoping that they would gain CPD points for reading the Digest. However, in September 2007 the Psychology Board of the HPCSA refused Psych & Soma accreditation as a recognised CPD provider, on the grounds that no journals qualify for CPD.

Despite this setback, we believe *PsychDigest* to be a good investment. If you disagree, please give us feedback! We are a small company, and we are flexible. While keeping features that subscribers have pointed out as valuable, we are open to suggestions for improvement. To be honest—we would prefer to make some changes than lose subscribers 😊

You may have noticed that the Digest has grown somewhat since its inception: from 26 pages in our first issue, to 43 in the current issue. The length of the Digest depends in some part on the availability of news, but mostly the growth is due to a comment made by a non-subscriber that *PsychDigest* (first issue of Volume 1) does not represent value for money. In response, we added new features to the Digest, and new topics to our information nets. We hope you approve! Then again, maybe *PsychDigest*, like mushrooms, grows in the dark … (No Eskom jokes in this issue, we promise!)

Talking about power cuts: at the recently held annual conference of the British Psychological Society, a paper was presented addressing the positive benefits of power cuts (see p. 23 of this issue). It sounds as if the conference delegates had fun—one workshop was entitled “How to commit the perfect Murder—an interactive experience”!

Recent news items contained several articles with guidelines for diagnosing and/or treating disorders that have not (yet?) been included in the DSM. See what you think of “diabulimia” (p. 10) and cell-phone addiction (p. 21). Post-traumatic embitterment disorder (p. 6) has been around for a while, as has childhood depression (p. 7), adult ADHD (p. 16) and internet addiction (p. 19).

“Focus on…” (p. 29) looks at the prevalence of child abuse in South Africa, the PURPLE programme in the USA, the most recent findings on the effects of child abuse on the victim, and some factors that seem to offer child-abuse victims some protection against these. We also feature a reply from SASOP on the issue of anti-depressants and the recent allegations made against that these drugs are almost worthless.

Enjoy your reading!

Martie (Chief Editor) & Thomas Groenewald

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IN THE NEWS

ANXIETY & STRESS

Stress damages the brain

Stress can cause physical damage to the brain.

Post-traumatic stress disorder (PTSD) is associated with several abnormalities in brain structure and function. However, although it is tempting to conclude that these abnormalities were caused by the traumatic event, it is also possible that they were pre-existing risk factors that increased the risk of developing PTSD upon the traumatic event's occurrence.

Researchers used magnetic resonance imaging (MRI) to measure the density of the gray matter in the brains of pairs of identical twins, where one twin had been exposed to combat in Vietnam, and the other had not. They found that the density of the gray matter in the pregenual anterior cingulate cortex, an area of the brain involved in emotional functioning, was reduced in veterans with PTSD, but not in their twins who had not experienced combat.

This finding supports the conclusion that the psychological stress resulting from the traumatic stressor may damage this brain region, with harmful emotional consequences.


Worrying helps you learn faster

Worrying about something before it happens might do more than just create knots in your stomach.

People who seemed to have higher levels of “anticipatory worry”—judged by brain scans of activity in a part of the brain known as the anterior insula—did better in a financial game. The anterior insula is a region buried deep inside the brain considered to be an artefact of humans' reptilian heritage. It plays a key role in predicting harm and also in learning to avoid it.

Researchers recruited 23 subjects to play a financial game while scanners measured their brain activity. Eight to 10 months later, the subjects returned and played a similar game, although their brains were not scanned at this time.

The researchers then tried to find links between the brain scans and how the subjects performed in the games. They specifically looked for readings that were active while people were anticipating losses in the
game. The results showed that activity in the anterior insula predicted the participant's ability to learn how to avoid losses in the game. Participants whose anterior insula was more active, were better at predicting financial losses when they played the game again months later: these volunteers had learned to avoid losses in the game. Conversely, participants with low levels of insula activation had a harder time learning to avoid losses and lost more money in the game as a result. The findings suggest that anticipatory worry sharpens the mind to learn how to avoid undesirable consequences.

Excessive insula activation, however, might prove problematic. Previous research has shown that people who are chronically fearful and anxious have abnormal patterns of insula activation. So, while people with excessive insula activity are at risk for psychological disorders such as anxiety and phobias, higher levels of insula activation in the normal range may allow people to avoid potentially harmful situations. These findings point towards an optimal level of anxiety. While a healthy amount of anxiety grants some survival value, too much may lead to excessive worry and clinical conditions. This study gives an indication why anxious traits persist in humanity's genetic endowment, even as environmental threats vary over the ages.

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Anxiety Insights. (2008, April 8). There are positives to anxiety too. Retrieved May 1, 2008, from the Anxiety Insights blog at http://www.anxietyinsights.info/there_are_positives_to_anxiety_too.htm


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Post-traumatic embitterment disorder

The term ‘post-traumatic embitterment disorder’ (PTED) was recently introduced to describe a subtype of adjustment disorders, characterized by prolonged embitterment, severe additional psychopathological symptoms and great impairment in most areas of life in reaction to a severe negative but not life-threatening life event.

A new study aimed to derive an empirical description and validation of the clinical concept of PTED, by comparing clinically defined PTED patients with patients suffering from other mental disorders on measures of post-traumatic stress and psychopathological distress.

Fifty inpatients, suffering from PTED according to previously defined clinical diagnostic criteria, were compared with another 50 patients, matched by age and gender, who did not meet clinical criteria for PTED but for other mental disorders. Psychiatric diagnoses were assessed by the Mini International Neuropsychiatric Interview. Self-report measures included the Bern Embitterment Scale, the Impact of Event Scale, the PTED Self-Rating Scale and the SCL-90.

According to the Mini International Neuropsychiatric Interview, both groups fulfilled the criteria for many disorders, with a significantly higher occurrence of major depression and chronic adjustment disorder, but less generalized anxiety disorder lifetime in PTED patients. Patients with PTED scored significantly higher on the global scores and on most sub-dimensions of the SCL-90, the Impact of Event Scale, the Bern Embitterment Scale and the PTED Self-Rating Scale.

The study revealed clear differences between PTED patients and patients with other mental disorders with regard to the quality and intensity of psychopathological and posttraumatic stress symptoms. PTED can help further sub-classify and specify adjustment and reactive disorders.
Core criteria of PTED are: (1) a single exceptional negative life event precipitates the onset of the illness; (2) the present negative state developed in the direct context of this event; (3) the emotional response is embitterment and feelings of injustice; (4) repeated intrusive memories of the event; (5) emotional modulation is unimpaired, patients can even smile when engaged in thoughts of revenge, and (6) no obvious other mental disorder that can explain the reaction. Additional symptoms are feelings of helplessness, self-blame, rejection of help, suicidal ideation, dysphoria, aggression, down-heartedness, seemingly melancholic depression, unspecific somatic complaints, loss of appetite, sleep disturbances, pain, phobic symptoms in respect to the place or to persons related to the event, reduced drive. Duration is longer than three months. Performance in daily activities and roles is impaired. (Linden, 2003)


DEPRESSION

Diagnosing depression in children

Symptoms of depression among children are often different from those displayed by adults. A literature review by German scientists confirm that children may not display signs of dejection or a lack of pleasure, two cardinal signs of mood disorders among adults. Their findings include:

- The younger the patients, the greater the differences in depressive symptoms in minors to the classic symptoms in adults.
- Depending on the age of the child, the dominant features of depression may be weeping, irritability or defiance.
- The signs of depression in infants are often screaming, restlessness, and weeping attacks for no clear reason.
- Preschool children may behave irritably and aggressively, while schoolchildren may be listless and apathetic.
- The symptoms in adolescents become similar to those in adults.
In a third of minors, the depressive symptoms subside within three months. However, in 80 per cent of those affected, the symptoms may reappear and become chronic.

Depressive minors often have co-morbid disorders. Anxiety disorders and disorders in social behaviour occur widely, followed by substance abuse and aggression.

The global unhappiness curve

Using data on 2 million people, from 80 nations, researchers from the University of Warwick and Dartmouth College in the USA have found an extraordinarily consistent international pattern in depression and happiness levels that leaves us most miserable in middle age.

Study results showed that happiness levels follow a U-shaped curve, with happiness higher towards the start and end of our lives, and more misery in middle age. These data contradict previous studies of the life-course that suggested psychological well-being stayed relatively flat and consistent as we aged.

From UK data, the researchers discovered that for both men and women the probability of depression peaks around 44 years of age. In the USA they found a significant difference between men and women, with unhappiness reaching a peak at around 40 years of age for women and 50 years of age for men.

They found the same U-shape in happiness levels and life satisfaction by age for 72 countries, including South Africa.

The researchers believe that the U-shaped effect stems from something inside human beings. They show that signs of mid-life depression are found in all kinds of people; it is not caused by having young children in the house, by divorce, or by changes in jobs or income.

What causes this apparently U-shaped curve, and its similar shape in different parts of the developed and developing world, is unknown. However, one possibility is that individuals learn to adapt to their strengths and weaknesses, and in mid-life quell their infeasible aspirations. Another possibility is that cheerful people live systematically longer. A third possibility is that a kind of comparison process is at work in which people have seen similar-aged peers die, and value more their own remaining years. Perhaps people somehow learn to count their blessings.

It is possible that realizing that such feelings are completely normal in midlife might help people survive this phase better.
Searching for help online

People searching the Internet for information about suicide methods are most likely to come across sites that encourage suicide rather than sites offering help and support.

Researchers set out to replicate a typical search that might be undertaken by a person looking for instructions and information about methods of suicide. They used the four most popular search engines—Google, Yahoo, MSN, and Ask—and 12 simple search terms. They analysed the first 10 sites from each search, giving a total of 480 hits.

Altogether 240 different sites were found and just under half of these provided some information about methods of suicide. Almost a fifth (90) were for dedicated suicide sites, of which half were judged to be encouraging, promoting, or facilitating suicide. Sixty-two (13%) of the sites focused on suicide prevention or offered support and 59 (12%) of the sites actively discouraged suicide.

Almost all dedicated suicide and factual information sites provided information about methods of suicide. However, a fifth (21%) of support and prevention sites and over half (55%) of academic or policy sites, and all news reports of suicides also provided information about methods.

Three most frequently occurring sites were all pro-suicide, whereas the information site Wikipedia was fourth. All top four sites evaluated methods of suicide including detailed information about speed, certainty, and the likely amount of pain associated with each method.

Antidepressants not stopping suicide

The use of antidepressants is likely to account for only 10 per cent of the fall in suicide rates among middle aged and older people, according to research involving more than 2 million Danes aged 50 and above, and living in Denmark between 1996 and 2000.

Suicide rates in older men fell by almost 10 per 100 000 of the population during this timeframe, but among recipients of antidepressants, the fall was less than one. For older women, only 0.4 of the 3.3 fall per 100 000 of the population was accounted for by those being treated with antidepressants.

Overall, treatment type made little difference, although rates among men taking SSRIs were slightly higher than among those taking tricyclics.

Suicide rates were five to six times higher among those taking antidepressants than those who were not. This might indicate that this group of people had a higher suicide risk overall, as they are also the ones who had sought treatment.
EATING DISORDERS

'Diabulimia' triples the risk of death among women with diabetes

Women with type 1 diabetes who take less insulin than they should to try to lose weight triple their risk of dying compared to women who do not skip insulin doses.

While insulin keeps the muscle mass from breaking down, it also encourages fat storage. As a result, some patients learn to manipulate their insulin, often skipping doses in an attempt to reduce weight gain. The term for this condition is “Diabulimia.” Patients can become quite savvy with this technique, taking just enough insulin to avoid going into diabetic ketoacidosis, and narrowly avoiding hospitalization.

While diabulimia is a term that has only cropped up in recent years and is not a recognized medical condition, the American Diabetes Association has long known about insulin omission as a tactic to lose weight. Diabulimia can occur in any patient with type 1 diabetes, but it is seen more often in young girls and women with the disease, similar to other body image disorders.

The repercussions of manipulating insulin in such a manner can be enormous. Patients who do this have higher blood sugar levels than are healthy, and as a result, become dehydrated, fatigued, and experience a breakdown in muscle tissue. In the long term, this condition is associated with an accelerated development of diabetic complications such as eye disease, kidney disease, and limb amputations due to vascular disease.

Previous studies have shown that women with diabetes are almost 2.5 times more likely to develop an eating disorder than women without diabetes.

In this new study 234 women, with a mean age of 45, were followed for 11 years. Participants had had diabetes for a mean of 28 years by the end of the follow-up, and 26 of the women had died. Almost one-third of the women reported taking less insulin than they should, tripling their risk of dying compared with women who did not restrict their insulin. They also died younger (45 versus 58) and had higher rates of kidney and foot problems.

The two groups of deceased women—those who had used insulin appropriately and those who had practiced insulin restriction—did not differ with regard to depression, anxiety, fear of hypoglycaemia (low blood sugar), or general psychiatric symptoms, suggesting that mortality associated with insulin restriction occurred in the context of eating disorder symptoms, rather than other psychological distress.


ADHD increases risk of eating disorders for adolescent girls

Girls with attention deficit hyperactivity disorder (ADHD) stand a substantially greater risk of developing eating disorders in adolescence than girls without ADHD.

Adolescent girls with ADHD frequently develop body-image dissatisfaction and may go through repeating cycles of binge eating and purging behaviours that are common in bulimia nervosa. Moreover, because ADHD is more common in boys, many girls with the disorder may go undiagnosed and untreated.

The study was conducted with an ethnically diverse sample of 228 girls in the San Francisco Bay area in the USA; 140 of these girls had been diagnosed with ADHD and 88 were matched comparison girls without ADHD. They were first assessed between the ages of 6 and 12, and again five years later.

Girls with ADHD were more than three times as likely to meet the diagnostic criteria for either anorexia or bulimia. Additionally, the combination of ADHD and an eating disorder appeared to heighten the risk of developing another psychiatric condition. Compared with girls who had ADHD but did not have an eating disorder, girls with both conditions were more likely to also struggle with depression, an anxiety disorder, or disruptive behaviour, all of which are common concurrent disorders for both boys and girls with ADHD.

Girls with the “combined type” of ADHD (those with both inattention and hyperactivity/impulsivity) were most likely to have adolescent bulimia nervosa symptoms, relative to girls with the “inattentive type” of ADHD (those with inattention only) and girls without ADHD. Girls with both types of ADHD were more likely to be overweight, to have experienced harsh/critical parenting in childhood, and to have been peer-rejected, than girls without ADHD.

An additional concern is that stimulant medications used to treat ADHD have a side effect of appetite suppression, creating a risk that overweight girls could abuse these medicines to encourage weight loss.


NEUROSCIENCE

Free will in the balance?

The outcome of a decision can be predicted from unconscious activity in the brain several seconds before we consciously make the decision.

Scientists used a brain scanner to investigate what happens in the human brain just before a decision is made.
"Many processes in the brain occur automatically and without involvement of our consciousness. This prevents our mind from being overloaded by simple routine tasks. But when it comes to decisions we tend to assume they are made by our conscious mind. This is questioned by our current findings."

In the study, participants could freely decide if they wanted to press a button with their left or right hand. They were free to make this decision whenever they wanted, but had to remember at which time they felt they had made up their mind. The aim of the experiment was to find out what happens in the brain in the period just before the person felt the decision was made. The researchers found that it was possible to predict from brain signals which option participants would take up to 10 seconds before they consciously made their decision. Normally researchers look at what happens when the decision is made, but not at what happens several seconds before. The fact that decisions can be predicted so long before they are made is a astonishing finding.

This unprecedented prediction of a free decision was made possible by sophisticated computer programs that were trained to recognize typical brain activity patterns preceding each of the two choices. Micro-patterns of activity in the frontopolar cortex were predictive of the choices even before participants knew which option they were going to choose. The decision could not be predicted perfectly, but prediction was clearly above chance. This suggests that the decision is unconsciously prepared ahead of time, but that the final decision might still be reversible.

More than 20 years ago the American brain scientist Benjamin Libet found a brain signal, the so-called "readiness-potential" that occurred a fraction of a second before a conscious decision. Libet's experiments were highly controversial and sparked a huge debate. Many scientists argued that if our decisions are prepared unconsciously by the brain, then our feeling of free will" must be an illusion. In this view, it is the brain that makes the decision, not a person's conscious mind. Libet's experiments were particularly controversial because he found only a brief time delay between brain activity and the conscious decision.

In contrast, the new research shows that brain activity predicts even up to 10 seconds ahead of time how a person is going to decide. However, the results of the study does not finally rule out free will: "Our study shows that decisions are unconsciously prepared much longer ahead than previously thought. But we do not know yet where the final decision is made. We need to investigate whether a decision prepared by these brain areas can still be reversible."


PERSONALITY ISSUES

Childhood shyness and aggression affects timing of transition to adulthood

A new study reveals the extent to which children's personality types can predict the timing of key transitional moments between childhood and adulthood, including leaving the parents' home, establishing a romantic relationship, and entering the world of part-time work.
Participants consisted of 230 children who were studied every year from their first or second year in preschool until age 12. After age 12, the sample was reassessed twice, at ages 17 and 23.

Degrees of shyness and aggressiveness were assessed through parental scales and teacher reports.

The hypotheses was tested on the predictive validity of three major preschool personality types. **Resilient personality** is characterized by above average emotional stability, IQ, and academic achievement. **Overcontrol** is characterized by low scores on extraversion, emotional stability, and self-esteem. **Undercontrol** is characterized by low scores on emotional stability and agreeableness, and high scores on aggressive behaviour.

The 19-year longitudinal study illustrated that childhood personality types were meaningfully associated with the timing of the transitions. Resilient males were found to leave their parents’ house approximately one year earlier than overcontrolled or undercontrolled children. Overcontrolled boys took more than a year longer than others in finding a romantic partner. Resilient boys and girls were faster in getting a part-time job than their overcontrolled and undercontrolled peers.

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**SLEEP DISORDERS**

**Chronic insomnia in adolescence linked to two- to five-fold increase in personal problems**

Chronic insomnia in adolescence has been linked to a wide range of physical, psychological and interpersonal problems. A survey of 3134 adolescents between the ages of 11 and 17 revealed that persistent sleep problems is associated with a two- to five-fold increase in problems with drug use, depression, school work, jobs and perceived health.

The survey data indicate that insomnia is both common and chronic among adolescents. More than one fourth of the 3134 youths surveyed had one or more symptoms of insomnia and almost half of these had chronic conditions. The data indicate that the burden of insomnia is comparable to that of other psychiatric disorders such as mood, anxiety, disruptive and substance abuse disorders.

In the initial screening, 27 per cent had one or more symptoms of insomnia, 7 per cent had one or more symptoms of insomnia plus daytime fatigue or sleepiness or both, and 5 per cent met the DSM–IV clinical diagnosis criteria, which attempts to rule out other psychiatric disorders, as well as the effects of alcohol, drugs or medication, which can be confused with chronic insomnia.

Other studies indicate that chronic insomnia among adolescents can be caused by behavioural and emotional issues.


**SOCIAL PSYCHOLOGY**

**Self-centred empathy**

New research provides insights into our attempts to understand the experiences or thoughts of others. It seems that when we try to understand how someone else might be feeling, or what they are thinking, we draw on our own past experiences, thoughts, feelings and desires—but only when the other person is similar to ourselves.

Scientists using fMRI scanning found that a single brain region, the ventromedial prefrontal cortex (vMPFC)—which is associated with introspective thought—becomes active when we are trying to gauge the thoughts of other people.

The researchers point out that we often believe we can understand someone else—or have empathy with another person—by considering their thoughts and feelings, likes and dislikes, current goals and intentions, and enduring dispositions and personality traits. However, since no one has ever been able to “read” someone else’s mind, why do we so easily assume—and seemingly with at least some degree of accuracy—that we can empathize with someone else?

Some have theorized that we use aspects of our own experience to model the thoughts of others, that we accept a reasonable similarity between our mind and that of someone else—literally “placing ourselves in their position”—and inferring that the other person would feel, think or want something similar to what we would have done. This view has been described as “simulationist”, “projectionist”, or “self-referential”; however, this view does not take into account the possibility that the other person could experience a very different mental state in a certain situation than we would. Think, for example, of someone with a radically different view on politics or religion than your own; or someone from a different culture, with vastly different experiences from your own.

A second theory posits that we acquire a knowledge base from observations and societal rules that guides our understanding of others’ mental states.

This current study suggests that both processes may be used in different contexts: that we only use ourselves as a basis for understanding others when we have reason to believe our own minds and experiences are sufficiently similar to those of the other person.

Participants were asked about their thoughts or feelings regarding an everyday experience, and what they imagine that another person might think or feel about a similar everyday experience. The study involved 13 students, both graduate and undergraduate, from colleges and universities in the Boston area of the USA, who identified themselves as politically liberal.

At the beginning of the study, the subjects were shown photographs of two unfamiliar individuals, and then read a brief descriptive paragraph about each. One individual was described as a student at a
college in the Northeast, with liberal political and social attitudes, and one as a conservative, fundamentalist Christian at a large university in the Midwest.

The students were then asked a series of questions about their own thoughts or feelings, and the thoughts or feelings of the liberal or conservative individual. The questions pertained to everyday experiences such as, “How much do you enjoy doing crossword puzzles?” or, “How likely is it that he would get frustrated while sitting in traffic?”

The research indeed showed that our brains react differently when we try to infer the mental state of someone that we perceive to be very different from ourselves. The study subjects used a similar thought process when considering their own reactions to the questions, and the reactions of the individual that was identified as a liberal college student in the Northeast; there was no similar activity in this region of the brain when the subjects were considering the thoughts and preferences of the conservative, Midwestern students.


Flocking like sheep ....

Have you ever arrived somewhere and wondered how you got there?

Research from the University of Leeds shows that humans flock like sheep and birds, subconsciously following a minority of individuals. It takes a minority of just five per cent to influence a crowd’s direction—and the other 95 per cent will follow without realising it.

These findings could have major implications for directing the flow of large crowds, in particular in disaster scenarios, where verbal communication may be difficult.

The scientists conducted a series of experiments where groups of people were asked to walk randomly around a large hall. Within the group, a select few received more detailed information about where to walk. Participants were not allowed to communicate with one another but had to stay within arm’s length of another person.

In all cases, the ‘informed individuals’ were followed by others in the crowd, forming a self-organising, snake-like structure.

“We’ve all been in situations where we get swept along by the crowd,” says Professor Jens Krause of the University’s Faculty of Biological Sciences. “But what’s interesting about this research is that our participants ended up making a consensus decision despite the fact that they weren’t allowed to talk or gesture to one another. In most cases the participants didn’t realise they were being led by others.”

Other experiments in the study used groups of different sizes, with different ratios of ‘informed individuals’. The findings show that as the number of people in a crowd increases, the number of informed individuals decreases. In large crowds of 200 or more, five per cent of the group is enough to influence the direction in which it travels. The research also looked at different scenarios for the location of the ‘informed individuals’ to determine whether where they were located had a bearing on the time it took for the crowd to follow.
“We initially started looking at consensus decision making in humans because we were interested in animal migration, particularly birds, where it can be difficult to identify the leaders of a flock,” says Professor Krause. “But it just goes to show that there are strong parallels between animal grouping behaviour and human crowds.”


**CONFERENCE REPORT-BACK**

The articles in this section were all taken from papers or posters presented at a conference

**28TH ANNUAL CONFERENCE OF THE ANXIETY DISORDERS ASSOCIATION OF AMERICA (ADAA), 6-9 MARCH 2008, SAVANNAH, GEORGIA, USA**

**Adult ADHD—symptoms and prevalence**

It is important to be aware that adult ADHD exists and that about 50% of children do not grow out of it. It is often not picked up because it co-occurs with other psychiatric illness.

There are no specific criteria for adult ADHD in the *Diagnostic and Statistical Manual of Mental Disorders, 4th ed* (DSM–IV), which means that clinicians must apply the criteria for childhood ADHD. This is expected to change with the DSM–V.

Although adult ADHD is not specified in the DSM–IV, the US Food and Drug Administration (FDA) has given approval for the use of new long-acting stimulants for ADHD in children, adolescents, and adults.

ADHD is the most common psychiatric disorder of childhood, and it accounts for up to 50% of clinical cases in childhood psychiatry. The prevalence of childhood ADHD is reported to be 3% to 10%, and it is highly co-morbid with conduct disorder, oppositional-defiance disorder, anxiety disorder, and bipolar disorder.

Although childhood ADHD often resolves, 36% to 55% of children maintain symptoms in adulthood.

Symptoms of ADHD take on different forms in adults than in children:

- Symptoms of **hyperactivity** in children with ADHD (squirming, fidgeting, inability to stay seated, running and climbing excessively, inability to play and work quietly, talking excessively) translate into different symptoms in adults (workaholic tendencies, being overscheduled and overwhelmed, self-selecting very active jobs, constantly active, talking excessively).

- Similarly, symptoms of **impulsivity** in children (blurt out answers, not waiting his or her turn, intruding on or interrupting others) manifest differently in adults (low frustration tolerance, short
temper, quitting jobs abruptly, ending relationships, driving too fast, “addictive” personality).

- Finally, symptoms of inattention differ in children with ADHD (difficulty in sustaining attention, not listening, not following through, inability to organize, losing important items, easily distractible, forgetful) vs adults with ADHD (showing incredible procrastination, slow, inefficient, very poor time-management skills, very disorganized).

Childhood ADHD is more common in boys, with a male:female prevalence ratio of 10:1 in clinical samples and 3:1 in community samples; in adults, this ratio is closer to 3:2.

Most cases of childhood ADHD are the combined (inattentive and impulsive/hyperactive) type, but more cases of adult ADHD are the inattentive type. It is interesting to note that ADHD might not be detected in girls because they have the inattentive subtype.

ADHD is a highly heritable condition, with a heritability factor of 0.76, which is greater than that for breast cancer, asthma, or schizophrenia.

One of the surprising findings from the National Comorbidity Survey-Replication [NCS-R] study, for many people, was that the prevalence of adult ADHD meeting strict DSM–IV criteria was 4.4%, which makes adult ADHD one of the most common conditions in adulthood.

The survey found a 5:3 male:female prevalence of adult ADHD, and individuals with adult ADHD were more likely to also have anxiety disorders, mood disorders, and social phobia. Only 25% of the individuals found to have adult ADHD had ever had treatment for ADHD, and only 10% had treatment in the past month.

Paper presented by Michael Van Ameringen, MD, from McMaster University Medical Center, in Hamilton, Ontario, Canada.


Treating anxiety disorders early could have a huge impact on public mental health

From a public health point of view, it is hard to find another intervention for mental health disorders that has the potential of having as great an impact as treating anxiety disorders in children.

Anxiety disorders are very powerful predictors of the subsequent onset of other disorders. For most people with mental health disorders, the first type of disorder they experience are anxiety disorders; for example, separation-anxiety disorder or fear of dogs may occur very early in life. Compared with a child who was not afraid of dogs at the age of 4, a child who was afraid of dogs at that age is two, three, or four times more likely to have depression, an alcohol problem, or oppositional-defiance disorder at 25 years of age.

Most children with anxiety disorders—unless the disorder is severely disabling or lasts for many years—will not
receive treatment, as they tend to be shy, well-behaved children who do not talk about their problem. However, they have a very high risk of suffering serious mental disorders later in life.

Keynote address presented by Ronald Kessler, PhD, from Harvard Medical School, in Boston, Massachusetts


Anger levels predict OCD and depression severity

Improvement in anger expression predicted decreased OCD severity and depression in a recent study of 37 patients treated for obsessive–compulsive disorder (OCD) with cognitive behavioural therapy (CBT). This change occurred even though the CBT did not specifically target anger symptoms.

The study aimed to examine anger in OCD patients, before and after an intensive CBT treatment program, to investigate how anger was related to OCD intensity and depression. The treatment included exposure response prevention—during which patients experience strong emotions such as anxiety and anger—and successfully reduced anger levels, in particular anger suppression.

The participants completed various assessments at admission and discharge, including the State Trait Anger Expression Inventory–2 (STAXI–2), a 57–item self-report inventory that measures experience, expression, and control of anger.

For this study, the researchers looked at results from 2 STAXI–2 subscales:

- The Anger Expression Index–In (AX–I), a measure of the tendency to suppress angry feelings and experiences.
- The Anger Expression Index (AX Index), a measure of anger experience, which can be either expressed or suppressed anger.

The Yale-Brown Obsessive Compulsive Scale (Y–BOCS) was used to determine OCD severity, and the Beck Depression Inventory (BDI) was used to assess depression symptoms.

Regression analysis showed that changes in anger (AX–I and AX Index) scores explained 32.6% of the change in depression scores and 18.2% of the change in OCD-severity scores.

The outcome of the treatment supports the speculation that people with OCD suppress thoughts and strong emotions, and that they can learn more adaptive and better ways to cope with negative emotions through CBT. It is noteworthy that anger levels predicted OCD and depression symptoms, and not the other way round. This would suggest that teaching people to experience negative emotions more constructively has a potentially huge impact on their mental health.

Previous research has suggested that OCD symptoms might be associated with anger levels. A recent study reported that individuals with checking compulsions had significantly higher scores in measures of trait anger (a personality disposition to perceive situations as annoying), which might be due to frustration related to OCD symptoms.
Recognizing and treating Internet addiction

Internet addiction, or problematic Internet use, affects close to 1% of the general population of the USA.

While further studies are needed to determine whether or not this is a legitimate new disorder that should be added to the *Diagnostic and Statistical Manual of Mental Disorders, 5th ed* (DSM–V), patients with problematic Internet use are showing up at mental health clinics.

Internet addiction has been defined—based on criteria from the DSM-IV for pathological gambling—as having 5 or more of the following symptoms:

- preoccupation with the Internet
- a need to spend more time online to get the same satisfaction
- unsuccessful attempts to decrease use
- feeling restless or irritable when attempting to cut back
- often staying online much longer than intended
- secretive behaviour/lying about online pursuits
- distress or dysfunction as a result of this behaviour
- use of the Internet to self-medicate (e.g. to overcome depression).

Internet addiction shares features in common with impulse control, substance abuse, and obsessive-compulsive disorders.

It is similar to impulse control disorder, in that people experience a surge in anxiety and an urge to perform an act that is pleasurable in the moment, but leads to long-term distress. The DSM–IV recognizes some impulse control disorders (trichotillomania, kleptomania, pyromania, and impulsive gambling), while others (impulsive skin picking, compulsive cruising for sex, and compulsive shopping) fall into the not otherwise specified (NOS) category, which is where Internet addiction might fit.

Like substance abuse, problematic Internet use results in a dopaminergic surge in the brain. More and more Internet use is needed to achieve a high, and when going without the Internet, the person might suffer from withdrawal symptoms.

Like obsessive-compulsive disorder (OCD), Internet addiction can include ritualized, repetitive behaviour. However, unlike OCD, it offers a pleasurable high, and people can lose track of time.

Various studies have reported a prevalence of Internet addiction as high as 3% to 10% of the population, but these studies suffered from self-selection bias, since they were online surveys.

Two recent community studies of adolescents reported a much lower prevalence. A Korean study of over 1500 15- and 16-year-old students who replied to a questionnaire reported an Internet addiction prevalence of 1.6%, with the same rates among boys and girls.
Similarly, a Norwegian study of over 3200 adolescents found that 1.98% of this population was addicted to the Internet.

To investigate problematic Internet use in the adult general population in the USA, Dr. Aboujaoude and colleagues performed a random-digit-dial telephone survey of 2513 adults in 50 US states. Of the people who were contacted, 56.3% replied to the survey. The respondents had an average age of 48 years.

From 4 to 14% of the survey respondents showed evidence of some aspects of problematic Internet use:

- 4% said they were preoccupied with the Internet when they were offline
- 6% had personal relationships that suffered as a direct consequence of inappropriate Internet use
- 6% regularly went online to escape from depression or negative moods
- 9% were secretive and felt they had to hide their Internet activities
- 11% stayed online regularly for longer than they intended
- 14% had a very hard time staying offline 4 days in a row.

Defining problematic Internet use as meeting three criteria (preoccupation with the Internet when offline; unsuccessful attempts to cut back use or often staying online longer than intended; and interference with personal relationships caused by Internet use), the researchers found a prevalence of problematic Internet use of 0.7%, which was the same for both men and women.

The team concluded that potential markers of problematic Internet use seemed to be present in a sizable proportion of adults. Future studies are needed to determine whether this is a separate pathological behaviour or whether it is a symptom of other psychological pathologies.

### Treatment of Internet addiction

Case reports suggest that the opioid receptor antagonist naltrexone (marketed in generic form as its hydrochloride salt under the trade names Revia and Depade, or as an extended-release formulation under the name Vivitrol), which has been studied in gambling and other impulse control disorders, might be useful to treat patients who have problematic Internet use.

Researchers have also tested the use of the antidepressant escitalopram (Lexapro, Cipralex) in 19 adult subjects who had impulsive-compulsive Internet usage disorder, defined as time-consuming, uncontrollable, distressing Internet usage resulting in social, occupational, or financial difficulties. During the open-label phase, participants showed a very healthy response to the drug; on average the number of hours spent online went from 36 hours to 16 hours. On the other hand, in the double-blind phase, both placebo and treatment groups continued to do well.

Other research has focused on cognitive behavioural therapy (CBT) for Internet addiction. The treatment approach is not complete abstinence, since that would not be practical; treatment rather focuses on encouraging patients to avoid problematic online behaviours and develop healthy alternatives—for example, to go from being online eight hours a day to three hours a day. The cognitive aspect of CBT involves confronting faulty cognitions such as catastrophic thinking, over-generalizing, and negative core beliefs, and trying to reverse them.

It is important that any co-morbid conditions also be diagnosed and treated; a significant proportion of patients with problematic Internet usage also have a mood disorder, especially depression and anxiety conditions.

In the editorial of the March 2008 edition of the *American Journal of Psychiatry*, Dr Jerald J. Block makes a case for the inclusion of Internet addiction in the upcoming DSM–V. Dr Block believes that Internet addiction has at least three subtypes: excessive gaming, sexual preoccupations, and e-mail/text messaging, with all of the variants sharing the following four components: 1) excessive use, often associated with a loss of sense of time or a neglect of basic drives, 2) withdrawal, including feelings of anger, tension, and/or depression when the computer is inaccessible, 3) tolerance, including the need for better computer equipment, more software, or more hours of use, and 4) negative repercussions, including arguments, lying, poor achievement, social isolation, and fatigue. The editorial is available online at [http://ajp.psychiatryonline.org/cgi/content/full/165/3/306](http://ajp.psychiatryonline.org/cgi/content/full/165/3/306)

**Anxiety linked to cell-phone dependence and abuse**

Anxiety and being too dependent on cell-phones seem to go hand in hand. In a normative sample of 183 people, those with greater self-reported anxiety also scored higher on cell-phone dependence and abuse.

Cell-phone addiction was measured using a Cellular Technologies Addiction Scale (CTAS) questionnaire, which asks people to rate 38 items from 0 (strongly disagree) to 5 (strongly agree). This questionnaire comprises two subscales: 24 questions rating cellular-technology dependence and 14 questions rating cellular-technology abuse.

Items in the cell-phone dependence subscale include statements such as:

- “I have a hard time relaxing if my cell-phone signal does not have good signal strength.”
- “I think I might spend too much time on my cell phone.”
- “I check to make sure my phone is on if I have not recently received a call.”

Anxiety was measured using the State–Trait Anxiety Inventory (STAI) trait anxiety subscale and the International Personality Item Pool (IPIP–NEO) anxiety subscale.

CTAS scores (measuring dependence) ranged from 26 to 117 (mean, 62.6 ± 18.5) and were normally distributed, suggesting that symptoms of cell-phone dependence (e.g. greater comfort when able to use the phone, compulsion to spend more time on the phone than desired, and emotional attachment to the phone) vary within the general population and can be measured via self-report.

Most participants did not report significant symptoms of cell-phone abuse; self-reported anxiety, however, significantly correlated with cell-phone dependence scores and cell-phone abuse scores.

The researchers recommend that individuals who suffer from an anxiety disorder may benefit from a clinical assessment to rule out cell-phone abuse or dependence.

As cell phones and personal digital assistants become more common, individuals may experience greater pressure to remain connected or available to others. Many patients seen clinically seem to use their cell phones to manage their mental health symptoms, for example a person with obsessive–compulsive disorder (OCD) might use the phone to check things, or someone with social phobia might use the phone to avoid interaction with people.
Paroxetine reduces drinking related to social anxiety

The selective serotonin reuptake inhibitor (SSRI) paroxetine (Paxil, Aropax) may reduce social anxiety and social-anxiety-related drinking in people with both social anxiety and mild to moderate alcoholism. The study subjects did not actually drink less or less often than before treatment; they were just not drinking as a result of social anxiety. The reason for the continued consumption of alcohol remains to be investigated.

Social anxiety disorder usually starts when people are in their mid-teens; by the time they reach their late teens, many individuals with social anxiety disorder turn to alcohol for symptom relief. About 1 in 5 people who develop social anxiety disorder go on to develop alcoholism.

Paroxetine has been shown to be more effective than placebo in reducing social anxiety severity in individuals with co-occurring social anxiety disorder and alcoholism.

2008 BRITISH PSYCHOLOGICAL SOCIETY ANNUAL CONFERENCE, 2–4 APRIL 2008, DUBLIN, IRELAND

Psychologists pledge international co-operation

Psychologists from different continents pledged to work more closely together as part of the annual conference of the British Psychological Society.

The event brought together the Presidents of psychological societies in America, Australia, South Africa, Denmark and Poland. The Psychological Society of Ireland signed a Memorandum of Understanding with the Psychological Society of South Africa, while the British Psychological Society signed a Memorandum of Understanding with the American Psychological Association and the Australian Psychological Society.

The Memorandum of Understanding sets out a number of points of agreement between the organisations, including maintaining regular communication to discuss matters of common interest and identifying projects and activities in which they may work together.
Shedding some positive light on power cuts

The way we think about power cuts can bring positive psychological and environmental benefits.

The study explored the everyday thinking of 62 people about potential 'power cuts' and 'blackouts' in the UK as a result of modifications to the existing power networks, in line with government policy to increase the generation of renewable energy. The findings of the research demonstrate that power supply failure invoked both positive and negative associations at the levels of the individual, community, and nation as a whole. While participants viewed power supply failure as a local threat to personal comfort and convenience, and more globally in relation to being able to maintain a national identity as part of an advanced first world, they also saw positive opportunities afforded by power supply failure.

The researchers heard of acts of celebration: “the reprobate in me just thinks ‘ahh everything has gone wrong—great’”; benevolence “I think the village must have been off certainly our part of the village was off and nobody had any light or heat and most of the houses were heated by electricity and everyone came down and had soup but the wee lady next door was really quite poorly so we took her around and gave her loads of tea and soup and she was OK”; and enjoyment: “…we had candles and big fireplaces it was just fun”.

This research has significant environmental implications, particularly in relation to the design of technical systems that encourage human behaviour, which is currently considered challenging to existing social norms and practices.

An exploratory study of everyday thinking about UK electricity supply failure, by H. Devine-Wright & P. Devine-Wright, University of Manchester

“Our research sheds some positive light on the darkness and despair that is normally associated with electricity supply failure”.

Computer game addicts show traits similar to that of Asperger's

People who are addicted to playing computer games show some of the same personality traits as people with Asperger’s syndrome.

The researchers questioned 391 computer game players, 86 per cent of whom were male. They considered relationships between addiction, ‘high engagement' and personality, and found that the closer the players got to addiction, the more likely they were to display negative personality traits. As players showed more signs of addiction, they were also increasingly characterised by three personality traits normally associated with Asperger’s: neuroticism, lack of extraversion, and lack of agreeableness.
The researchers believe that these people are not classifiable as having Asperger’s syndrome, but share some of the same characteristics because they find it easier to empathise with computer systems than other people.

“The thinking in the field is that there is a scale along which people, even those considered to be ‘normal’, can be placed upon. And that people such as engineers, mathematicians and computer scientists are nearer to the non-empathising, systemising, end of the spectrum, with people with Asperger’s syndrome even further along again.

“Our research supports the idea that people who are heavily involved in game playing may be nearer to autistic spectrum disorders than people who have no interest in gaming.”

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The playing of online games: addiction, engagement and personality, by J. Charlton, University of Bolton & I. Danforth, Whitman College, USA

Binge drinking affects every-day memory in adolescents

Binge drinking by teenagers may put them at risk of “everyday memory” loss.

Binge drinking is on the increase in young people, and now represents a major problem within society. Although there is evidence that binge drinking in teenagers has a detrimental effect on memory for past events, little was known about its impact upon their prospective memory—the ability to remember something you had intended to do in the future, such as to pay a bill on time, or to return a phone call.

For the purposes of this study, a ‘binge drinker’ was defined as someone who drank above six units for females and eight units for males on two or more occasions per week. In the study, 26 binge drinkers and 34 non-bingers completed a range of tasks including a self-report and video-based prospective memory task. The self-report asked questions about how often they had forgotten everyday tasks they intended to do, such as remembering to meet with friends. The video-based task required the person to remember particular tasks at different points along a video clip of a shopping trip along a busy street, for example: “when you reach a particular shop—remember to check your mobile phone for a message.”

Findings revealed that binge drinkers recalled fewer items on the video-based prospective memory task than non-binge drinkers, with no difference between the two groups in terms of self-reported memory failures.

According to Dr Heffernan, “Evidence has shown that the structural and functional development of the brain continues in the teenage years. If our findings are confirmed, it is feasible that binge drinking in the teenage years may impede important development of the brain that may underpin memory.”

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Exercise makes teenage girls feel more confident

Teenagers who lack confidence would feel less awkward if they took more exercise.

A five-year study revealed that girls between the ages of 11 and 16 experience a significant decrease in physical self worth, which correspond with a sharp decline in physical activity. The study did not find the same correlation between physical fitness and feelings of physical self-worth in adolescent boys.

These decreases may be due to the increased self-consciousness experienced during adolescence, as well as increased academic pressures. Teenage girls may be more affected by these pressures as they perceive academic success to be more important than excelling in sport.

Physical self-worth and physical activity: variations as a function of age and gender, A. Livesey, G. Burgess & N. Smith, Manchester Metropolitan University & S. Grogan, Staffordshire University

Problem gamblers cannot predict regret

Problem gamblers struggle to cut their losses as they are unable to predict how much they will regret losing afterwards.

To find the difference between problem gamblers and social gamblers, this study focused on how mood and the ability to anticipate regret affected their approach to betting.

Eighty-two gamblers (42 social and 40 addicts) were involved in the study. They were all asked to try to solve word puzzles, but were all told that the puzzles were so easy a child could do them. To create frustration, some were given more difficult or unsolvable puzzles.

The results revealed that a negative mood only affected the social gamblers’ anticipated regret; it did not affect the problem gamblers. As a result they were much worse at predicting how much regret they would feel, and therefore less likely to stop.

“Previous research has identified mental distortions as a major risk factor in problem gambling because they prevent gamblers from realising the true nature of uncertainty. Basically when placing bets gamblers think not only about the odds of winning but also how they will feel if they lose. Therefore if they think they will feel bad they are more likely to stop.”

Anticipated regret and the cognitive vulnerability to problem gambling, by Karin Tochkov, Texas A&M University
Horses *can* count …

Recent research with animals suggests nature probably discovered maths long before humans did, and a new study with horses suggests we are not alone in our ability to count.

Human adults, human infants and non-human primates are known to have a range of numerical abilities; however, research into other species is relatively new.

In two tasks, modelled on those previously used with human infants and non-human primates to examine basic counting abilities, researchers used apples placed in containers to measure whether the horses would make a choice based on the number involved. Time, sound and smell cues were all controlled for. When given a choice the animals chose the containers with the most apples significantly more often, suggesting that horses too, and not only primates, are able to spontaneously discriminate between two small numbers.

In the first task, 13 horses were tested in their stables, with a series of identical fake apples sequentially placed into two opaque containers in front of them—two into the first and three in the second. The containers were then held up to the horses at head level, allowing them to make a choice. Eleven of the 13 horses selected the bucket containing three apples instead of two.

In a second experiment, 11 horses were shown two containers of apples—matched in total amount of volume but differing in number. One contained two identical small apples, and the second set one larger apple with double the surface area. Ten of the 12 horses selected the two apples instead of a single bigger one.

The results show that horses ‘go for more’, just like human infants and nonhuman primates have been shown to do in similar experiments.

*Numerical discrimination in horses, by Jennifer Lewis & Claudia Uller, University of Essex*

Online dating advice: choose your screen name carefully

Internet daters who choose ‘screen names’ indicating physical attractiveness or a playful and flirtatious nature are the most likely to draw attention from fellow users. Non-flirtatious and wealthy-sounding screen names should be avoided if daters want to increase their chance of finding love online.

Researchers identified seven types of screen name during the study: looks, sexual, personality, wealthy, classy/intellectual, humorous and non-flirtatious. Both male and female participants rated playful and flirtatious-sounding names—such as Takeachance, Imsweet, Givemeacuddle, and Fun2bwith—as the most attractive, and those they would be most likely to contact. The same applied for names that were physical descriptors such as Cutie, Fitandattractive, Greatbody and Blueeyes. These types of names suggest an outgoing and fun nature, or clarify the user’s positive physical appearance.
Screen names indicating intellect and a less-flirtatious nature, such as Welleducated, Wellread, Smith48 and Justme, ranked below physical appearance, although the study found that women were more likely to contact these types of names than men. Names indicating wealth, like Wealthyandwise and SunnyPorsche, were seen as unattractive by males and by females.

Less flirtatious names may be more appealing to women because they are wary of men who might be using the site to find one-night stands rather than long-term relationships. The researchers believe that wealthy-sounding names fared poorly because showing off about one’s wealth from the outset might seem to reflect a superficial personality or deceit.

Don’t imagine the worst that could happen

Imagining mistakes or what could go wrong can have a serious detrimental effect on performance for sportspeople or performers. Dwelling on the negative before a performance can disrupt their ability to perform actions that would normally be automatic.

Performers in dance and sport completed questionnaires and interviews to assess the nature of their negative images and the mechanisms by which they create them. The findings suggest that our negative images are more vivid, detailed and less controllable than our positive images. Positive imagery is known to have a beneficial effect on performance, but these results suggest negative images have an even more pronounced impact on how we perform.

“It would appear from results that vividness and control associated with negative images act as mechanisms through which images of poor performances significantly disrupt consequent performances.

“Rumination and rehearsal of negative images may have serious performance implications given the destructive power of these negative images on performance.”

Be careful about what you think! Exploring the nature, impact and mechanisms of negative imagery, by A. MacNamara, Physical Education and Sport Science Department, University of Limerick, Ireland & D. Collins, UK Athletics, Solihull
Having a fat day?

Dieters who fluctuate from day-to-day between eating high and low calorie meals feel dissatisfied with their body image. By contrast, dieters who, from day-to-day, eat meals of similar calories, feel better about their body image. Furthermore, dieters who experience body image ‘ups’ and ‘downs’ across the week are more likely to eat high calorie meals than dieters who have more stable body image feelings.

The researchers asked 45 dieters to complete measures of their overall satisfaction with their bodies, and then to complete daily measures over seven days in which they recorded an estimate of the number of calories they had consumed that day, together with an estimate of their weight and their body satisfaction for that day.

The researchers suggest that the relationship between body image and eating is a two-way process. On the one hand, body image satisfaction can be affected by the calorie content of meals. On the other hand, day-to-day fluctuation in body image feelings may cause dieters to eat high calorie meals.

If a dieter can be consistent from day-to-day in calories eaten, a more positive experience of body image will follow. However, it is also likely that if a positive experience of body image can be achieved, a dieter should gradually become more successful in maintaining weight loss.

Variability in caloric intake predicts day-to-day body image states in women dieting to lose weight, by P. Lattimore & R. Hutchinson, Liverpool John Moores University


Link between online gaming and violence not so clear-cut

Contrary to what is usually believed, most people who play violent games online feel more relaxed and less angry after they have played, as opposed to experiencing increased levels of anger or displaying violent behaviour.

Psychologists recruited 292 male and female online gamers, playing the game World of Warcraft. The players, aged between 12 and 83 years, were asked to complete a questionnaire on anger, aggression and personality, and then played the game for two hours. After this time they were asked to complete the test again.

Overall the gamers were more likely to feel calm or tired after playing, but there were differences depending on sex, age and personality.

The researchers hope that these findings will lead to the development of an emotion and gaming questionnaire to help distinguish the type of gamer who is likely to transfer their online aggression into everyday life.

Sex and violence and playing games: reduced levels of anger after violent online play, by Jane Barnett, Mark Coulson & Nigel Foreman, Middlesex University

... CHILDREN & CHILD ABUSE

Child abuse in South Africa

South Africa is regarded as having an exemplary child rights environment. Unique in the world, the Bill of Rights of the Constitution contains a specific section that defines the rights of children to education, shelter, health and freedom from maltreatment, amongst others. Despite the intended protection, wrongs are perpetrated against a large number of South African children every day. These wrongs are at, one extreme, the tragic abuse of individual children and, at the other, the denial of many children basic food, family care, health services and education. Cases of child abuse often display disturbing levels of complicity by families, the police and other services.

Estimating the rate of child abuse in South Africa

Child abuse and neglect take many forms, including physical and mental abuse, sexual abuse, exploitative work, and trafficking. Children are abused in a wide range of settings—in their family, at school, on the streets and in statutory care.

Estimates of the extent of child abuse depend on who provides the definitions and what forms of assault are counted. It is not uncommon for professional definitions of abuse to differ from those that prevail in communities, and for cultural groups to vary in their understandings of abuse. For example, in many societies physical punishment is accepted as an appropriate form of discipline, but the same behaviour is regarded as abuse from a rights perspective. A recent Indian survey across 13 states reported that more than half of all children in India were subject to one or other form of sexual abuse, the vast majority of which were perpetrated by parents. Every second child had experienced emotional abuse; again, in the majority of cases the parents were the abusers.

The National Department of Social Development defines abuse as:

- all forms of physical and or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation resulting in actual harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

This definition is based on that used by the International Society for the Prevention of Child Abuse and Neglect. However, the definition rests on actual harm done to children resulting from abusive acts. This confuses acts of abuse with the consequences of abusive behaviour. Furthermore, harm done to children by abusive behaviour may not be evident, or may not be evident for many years.

It is difficult to establish the size of the problem of child abuse in South Africa, partly because it is an omnibus category, it is illicit and therefore often hidden, and there are complexities and variation in definition, community understanding and reporting levels.
Child sexual abuse also presents definitional problems, in this case with respect to variations in the laws under which such abuse may fall. In terms of the South African Constitution and the Children’s Act, a child is anyone under 18 years of age. Consensual heterosexual relations are permissible in law under the Sexual Offences Act of 1957 at 16 years of age, while for homosexual relations, the age is 19 years. In the case of abduction, a child is anyone under the age of 21 years.

One gauge of the problem is to examine crimes against children reported to the police. Children are victims in half of all reported cases of indecent assault, and close to half of all reported rapes. One in 10 cases of common assault is against a child, and one in 16 murders and attempted murders are of a child. Both rape and ‘neglect and ill-treatment of children’ are highest in the Northern Cape Province (156 per 100 000 and 29 per 100 000, respectively, in 2005–06). However, it has to be acknowledged that police figures on child rape are not reliable. In a recent study in the Western Cape, researchers found that, for 2005, 82% of police rape reports did not include the age of the victim.

Why the high rates of child abuse in South Africa?

The authors point to several factors that contribute to the high rates of child abuse in the country:

- South Africa is regarded as a violent society. Prior to the current rights-based legislative environment, physical punishment of children and youth was institutionalised in the justice system and in schools as the primary method of discipline. Banning of physical punishment of children in the home was abandoned due to the expected protest from various levels in society. A survey revealed that 57% of adults with children had smacked their children in the past year. The remaining 43% claimed that they had never smacked their children, a figure lower than some reports from the USA and Britain. Of the parents who had smacked, 60% said they had used a belt or another object to beat one of their children in the past year (33% of the national sample). The most common age of children who were smacked with a hand was three years, and the most common age of children who were beaten with an object was four years.

- Large parts of South Africa are patriarchal, meaning that men are accorded power over women and children. Some assume that this power includes the right to beat women and children, and take sexual advantage of them.

- There is a wide-spread belief that men have a biologically driven sexual appetite that demands release, and that child sexual abuse can be justified by ‘the force of men’s nature’.

- There is also a suggestion, not well supported by evidence, that men may rape children as a result of a belief that sex with a virgin can either prevent or cure HIV/AIDS.

- In many African societies, children are considered to be a gift from the ancestors and God. As a consequence, responsibility to nurture children and ensure their wellbeing is shared by a large number of people. This nurturing, however, sometimes includes what other societies would regard as maltreatment, such as scarification and the chopping off of part of a finger. Children conceived outside formalized marriage arrangements—often in relationships with migrant workers—are not necessarily deemed worthy of the same nurturance and protection as that accorded to the father’s children in his rural home. As a consequence, these children may be exposed to sexual exploitation by other men.

- Poverty—regarded as the primary distal cause of high levels of child abuse—is still rife in South Africa. High levels of unemployment result in family stresses which can lead to punitive behaviour towards children, as well as abuse. Unemployment also results in large numbers of men at home and in the community during the day, with time on their hands. Long hours of parental work and long distances to sources of employment leave some children unsupervised for long periods of time. In addition, overcrowding precludes the necessary level of separation of sexually active adults, teenagers and children. Children living in these conditions are thus aware of the sexual activity of adults, and co-sleeping with older children and adults may give rise to circumstances in which sexual abuse can occur. Some researchers claim that adults may vent their frustrations about poverty and joblessness on children, resulting in abuse.
Alcohol and substance abuse results in disinhibition and poor impulse control, and is recognised as common ingredients of child abuse.

The physical and emotional abuse of children is almost always directed at a specific child, distinguished by his or her characteristics, their relationship with the perpetrator, and prevailing social and material circumstances. In contrast, child sexual abuse in South Africa is often opportunistic and non-specific. Although the child is frequently known to the perpetrator, the abuse occurs not because of particular features of the child, but because a specific set of circumstances present themselves, the child is not able to offer resistance to the will and/or strength of the adult, and the risk of exposure is minimised by the obedience of the child and intimidation.

Child abuse and neglect will not be significantly reduced in South Africa without simultaneous improvements in the social and economic conditions in which very large numbers of children live.

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**Child abuse in South Africa linked to HIV infection**

A 2007 Human Sciences Research Council (HSRC) study points to a probable link between child abuse and the incidence of HIV infection among children in South Africa.

The incidence of HIV in the child population aged 2 to 14 years is 0.5%, which translates to 69 000 estimated new infections in the age group. As Richter and Dawes (2008) point out, the immunoassay used in the study detects recent infection, which means that vertical or mother-to-child transmission can, in the main, be excluded as the source of infection. Infection would therefore have occurred through other modes of transmission, potentially including child sexual abuse, scarification practices and health care services—a research topic that needs urgent attention.

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**Shaken baby prevention project in the US**

In North Carolina in the USA, a $7 million state-wide shaken baby prevention project is underway. The program is designed to reach the parents of every baby born each year in North Carolina, with the goal of significantly reducing the number of deaths and serious injuries that occur when frustrated caregivers shake crying babies.

In a baseline survey of parents of children younger than 2 years old in North Carolina, researchers found that more than 2000 of these children are shaken, to a greater or lesser extent, by a caregiver each year, and that serious injuries result for some. However, only about 40 of these children are admitted to a hospital intensive care unit. Of those, 10 die and the other 27 suffer serious long-term health problems such as mental retardation, blindness, or cerebral palsy as a result of the shaking.

The project will share information that all parents can use about normal infant crying and how to manage that crying safely.
Previous research has shown that shaking babies is both common and a leading cause of infant mortality. Nationally, an estimated 1200 to 1400 children a year receive medical treatment after being shaken. An estimated 25 per cent of these children die and 80 per cent of survivors are left with some form of life-long brain injury.

Preliminary, unadjusted data from the baseline survey shows that almost one in 100 parents of children under 2 reported that they or their partner has shaken a child; 1.3 per cent of mothers in the survey reported having seen somebody other than their partner shake a child under 2 within the last year.

The intervention programme—“The Period of PURPLE Crying”—was developed by Dr Ron Barr, a professor of community child health research and a developmental paediatrician at the University of British Columbia, and Marilyn Barr, founder and executive director of the National Center on Shaken Baby Syndrome. The concept was created to help describe the characteristics of crying in healthy infants. “PURPLE” describes normal infant crying—it peaks at 2 months of age and ends at 4 or 5 months, and often earlier; is Unexpected; Resists soothing; the child appears to be in Pain; it is Long lasting (2–5 hours); and occurs more in the Evening. The word “Period” assures parents that this experience of increased, frustrating crying is temporary and eventually does come to an end.

The program includes parent education, in the form of a 10-minute video and an 11-page booklet that parents can share with other caregivers of their baby. The program educates parents and caregivers about the hazards of shaking and gives them alternatives to use when they feel they need a respite from a crying baby, such as handing off the baby to another caregiver or going to another room while leaving the baby in its crib with the rails up for periods of no longer than 15 minutes.


Effects of childhood abuse last a lifetime

Child abuse survivors are almost two and a half times as likely to have poor mental health outcomes and four times more likely to be unhappy even in much later life, according to research at the University of New South Wales (UNSW), Australia.

Childhood physical and sexual abuse increases the risk of having three or more medical diseases, including cardiovascular events in women. Behavioural health effects include suicidal behaviour, as well as an increased likelihood of smoking, substance abuse, and physical inactivity.

The research also shows a higher prevalence of broken relationships, lower rates of marriage in late life, lower levels of social support, and a slightly increased likelihood of living alone.

A surprise finding is that child abuse survivors are more likely to get a tertiary education.

The study—the largest of its kind into the long-term effects of physical and sexual abuse—assessed 21 000 participants aged over 60 from five Australian states.

The researchers found that the number of people reporting childhood abuse declined in older groups. This could mean that those who were the victim of childhood abuse are at increased risk of early death. It is also possible that childhood abuse was less prevalent in the older cohorts.

The researchers conclude that the effects of childhood abuse appear to last a lifetime, although maturation through life experience may ameliorate its effects in some individuals who are more resilient and cope better under stress.
Childhood maltreatment in patients with somatisation disorder

There is converging evidence indicating a close association between trauma, particularly childhood trauma, and adult somatisation.

A recent study of 28 patients revealed that somatising patients had been exposed to childhood sexual and physical abuse significantly more often than major depressive disorder (MDD) patients. In logistic regression analysis with somatisation disorder as the dependent variable, sexual abuse emerged as the only significant predictor, and the odds of having been sexually abused were nine-fold higher in patients with somatisation disorders, relative to MDD subjects. There were no differences between somatising and depressed participants with respect to other types of maltreatment.

Indications of a link between adult somatisation and childhood trauma come mainly from three sources. First, traumatized individuals have been found to show more somatisation and endorse more medically unexplained symptoms than non-traumatized subjects. This seems to be particularly true for those with a history of childhood trauma and those who meet diagnostic criteria for post-traumatic stress disorder (PTSD). Secondly, in medical patients from primary care settings, trauma, PTSD and somatisation were closely linked. Similarly, patients with a variety of unexplained symptoms including chronic pain have frequently experienced childhood maltreatment. The same holds true for patients suffering from syndromes with ill-defined pathological mechanisms such as irritable bowel syndrome or fibromyalgia. Thirdly, childhood trauma has often been observed in mental disorders characterized by somatisation, that is, the somatoform disorders. Specifically, child abuse and neglect have been associated with both hypochondriasis and conversion disorders including pseudo-seizures.

While the association between early adverse life experiences and later somatisation has been well established, the underlying mechanisms are poorly understood. Recently it has been suggested that emotional arousal and insecure attachment, which can both arise from childhood maltreatment, may have a mediating function in the causal chain from childhood trauma to adult somatisation.


Child abuse is associated with adult depression and heart disease

A history of neglect or abuse in childhood appears to be associated with depression and inflammation in adulthood, a combination that may increase cardiovascular risk.

The study, which involved 1000 New Zealand residents born between 1972 and 1973, shows that people suffering from depression and with a history of childhood maltreatment were more likely to have a high level of inflammation at age 32, as measured by the presence of the chemical high-sensitivity C-reactive protein in the blood. Those with depression but no history of childhood maltreatment did not have this increased risk. The elevated inflammation levels in individuals who were both depressed and maltreated were not explained by correlated risk factors such as depression recurrence, low socio-economic status in childhood or adulthood, poor health, or smoking.

Assessments were carried out every two years between ages 3 and 15, then again at ages 18, 21, 26 and 32. Childhood maltreatment—including rejection by a child’s mother, harsh discipline, physical or...
sexual abuse or disruptive changes in caregivers—was identified through parental reports during childhood years, objective observations of behaviour, and participants’ own reports once they reached adulthood. At age 32, participants underwent physical examinations as well as clinical interviews to diagnose depression.


Optimism helps protect adults against the distress of childhood trauma

Optimistic people cope better with the distress caused by childhood traumatic events, including child physical abuse, emotional abuse, and sexual abuse.

A study involving 199 undergraduate and graduate students, aged between 18 and 63 years, showed that in people who had experienced physical and emotional abuse as children, higher levels of optimism was associated with lower levels of distress.


Gene variants protect against adult depression triggered by childhood abuse

Certain variations in a gene that helps regulate response to stress tend to protect adults who were abused in childhood from developing depression. Adults who had been abused but did not have the variations in the gene had twice the symptoms of moderate to severe depression, compared to those with the protective variations.

The study also supports previous evidence that a stress hormone, corticotropin-releasing hormone (CRH), plays a role in depression. The variations are in a gene that makes a receptor for the hormone. Receptors are proteins that act as binding sites, in or on cells, for chemical messengers that affect cell function. The receptor for CRH is called CRHR1.

CRH and its receptor are part of a larger hormone system that regulates the response to stress, in part by helping to regulate neurotransmission—the chemical messages through which brain cells communicate with each other. Extreme stress in childhood caused by factors such as abuse can hyper-activate the system, increasing the risk of depression in adulthood.

Scientists interviewed 422 adults, mostly African American, and tested their DNA. About one-third of them had the variations in the CRHR1 gene that appear to be somewhat protective if early-life stress has occurred. Of the people in the study who had a history of child abuse, those with certain variations had only about half the symptoms of moderate to severe depression as those who had more common variations in the same gene.

The finding was strengthened when the researchers repeated the study in 199 white adults and came up with similar results. In addition to racial differences, the two groups differed socio-economically. The
combined findings suggest that the gene variations are protective across ethnic groups and socio-economic levels.

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Siblings of child abuse victims often forced to collude in abuse

In many cases, when abusive parents with multiple children target just one child for emotional or physical cruelty (usually called the “scapegoated child”), authorities often remove the abused child from the home and return the non-abused siblings. But brothers and sisters of abused children can suffer lifelong emotional scars from helping parents conceal the abuse or, in extreme cases, from being forced to participate in torturing their siblings.

While psychologists have studied the emotional damage of untreated abuse victims, scant attention has been paid to their siblings. Many of these children survive by becoming callous to the suffering or even torture of their brothers and sisters. Those children require therapy, but most often do not get it.

Deliberately depriving children of the chance to love a brother or a sister is emotionally abusive. The message to these siblings is that it is not safe to identify with their brother or sister.

The study chronicles how parents can force siblings to become either emotionally numb or hostile toward the abuse victim.

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In one case, Francine (not her real name), a first-grader, was locked in a nine-square-foot closet for eight weeks. She was fed only cereal, water and bread. She could not lie down except in a very cramped position. The abuse of Francine escalated into beatings with a wire antenna, and the other children were encouraged to harm their sister.

When the therapist spoke to members of the family, the children agreed that John, the brother who had once taken pity on Francine and released her briefly, was the mother’s chief assistant in tormenting his sister.

In the vast majority of cases, brothers and sisters of the abused child are returned to the home without treatment. In cases such as this, Francine would be treated, and John would be ignored.

Untreated, John may suffer an “empathy deficit,” the inability to feel empathy for the targeted child and possibly others, a hallmark characteristic of both abuse victims and perpetrators.

The study offers a guide to identifying cases in which siblings of scapegoated children are at risk, and urges therapists to identify and treat these collateral victims. The authors also urge researchers to
investigate whether the psychic damage to siblings plays out in the dysfunctional lives common to untreated abuse victims.


**PSYCHLITs: ON THE PSYCH RADAR**

**Transcendental Meditation helps lower blood pressure**

Transcendental Meditation is effective in controlling high blood pressure. A meta-analysis of nine randomized, controlled trials using Transcendental Meditation as a primary intervention for hypertensive patients showed that the practice of this form of meditation is associated with approximate reductions of 4.7 mm systolic blood pressure and 3.2 mm diastolic blood pressure. These results reinforce an earlier study that found Transcendental Meditation produces a statistically significant reduction in high blood pressure not found with other forms of relaxation, meditation, biofeedback or stress management.


**Prevalence of mild cognitive impairment without dementia in the USA**

In 2002, an estimated 5.4 million people (22.2%) in the USA aged 71 years or older had cognitive impairment without dementia. The study, undertaken to estimate the frequency of mild cognitive impairment among older adults in the USA, involved 856 people and ran from 2001 to 2005. Annually, about 8% of those who had cognitive impairment without dementia died and about 12% progressed to dementia. However, during the same time period, about 20% reverted back to normal cognition. It is possible that some of the people who reverted back to normal just did not do well on the initial tests. About 24% of the participants had chronic health problems such as diabetes or heart disease that may have been the cause of their cognitive impairment. The authors also point out that only about one half of the sampled older persons completed their initial assessments.


Babies light up the adult brain

Ever wonder why adults tend to go ga-ga when they see a baby? Magnetoencephalography reveals that a baby's face lights up a specific region of the adult brain associated with reward. This “Christmas tree” effect does not occur when adults look at another adult face, suggesting that there is a neural basis for the protective, nurturing feelings triggered by babies. The researchers believe that the findings could also shed some light on postnatal depression, which affects some 13 per cent of new mothers.


Ginkgo biloba may not preserve memory in the elderly

Ginkgo biloba, the popular herbal supplement widely promoted as a memory enhancer, offered no clear-cut protection against memory loss in octogenarians, according to a recent study. During the three-year study, seven participants had transient ischemic attacks (or mini-strokes) or stroke, although the exact cause of these events is not known. The study revealed that Ginkgo prevented memory decline, but the differences compared with placebo were not statistically significant. A secondary analysis taking into account the level of medication adherence showed that those who actually remembered to take the extract on a regular basis did show some benefit, with a 70 per cent lower risk of developing mild memory problems than those taking placebo.

Ginkgo biloba is believed to have antioxidant and anti-inflammatory properties, protecting cell membranes and helping govern the workings of the brain's chemical messengers, or neurotransmitters. Some studies have found that the herb may help some people with Alzheimer's disease.


Umbilical cord blood injections aid aging brains

Scientists at the University of Florida in the USA report that the injection of human umbilical cord blood cells (UCBC) boosted the brains of aged lab rats. The injections led to improvements in the micro-environment of the hippocampus region of the rats' brains and subsequent rejuvenation of neural stem/progenitor cells. Cell proliferation increased within 24 hours and continued for at least 15 days. The findings suggest that it may be possible to use cell therapy to revitalize and improve function in aging brains. Inflammation is a potent stressor of stem cell proliferation. The study suggests that UCBCs can reduce neuro-inflammation.


Roadside advertising negatively impacts driver reaction times

Road safety could be improved if there was a reduction in the amount of advertising and signage drivers are exposed to on the road. A study into the effects of visual distractions on driver reaction times found
that too much visual information has an effect on reaction times—the more distractions there are, the slower the reaction times of the driver.


Blood test for Parkinson’s

A blood test that profiles molecular biomarkers in blood could become the first accurate diagnostic test for Parkinson’s disease. The screen relies on changes in dozens of small molecules in serum. These “metabolomic” alterations form a unique pattern in people with Parkinson’s disease. At present, diagnosis of the disease relies on a symptom-based screen, which is only 90 per cent accurate. A blood test would ensure that no patients are incorrectly diagnosed with Parkinson’s disease; would help track the health of patients who may be at higher risk for Parkinson’s, such as those with a family history of the disease; and ensure the integrity of clinical trials, which is undermined by the lack of an accurate screen. Patients incorrectly diagnosed with Parkinson’s bring ‘noise’ into the analysis, thus skewing the results.


Three-quarters of children adopted from abroad do well

Children who are adopted from abroad eventually adjust to their new lives and do well, although up to a quarter of the children experience some persistent problems following their adoption. Investigators looked at 180 children and teenagers who had been adopted in Ireland from countries such as Romania, Russia, China, Vietnam and Ukraine. The children, now aged two to 17 years, had been, on average, around one and a half years old when they had been adopted. Half of the children displayed levels of difficulty immediately following their adoption such as feeding, sleeping and sensory problems. Many of these problems were short-lived and lessened over time, but there were a number of persistent problems, such as language and attention difficulties. One quarter of the children had ongoing problems with distractibility and hyperactivity, and one in 10 had ongoing attachment difficulties. Children who were adopted after 18 months of age and who had spent longer times in institutions displayed greater problems.


Metabolic syndrome may be a risk factor for depression

Metabolic syndrome may be a predisposing factor for the development of depression. Researchers followed a large group of middle-aged men and women living in central Finland for seven years. At baseline in 1998, the investigators assessed depressive symptoms using the Beck Depression Inventory. They also assessed the presence of metabolic syndrome in the subjects. Non-depressed subjects at baseline with metabolic syndrome were twice as likely as subjects without metabolic syndrome to have symptoms of depression at follow-up seven years later, with an odds ratio of 2.2 for both sexes. The increasing incidence of metabolic syndrome suggests that the incidence of depression may rise accordingly.
Exercise helps smokers quit

People trying to give up smoking can reduce their cravings by doing brief bouts of exercise, such as taking regular brisk walks whenever they feel the urge to smoke. The study explored affect (for example, how energetic or tired a person feels) as one possible underlying mechanism for beating cravings, as it has been shown to improve in non-smokers following exercise. The study did not find that changes in affect were responsible for changes in cravings following a bout of exercise. However, the researchers suggest smokers experiencing withdrawal possibly react differently to a bout of exercise in comparison to non-smokers. Exercise of all intensities was found to have an effect on levels of craving.

Molecular changes with bipolar disorder identified

Researchers using 1H NMR spectroscopy to examine post-mortem brain tissue from patients with a history of bipolar disorder identified several molecular changes associated with the condition. They compared the NMR spectroscopic findings with the brain changes seen in rats treated with mood stabilizers. Glutamate levels were elevated in the post-mortem brain tissue. In the animal study, treatment with valproate seemed to decrease the glutamate/glutamine ratio, while lithium therapy increased GABA levels. Taken together, these findings suggest that the balance of excitatory and inhibitory neurotransmission plays a key role in the pathophysiology of bipolar disorder. Other findings included elevated brain levels of creatine and myo-inositol, which appeared to decrease with mood stabilizer therapy. Neither valproate nor lithium seemed to influence levels of N-acetyl aspartate, an important marker of neuron viability.

Alcoholism associated with decrease in brain’s reward circuitry

Alcoholism is associated with decreased volume of the brain’s reward-related structures. Volume reduction was most pronounced in the right dorsolateral-prefrontal cortex, right anterior insula, and right nucleus accumbens septi (NAc), as well as left amygdala. In alcoholics, abstinence increased NAc and anterior insula volumes, while total reward-network and amygdala volumes correlated positively with memory scores.
Road accidents caused by risk taking and inattention

Road traffic accidents among one of the main groups on the road—those who drive for a living—are caused by deliberate risk-taking and inattention, according to a newly developed British system. Psychologists used the driver risk assessment package Roadmarque© system to measure the risk factors in occupational drivers and provide specific awareness training. A total of 443 occupational drivers from four main groups - delivery drivers, heavy goods delivery drivers, occasional, and sales representatives took part in the study. Sensation seeking and venting emerged to be the most important causes of a variety of self-reported traffic offences and violations.


PSYCH–POINTER S...

... to relevant articles

The multiple meanings of violence: children's talk about life in a South African neighbourhood

Drawing on data from an empirical study of children's engagements with violence in South Africa, this article explores children's talk about violence in their neighbourhood. Violence entered into children's daily lives in many forms, repelling and disempowering them. At the same time, violence could attract, when it was understood as a form of capital or a source of control. As children tried to negotiate subject positions in relation to violence, they experienced conflicts and tensions; in managing these tensions, they both resisted and perpetuated violent beliefs and practices. The article concludes by considering the implications for the well-being of young people, and by suggesting ways in which programmes and interventions might support children's resistance to violence. [Abstract taken from URL given below.]


Little Hans: a centennial review and reconsideration—H.P. Blum

Freud's “Analysis of a Phobia in a Five-year-old Boy” (1909) has stimulated innumerable “reanalysis.” The case of Little Hans, an unprecedented experimental child analytic treatment, is re-examined in the light of newer theory and newly derestricted documents. The understanding of the complex over-determination of Hans's phobia was not possible in the heroic age of psychoanalysis. Current analytic thought, as well as distance de-idealization vis-à-vis the pioneering past, has potentiated a reformation of the case. The severe disturbance of his mother had an adverse impact on Little Hans and his family. Her abuse of Hans's infant sister has been overlooked by generations of analysts. Trauma, child abuse, parental strife, and the pre-oedipal mother–child relationship emerge as important issues that intensified Hans's pathogenic oedipal conflicts and trauma. With limited, yet remarkable help from his father and Freud, Little Hans nevertheless had the ego strength and resilience to resolve his phobia, resume progressive development, and forge a successful creative career. [Abstract taken from URL given below.]

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Trauma and abuse in the case of Little Hans: a contemporary perspective

Newly available interviews with Max and Herbert Graf describe the severe pathology of Little Hans's mother and her mistreatment of her husband and her daughter, who committed suicide as an adult. Reread in this context, the text of “A Phobia in a Five-year-old Boy” provides ample evidence of Frau Graf's sexual seduction and emotional manipulation of her son, which exacerbated his age-expected castration and separation anxiety, and her beating of her infant daughter. The boy's phobic symptoms can therefore be deconstructed not only as the expression of oedipal fantasy, but as a communication of the traumatic abuse occurring in the home. Through subliminal, indeed unconscious, injunctions conveyed in abusive behaviour, parents can confirm the child's worst imaginings and immature views of the world and thereby render the child's oedipal conflicts and fantasies pathogenic. [Abstract taken from URL given below.]

DRUGS & MEDICATION

ADHD drugs do not raise the risk for substance abuse

Children with ADHD who are taking psycho-stimulants are no more likely than their peers to abuse drugs and alcohol as young adults.

Past research looking for a link between ADHD medications and substance abuse has produced conflicting conclusions. However, those studies had some methodological limitations, and not all of them followed their samples well into late adolescence and early adulthood.

The new study followed the research subjects up to a median age of 22, included an assessment for psychiatric problems such as conduct disorder that are associated with substance abuse, and applied rigorous methods to accurately analyze data. The study found no relationship between having ever received stimulant treatment and the risk of future alcohol or other substance abuse. The age at which stimulant treatment began and how long it continued also had no impact on substance use.


Controversy over the efficacy of anti-depressants—response from SASOP

Extracts from the statement by SASOP regarding the matter “antidepressants don't work”

See PsychDigest vol. 1, no. 12 (April 2008), for the original story on the meta-analysis of clinical trials.

Sky News interviewed Professor Irving Kirsch, who is a professor of psychology. His study, led by the University of Hull team, and published in the Public Library of Science, meta-analyzed all the data submitted to the food and drug administration (FDA) for the registration of 4 of the most widely prescribed anti-depressants. The researchers used the U.S. Freedom of Information Act to obtain the data from 47 clinical trials, including previously unpublished figures.

The article alleges that drugs had no clinical effect on mildly or moderately depressed patients, as the improvement in depression amongst the patients getting the trial drug was no better than those getting a dummy pill. They also allege that benefits were seen in only a small group of patients who were the most extremely depressed.

The South African Society of Psychiatrists (SASOP) would like to indicate that this information has already been known for many years. International guidelines do recommend psychotherapy for mild to possibly moderate depression. However, in cases of moderate to severe depression an anti-depressant is added to the comprehensive regime. To make blanket statements like “sugar pills are as effective as Prozac” or that “anti-depressants don’t work” (Sky News.com) is irresponsible reporting. A balanced report should have included interviews from psychiatrists either from the Royal College of Psychiatrists or The World Psychiatric Association. It should also be noted that Professor Kirsch is a professor of psychology. Psychiatrists are medical specialists with extensive training in psychopharmacology and psychotherapy.

In the medical journal Prevention & Treatment, Donald F. Klein, a highly respected, internationally known psychiatrist, responds by commenting that Kirsch’s work derives its information from a miniscule group of unrepresentative, inconsistently, and erroneously selected articles and is arbitrarily analysed by obscure, misleading “effect size”. Further, he stated that there are numerous problems with the meta-analytical approach.

Kirsch and his co-workers have failed to acknowledge the very positive benefits anti-depressants have provided to patients and their families, and they are at odds with what has been seen in actual clinical practice. This analysis has only examined a small subset of the total data available, while regulatory bodies around the world have conducted extensive reviews and evaluations of all the data available.

The article by Professor Kirsch is also misleading in that he does not define exactly what he means by mild, moderate and severe depression. Interpretation of the HAM-D rating scale for depression is that scores of 7 and less indicate no depression, 8 to 17 is mild depression, 18 to 27 is moderate depression, 28 to 37 is severe depression and >37 is very severe depression. The diagnosis of mild depression is often confused with an adjustment disorder diagnosis. The treatment of adjustment disorder and mild depression is psychotherapy. Psychiatrists discourage the use of “pill popping” and in fact recommend anti-depressants for moderate, severe and very severe depression in conjunction with psychotherapy. Also if one looks at Professor Kirsch’s study, one has to interpret his findings with caution in that if you are studying people who have mild depression, the percentage improvement in terms of the lowering of the HAM-D rating scale scores will be much smaller compared to those who have very severe depression. Therefore one has to compare “apples with apples”.

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CONFERENCES & EVENTS

Catching The Winds Of Change 2 Conference—Inviting Dialogue Among Leading Therapy Approaches

10–13 June 2008
Halifax, Nova Scotia
Sponsored by BRIDGES, a domestic violence counselling research and training institute, the Brief Therapy Training Centres—International, and the Brief Therapy Network
Email: info@windsofchange2.ca
Or visit http://www.windsofchange2.ca for more information.

The conference will address the interdisciplinary practices across Cognitive Behaviour Therapy, Brief / Narrative Therapy, Interpersonal Therapy, and Solution Focused Therapy, as well as areas of similarity at the intersecting points of these therapeutic perspectives. These approaches will be focused on the topic areas of anxiety/depression, addiction, and trauma/violence.

XXIX International Congress of Psychology

20–25 July 2008
Berlin, Germany
Contact: Barbara Schauenburg, Department of Psychology, Humboldt-University Berlin, Wolfgang Köhler-Haus, Rudower Chaussee 18, 12489 Berlin, Germany
tel: +49-30-2093 9392; fax: fax: +49-30-2093 4910
Email: info@icp2008.org
Or visit http://www.icp2008.org/ to register or for more information

Course: Psychiatric Genomics: Applications for Clinical Practice

11–15 August 2008
Mayo Clinic Campus, Rochester, MN, USA
Contact: Vicki Klein, Mayo Clinic, 200 1 Street SW, Rochester, MN 55905
tel: +1 507-284-2509, fax: +1 507-284-0532
Email: cme@mayo.edu
Website: http://www.may.edu/cme

This course offers a broad array of lecture topics beginning with a review of basic genomics and progressing to clinical applications. It is designed for individuals with an interest in understanding the ways in which genes not only affect mental illness, but impact disease course and prognosis. Pharmacogenetic principles that guide the treatment of psychiatric illness will be specifically highlighted.