

Newsletter Title??

Willamette University Psychology Department Quarterly Newsletter

From the Chair

Hi again,

Well, we have made it to the second issue of our newsletter. Many said it couldn't be done, but we did it! Unfortunately, we did not get a great response for our request to name the newsletter. Therefore, we'll give it one more shot. So far, the suggestions have been "It's all in your head," and "So, tell me about your mother." If you like either of these, please email me (medelson) and cast your vote. If we don't agree with you, we'll recount your votes until we get the outcome we want. If you don't like either of these, please email me your suggestions. Remember, a gift certificate to the Bistro is on the line!

Since our last newsletter, much has happened in the department. Many of our seniors are just about finished with their internships, our juniors had a mass advising session where we've prodded them into

thinking about life after Willamette, and many of our sophomores have nearly made it through Research Methods and Analysis I (see, it's not so bad!). Nancy Norton's office sponsored a presentation "*What I did with a major in Psychology...*" which was attended by a sampling of our majors. Registration has taken place, and hopefully you have received the courses you want. Psych Department faculty are scurrying around grading papers, exams and frantically running Introductory Psychology research participants. We must be close to the end of the semester!

In our last issue of the newsletter, we mentioned that there will be a study break sponsored by the Psych department. This will take place on dead day, **Wednesday, December 13th from 3:00 p.m. to 4:30 p.m.** in

the alcove area outside of the offices of Professors McBride, Solomon, Palmer and myself. We will have cookies and punch and lively conversation to provide you with a well-deserved diversion from studying for a bit. Please stop by and chat, eat and unwind with those nutty professors in Psychology!

As always, please feel free to let me know if you have any concerns within the department or if you ever have any feedback (good or bad) which you want to share. I hope the end of your semester goes well, and we look forward to seeing you hopefully at the Study Break!

Sincerely,

Meredy Goldberg Edelson
Associate Professor and
Chair of Psychology

December 2000

Volume 1, Issue 2

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Mark Your Calendar

Mark your calendars for these upcoming events...

Wednesday, December 13th

Study Break sponsored by the Psychology Department during Finals Week, 3:00 p.m. to

4:30 p.m. Psychology Alcove, 2nd floor, Smullin Hall.

Late December

Mass collapse of students and faculty at end of term!!

2001

Monday, January 15th

Classes begin!!

Tuesday, February 1st

Founder's Day (Willamette's 159th Anniversary!)



Have a great break,
everyone!!

And now, we are reprinting an article spoofing the way in which psychologist conceptualize behavior disorders. Some of you may have already read this, but for those of you have not, read carefully; there is humor everywhere (even in the reference section!).

The Etiology of Childhood^{1,2}

By Jordan W. Smoller

CHILDHOOD IS A SYNDROME which has only recently begun to receive serious attention from clinicians. The syndrome itself, however, is not at all recent. As early as the eighth century, the Persian historian Kidnom made reference to “short, noisy creatures,” who may well have been what we now call “children.” The treatment of children, however was unknown until this century, when so-called “child psychologists” and “child psychiatrists” became common. Despite this history of clinical neglect, it has been estimated that well over half of all Americans alive today have experienced childhood directly (Suess, 1983). In fact, the actual numbers are probably much higher, since these data are based on self-reports which may be subject to social desirability biases and retrospective distortion.

The growing acceptance of childhood as a distinct phenomenon is reflected in the proposed inclusion of the syndrome in the upcoming *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* or *DSM-IV*, of the American Psychiatric Association (1985). Clinicians are still in disagreement about the significant clinical features of childhood, but the proposed DSM-IV will almost certainly include the following core features:

1. Congenital onset
2. Dwarfism
3. Emotional lability and immaturity
4. Knowledge deficits
5. Legume anorexia

Clinical Features of Childhood

Although the focus of this paper is on the efficacy of conventional treatment of childhood, the five clinical markers mentioned above merit further discussion for those unfamiliar with this patient population.

Congenital onset

In one of the few existing literature reviews on childhood, Temple-Black (1982) has noted that childhood is almost always present at birth, although it may go undetected for years or even remain subclinical indefinitely. This observation has led some investigators to speculate on a biological contribution to childhood. As one psychologist has put it, “we may soon be in a position to distinguish organic child-

hood from functional childhood” (Rogers, 1979).

Dwarfism

This is certainly the most familiar clinical marker of childhood. It is widely known that children are physically short relative to the population at large. Indeed, common clinical wisdom suggests that the treatment of the so-called “small child” (or “tot”) is particularly difficult. These children are known to exhibit infantile behavior and display a startling lack of insight (Tom and Jerry, 1967).

Emotional Lability and Immaturity

This aspect of childhood is often the only basis for a clinician’s diagnosis. As a result, many otherwise normal adults are misdiagnosed as children and must suffer the unnecessary social stigma of being labeled a “child” by professionals and friends alike.

Knowledge Deficits

While many children have IQ’s within or even above the norm, almost all will manifest knowledge deficits. Anyone who has known a real child has experienced the frustration of trying to discuss any topic that requires some general knowledge. Children seem to have little knowledge about the world they live in. Politics, art and science—children are largely ignorant of these. Perhaps it is because of this ignorance, but the sad fact is that most children have few friends who are not, themselves, children.

Causes of Childhood

Now that we know what it is, what can we say about the causes of childhood? Recent years have seen a flurry of theory and speculation from a number of perspectives. Some of the most prominent are reviewed below.

Sociological Model

Emile Durkand was perhaps the first to speculate about sociological causes of childhood. He points out two key observations about children: 1) the vast majority of children are unemployed, and 2) children represent one of the least educated segments of our society. In fact, it has been estimated that less than 20% of children have had more than a fourth grade education.

Clearly, children are “out-group.” Because of their intellectual handicap, children are even denied the right to vote. From the sociologist’s perspective, treatment should be aimed at helping assimilate children into mainstream society. Unfortunately, some victims are so incapacitated by their childhood that they are simply not competent to work. One promising rehabilitation program (Spanky and Alfalfa, 1978) has

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¹ The author would like to thank all the little people.

² This research was funded in part by a grant from Bazooka Gum.

trained victims of severe childhood to sell lemonade.

Biological Model

The observation that childhood is usually present from birth has led some to speculate on a biological contribution. An early investigation by Flintstone and Jetson (1939) indicated that childhood runs in families. Their survey of over 8,000 American families revealed that over half contained more than one child. Further investigation revealed that even most non-child family members had experienced childhood at some point. Cross-cultural studies (e.g., Mowgli and Din, 1950) indicate that familial childhood is even more prevalent in the Far East. For example, in Indian and Chinese families, as many as three out of four family members may have childhood.

Impressive evidence of a genetic component of childhood comes from a large scale twin study by Brady and Partridge (1972). These authors studied over 106 pairs of twins, looking at concordance rates for childhood. Among identical or monozygotic twins, concordance was unusually high (.92), i.e., when one twin was diagnosed with childhood, the other twin was almost always a child as well.

Psychological Models

A considerable number of psychologically-based theories of the development of childhood exist. They are too numerous to review here. Among the more familiar models are Seligman's "learned childishness" model. According to this model, individuals who are treated like children eventually give up and become children. As a counterpoint to such theories, some experts have claimed that childhood does not really exist. Szasz (1980) has called "childhood" an expedient label. In seeking conformity, we handicap those whom we find unruly or too short to deal with by labeling them "children."

Treatment of Childhood

Efforts to treat childhood are as old as the syndrome itself. Only in modern times, however, have humane and systematic treatment protocols been applied. In part, this increased attention to the problem may be due to the sheer number of individuals suffering from childhood. Government studies (DHHS) reveal that there are more children alive today than at any time in our history. To paraphrase P.T. Barnum: "There's a child born every minute."

The overwhelming number of children has made government intervention inevitable. The 19th century saw the institution of what remains the largest single program for the treatment of childhood—so-called "public schools." Under this colossal program, individuals are placed into treatment groups based on the severity of their conditions. For example, those most severely afflicted may be placed in a "kindergarten" program. Patients at this level are typically short, unruly, emotionally immature and intellectually deficient. Given this type of individual, therapy is of necessity very basic. The strategy is essentially one of patient management and of helping the child master basic skills (e.g., finger

painting).

Unfortunately, the "school" system has been largely ineffective. Not only is the program a massive tax burden, but it has failed even to slow down the rising incidence of childhood.

Faced with this failure and the growing epidemic of childhood, mental health professionals are devoting increasing attention to the treatment of childhood. Given a theoretical framework by Freud's landmark treatises on childhood, child psychiatrists and psychologists claimed great successes in their clinical interventions.

By the 1950's, however, the clinicians' optimism has waned. Even after years of costly analysis, many victims remained children. The following case (taken from Gumbie and Pokey, 1957) is typical.

Billy J., age eight, was brought to treatment by his parents. Billy's affliction was painfully obvious. He stood only 4'3" high and weighed a scant 70 pounds, despite the fact that he ate voraciously. Billy presented a variety of troubling symptoms. His voice was notably high for a man. He displayed legume anorexia and, according to his parents, often refused to bathe. His intellectual functioning was also below normal— he had little general knowledge and could barely write a structured sentence. Social skills were also deficient. He often spoke inappropriately and exhibited "whining behavior." His sexual experience was non-existent. Indeed, Billy considered women "icky."

His parents reported that his condition had been present from birth, improving gradually after he was placed in school at age five. The diagnosis was "primary childhood." After years of painstaking treatment Billy improved gradually. At age 11, his height and weight have increased, his social skills are broader and he is now functional enough to hold down a "paper route."

After years of this kind of frustration, startling new evidence has come to light which suggests that the prognosis in cases of childhood may not be all gloom. A critical review by Fudd (1972) noted that studies of the childhood syndrome tend to lack careful follow-up. Acting on this observation, Moe, Larrie and Kirly (1974) began a large-scale longitudinal study. These investigators studied two groups. The first group comprised 34 children currently engaged in a long-term conventional treatment program. The second was a group of 42 children receiving no treatment. All subjects had been diagnosed as children at least four years previously, with a mean duration of childhood of 6.4 years.

At the end of one year, the results confirmed the clinical wisdom that childhood is a refractory disorder - virtually all symptoms persisted and the treatment group was only slightly better off than the controls.

The results, however, of a careful 10-year follow up were startling. The investigators (Moe, Larrie, Kirley and Shemp, 1984) assessed the original cohort on a variety of measures. General knowledge and emotional maturity were assessed

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with standard measures. Height was assessed by the “metric system” (see Ruler, 1923), and legume appetite by the Vegetable Appetite Test (VAT) designed by Popeye (1968). Moe et al. found that subjects improved uniformly on all measures. Indeed, in most cases, the subjects appeared to be symptom-free. Moe et al. report a spontaneous remission rate of 95 percent, a finding which is certain to revolutionize the clinical approach to childhood.

The recent results suggest that the prognosis for victims of childhood may not be so bad as we have feared. We must not, however, become too complacent. Despite its apparently high spontaneous remission rate, childhood remains one of the most serious and rapidly growing disorders facing mental health professionals today. And, beyond the psychological pain it brings, childhood has recently been linked to a number of physical disorders. Twenty years ago, Howdi, Doody, and Beauzeau (1965) demonstrated a six-fold increased risk of chicken pox, measles and mumps among children as compared with normal controls. Later, Barby and Kenn (1971) linked childhood to an elevated risk of accidents—compared with normal adults, victims of childhood were much more likely to scrape their knees, lose their teeth, and fall off their bikes.

Clearly, much more research is needed before we can give any real hope to the millions of victims wracked by this insidious disorder.

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Mentors Needed

The Confederated Tribes of the Grand Ronde Community of Oregon are looking for mentors for children who have been placed in the care and custody of the Grand Ronde Indian Child Welfare Department. The mentor program is designed to provide at risk youth with a relationship that will help to foster healthy lifestyle choices. Mentors are asked to make a 6 month commitment to the program and spend 4 to 6 hours per week with a child.

Each mentor must complete a criminal background check and must have a safe driving record and show proof of a valid drivers license with insurance in order to transport children. Mentors must sign confidentiality agreements and receive a Mentor Certificate from the ICW Program. Other requirements include good interpersonal communication skills and skills working with at-risk children. Mentors must promote safe and healthy lifestyles and display appropriate behavior in the presence of children at all times, as well as, refrain from the use of alcohol and/or drugs while participating as a mentor. Preference will be given to American Indians that apply to the program.

Applications may be picked up in Smullin 321. For more information please call Kristi Petite or Shelia Danzuka at 503/879.2034.

Did You Know (continued from page 5)

One last caveat. The research in Cognitive Psychology does not suggest that using stereotypes is a good thing. As we mentioned above, in many instances the information provided by stereotypes is inaccurate. Rather, the challenge for Cognitive Psychologists has been to see why people might find stereotypes useful even when they are often inaccurate.

Did you know? by Karen Solomon

A stereotype is a structure in memory that contains knowledge, beliefs and expectations about a group of people. Stereotypes are often inaccurate because they are made up of broad generalizations that rarely apply to all individuals within a group. Why do people rely on stereotypes if they are often inaccurate? To understand why people use stereotypes, it is important to examine when stereotypes are useful. Research in Cognitive Psychology suggests that stereotypes serve several different cognitive functions.

From a cognitive perspective, stereotypes may be beneficial because they can improve cognitive efficiency. Research has shown that individuals tend to use stereotypes when their cognitive resources are depleted in some way. For example, when people are tired or distracted, they are more likely to use stereotypes. Thus, using stereotypes preserves resources that

can be used for other more pressing cognitive tasks.

Stereotypes may also be beneficial because they allow a person to make predictions about how someone might behave. For example, if you want to make a good first impression with your boyfriend/girlfriend's father, you may not want to volunteer that you are a member of the Green Party if your boyfriend/girlfriend's father has just returned from playing a round of golf at the local country club. Hence, stereotypes can help to guide your behavior in social situations.

In addition, stereotypes help to organize our world, and tell us when things may be unusual or amiss. Interestingly, if we are not distracted or under time pressure, we seem to pay special attention to information that contradicts our stereotypes, signaling that maybe we need to change our

stereotypes. For example, after learning that your boyfriend/girlfriend's father just returned from playing golf, you might pay particular attention when he mentions that he is the president of the local chapter of the ACLU.

Stereotypes may even improve our ability to recognize faces. Research conducted in my lab suggests that assigning a stereotypical category label to a face may help to later recognize that face. A stereotypical label seems to be the most beneficial when the face is of another race. For example, both Caucasian and Asian participants remembered faces of African American males who were labeled as basketball players better than African American males who were labeled as tennis players. Interestingly, the labels did not seem to help African American participants remember other African Americans.

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And now a word from Psi Chi...

Psi Chi (the National Honor Society for Psychology Majors and Minors) will be inducting new members during the first few weeks of Spring term. To be included in next term's inductions, applications must be turned in to Smullin 321 or mailed to Campus Mailbox D-214 by December 15th.

Psi Chi is also recruiting officers for Spring 2001 and the 2001-2002 school year. If you are interested, please note this on your application or contact Travis Harrison (tharriso@earthlink.net).



Join us for a Study Break!

Wednesday, December 13th in
the Psychology Alcove, 2nd
Floor Smullin Hall from
3:00 - 4:30 pm

Internships & Opportunities

RAMAPO ANCHORAGE CAMP:

Ramapo Anchorage Camp is a specialized residential summer camp serving children, age preschool through 15, with a wide range of emotional and learning problems. Supervision, training and on-site college fieldwork courses are available. Ramapo Anchorage is also an approved agency of the Federal Work Study Program. Positions are available for ten weeks, from mid-June to through August. Counselors receive salary, room and board and travel reimbursement. For

more information please call or write:

Ramapo Anchorage Camp
P. O Box 266
Rhinebeck, New York 12572
845/876.8403

www.ramapoanchorage.org

APA SUMMER SCIENCE INSTITUTE:

Limited to 32 promising undergraduates per year this week-long all expenses paid program focuses on psychological science and will provide hands on lab experience and valuable career infor-

mation. This year's program runs from June 23rd to July 1st and will be hosted by the Psychology Department at the University of Colorado, Boulder. Application forms are available electronically at: www.apa.org/science/ssi.html. **Application deadline is February 6, 2001.** For questions or further information please contact Dr. Nancy Dess at 202/336.5925 or by email at: ndess@apa.org.

Willamette University Psychology Department Quarterly Newsletter

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WHEN PSYCH PROFESSORS NEED A BREAK...

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**Note: Sue Koger and Mary Ann
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