We've Got Issues

Willamette University Psychology Department Quarterly Newsletter

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Inside this issue:

From the Chair

As many of you know, Professor Mary Ann Youngren retired in May of 2002 after many years of service to the university. Professor Youngren touched so many lives over her years here, and she leaves "mighty big shoes" to fill. The Psychology Department has been working hard this year to recruit a new, permanent faculty member to teach Personality and other related courses. Although no one can truly replace Professor Youngren, we are very pleased with the progress of our search. Dr. Anthony (Tony) Hermann has verbally agreed to join us beginning in the Fall of 2003. Tony received his Ph.D. in personality and social psychology from Ohio State University and is currently a visiting assistant professor at Kalamazoo College in Michigan. Many of you might have heard his research presentation during the first day of final exams last term. His research interests are in the area of the self, including work on self-doubt, self-esteem, and self-evaluation. In addition to the Personality courses and seminars in his areas of interest, Dr. Hermann will also join us as an instructor for Psychology 253 and will teach other introductory and upper level courses, including Personnel and Industrial Psychology. We are very excited to hear of his plans to join us, and we look forward to joining you in welcoming him to Willamette next semester. Dr. Hermann will be listed in the pre-registration materials for next term, so please be sure to ask us if you have any questions about the courses he will be offering.

Sincerely,

Jim Friedrich, Ph.D
Professor & Chair

From the Editor *by Meredy Goldberg Edelson*

Hi, everyone and welcome back! If you are keeping track of the newsletter, you may have noticed that Issue 2 of this year's newsletter did not appear last semester. I want to apologize for this and can only cite extreme end-of-the-semester craziness (external not internal!) for my failure to get the newsletter out. Alas, it was only a temporary situation and we're back as good as ever! I hope you enjoy the two remaining newsletters of the year; and when you look back ten years from now at the vast newsletter archive I'm sure you're all keeping, you'll probably just think you misplaced Issue 2 anyway! Thanks for your understanding, and have a good semester.

Mark Your Calendar

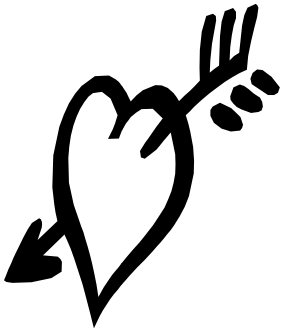
Mark your calendars for these upcoming events...

Friday, February 14th
Valentine's Day!

Monday, March 24th thru Friday, March 28th
NO CLASSES —SPRING BREAK !!

Friday, April 4h
Last day to Withdraw from classes

Tuesday, April 8th
Smullin 222, 6:00 pm
Psychology Senior Assessments



Happy Valentines Day!

Christmas Carols for the Psychiatrically Challenged

Granted, we may be a little late with these, but they were too good not to share...

Schizophrenia–*Do You Hear What I Hear?*

Multiple Personality Disorder–*We Three Queens Disoriented Are*

Dementia–*I Think I'll Be Home For Christmas*

Narcissistic–*Hark The Harold Angels Sing About Me*

Manic–*Deck The Halls And Walls And House And Streets And Stores And Office And Town And Cars And Busses And Trucks And Trees And Fire Hydrants And...*

Paranoid–*Santa Claus Is Coming To Get Me*

Borderline Personality Disorder–*Thoughts Of Roasting On An Open Fire*

Personality Disorder–*You Better Watch Out, I'm Gonna Cry, I'm Gonna Pout, Maybe I'll Tell You Why*

Obsessive Compulsive Disorder–*Jingle Bells, Jingle Bells, Jingle Bells, Jingle Bells, Jingle Bells, Jingle Bells, Jingle Bells, Jingle Bells, Jingle Bells...*

Internships & Opportunities

Arc of Washington Trust Fund:

The Arc of Washington Trust Fund is a fifty year old trust which provides funding to researchers in the field of mental retardation and closely related areas. The Arc Trust Fund is conducting a program of stipends of up to $5000 each which will be awarded in installments during the course of 2003-2004 (beginning July 2003) to upper division and graduate students in schools in the states of Washington, Oregon, Idaho, and Alaska who have a demonstrated interest in the field of mental retardation. For more information and application forms visit the Arc website (www.arcwa.org, select Scholarships). Applications must be received by February 28, 2003.

OPA 2003 Student Research Award:

The Oregon Psychological Association (OPA) is soliciting student papers to be considered for the 2003 OPA Student Research Award. The papers must report quantitative or qualitative research in psychology (critical literature reviews are acceptable). The papers must be written in APA style and be no more than 30 pages in length. Deadline for submission is Friday, April 4, 2003. The student of the winning research paper will receive two nights free lodging at the conference (May 1-3, 2003 at the Hilton Eugene Conference Center in Eugene, Oregon) and one year complimentary student membership in OPA. The award will be presented sometime during the OPA conference (exact date/time TBA). Papers can be submitted to: Oregon Psychological Association, 147 SE 102nd, Portland, Oregon 97216 or via email to: opa@opa.org. For further information or questions please call 800/541.9798.

OPA 2003 Conference Poster Session Presentations:

OPA will be holding a poster session during the Conference's Thursday night reception from 6:30 to 8:00 pm. If you are interested in attending the reception with a poster session, please submit your name, title of poster session, brief description of poster session, and contact information. Poster session applications must be received by March 13, 2003. Applicants will be notified of acceptance by April 4th. Please send applications to the above mentioned addresses.

And Now a Word from Psi Chi...

Psi Chi would like to congratulate our new 13 new members! They are:

Elizabeth Day
Nathan Foster
Jessica Ishihara
Allyson Neary
Monica Peyer
Leslie Radin
Matt Robbins
Rayna Saeki
Karin Sandberg
Heather Schluderman
Abrie Schroeder
Miranda Scolari
Lindsay Washington

Our new members were initiated on December 11th. We look forward to them joining us this semester as full members of Psi Chi..

A humorous look at childhood and the process of clinical diagnosis…

The Etiology & Treatment of Childhood

By Jordon W. Smoller—University of Pennsylvania

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 8th century, the Persian historian Kidnom made references 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 (1990). 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:

- Congenital Onset
- Dwarfism
- Emotion Lability and Immaturity
- Knowledge Deficits
- 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 childhood from functional childhood." (Rogers 1979)

Dwarfism: This is certainly the most familiar 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 & 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 at 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.

Legume Anorexia: This last identifying feature is perhaps the most unexpected. Folk wisdom is supported by empirical observation—children will rarely eat their vegetables (see Popeye, 1957, for a review).

Causes of Childhood: 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 Durkind 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 more than a fourth grade education. Clearly, children are an "out-group." Because of their intellectual handicap, children have been denied the right to vote. From the sociologist's perspective, treatment should be aimed at helping to 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 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 experi-

enced childhood at some point. Cross-cultural studies (e.g., Mowgli and Din, 1950) indicate that family 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 existence 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 is usually high (0.92), 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 who we find unruly or too short to deal with.

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 statistics (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 nineteenth century saw the institution of what remains the largest single program for the treatment of childhood – so-called "public 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 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 late 1950's, however, the clinician's optimism had waned. Even after years of costly analysis, many victims remained children. The following case (taken from Gumby and Pokie, 1957) is typical.

Billy J., age 8, 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 noticeably 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 a school at age 5. 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, Larry and Kirly (1974) began a large-scale longitudinal study. These investigators studied two groups. The first group consisted of 34 children currently engaged in a long-term conventional treatment. All subjects had been diagnosed as children at least 4 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, Larry, Kirly, and Shemp, 1984) assessed the original cohort on a variety of measures. General knowledge and emotional maturity were assessed 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. report a spontaneous remission rate of 95%, a find-

ing which is certain to revolutionize the clinical approach to childhood. These 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 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, Doodi and Beauzeau (1965) demonstrated a six-fold increase 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.

REFERENCES

American Psychiatric Association (1990). *The Diagnostic and statistical manual of mental disorders, 4th edition: A preliminary report*. Washington, D.C.; APA.

Barby, B. and Kenn, K. (1971). The plasticity of behaviour. In B. Barby and K. Kenn (Eds.), *Psychotherapies R Us*. Detroit: press.

Brady, C., and Partridge, S. (1972). My dads bigger than your dad. *Acta Eur. Age, 9*, 123-126.

Flintstone, F., and Jetson, G. (1939). Cognitive meditation of labour disputes. *Industrial Psychology Today*, *2*, 23-25.

Fudd, E.J. (1972). Locus of control and shoe size. *Journal of Footwear and Psychology, 78*. 345-356.

Gumbie, G., and Pokie, P. (1957). A cognitive theory on iron-smelting. *Journal of Abnormal Metallurgy*, *45*, 235-249.

Howdi, C., Doodi, C., and Beauzeau, C., (1965). Western Civilization: A review of literature. *Reader's Digest*, *60*, 23-25.

Moe, R., Larrie, T., Kirly, Q., and Shemp, C., (1984). State childhood vs. trait childhood. *TV Guide*, May 12-19, 1-3.

Moe, R., Larrie, T., Kirly, Q., and Shemp, C., (1984). Spontaneous remission of childhood. In W.C. Fields (Ed.), *New Hope for Children and Animals*. Hollywood: Acme Press.

Popeye, T.S.M. (1957). The use of spinach in extreme circumstances. *Journal of Vegetable Science*, *58*, 530-538.

Popeye, T.S.M (1968). Spinach: A phenomenological perspective. *Existential Botany*, *35*, 908-913.

Rogers, F. (1979). *Becoming my neighbour*. New York, Soft Press.

Ruler, Y (1923). Assessing measurement protocols by the multi-method multiple regression index for the psychometric analysis of factorial interaction. *Annals of Boredom*, *67*, 1190-1260.

Spanky, D., and Alfalfa, Q. (1978). Coping with puberty. *Sears Catalogue*, 45-46.

Suess, D.R. (1982). A psychometric analysis of green eggs with and without ham. *Journal of Clinical Cuisine*, *245*, 567-578.

Temple-Black, S. (1982). Childhood: an ever-so sad disorder. *Journal of Precocity, 3*, 129-134.

Tom, C., and Jerry, M. (1967). Human behaviour as a model for understanding the rat. In M. de Sade (Ed.). *The Rewards of Punishment.* Paris: Bench Press.

FURTHER READINGS

Christ, J.H. (1980) Grandiosity in children. *Journal of Applied Theology*, *1*, 1-1000.

Joe, G.I. (1965). Aggressive fantasy as wish fulfillment. *Archives of General MacArthur*, 5, 23-45.

Leary, T. (1969). Pharmacotherapy for childhood. *Annals of Astrological Science, 67*, 456-459.

Kissoff, K.G.B (1975). Extinction of learnt behaviour. Paper presented to the Siberian Psychological Association, 38th. annual meeting, Kamchatka.

Smythe, C., and Barnes, T. (1979). Behaviour therapy prevents tooth decay. *Journal of Orthodontics, 5*, 79-89.

Potash, S., and Hoser, B. (1980). A failure to replicate the results of Smythe and Barnes. *Journal of Dental Psychiatry, 34*, 678-680.

Smythe, C., and Barnes, T. (1980). Your study was done poorly: A reply to Potash and Hoser. *Annual Review of Aquatic Psychiatry, 10*, 123-156.

Potash, S., and Hoser, B. (1981). Your mother wears army boots: A further reply to Smythe and Barnes. *Archives of Invective Research, 56*, 5-9.

Smythe, C., and Barnes, T. (1982). Embarrassing moments in the sex lives of Potash and Hoser: A further reply. *National Enquirer*, May 16.

***FROM: The Journal of Polymorphous Perversity,* 1985, *2*, 3-7**

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