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Acknowledgement - Reviewers

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Cover Design

The creation of the graphic for the logo came about by thinking of how ideas are formed and what the process would look like if we could see into our brains. The sphere represents the brain, and the grey matter inside consists of all the thoughts in various stages of development. And finally, the white spotlight is one idea that formed into a reality to voice.

The entire logo is an example of creation in the earliest stages.

Cathy Solarana
Graphic Designer

Acknowledgement - Psychology Students

The following psychology student organizations contributed financially to an endowment for the *Journal of Psychological Inquiry*. We gratefully acknowledge their valuable support and welcome contributions of \$50 or more from other groups of students.

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1. Manuscripts must have an undergraduate as the primary author. Manuscripts by graduates will be accepted if the work was completed as an undergraduate. Graduate students or faculty may be co-authors if their role was one of teacher or mentor versus full fledged collaborator.
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Interference on Visual-Spatial Working Memory Among Adults

Paula R. Selvidge

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The visual-spatial component of the working memory model developed by Baddeley and Hitch (1974) was investigated by varying the level of interference (articulatory, spatial, or none) and age (younger and older adults) on a visual-spatial location task. Participants were also administered four standardized tests to explore differences on verbal and spatial ability measures. The results suggest that younger and older adults were similarly affected by spatial interference, but not by articulatory interference. There was no main effect of age, nor did age interact with the type of interference. Comparisons of younger and older adults on the standardized tests revealed inconsistent results. Recommendations include improving memory when multi-tasking

Extensive research has been conducted on the effects of working memory (WM) in cognitive processing across the adult life span. WM plays a significant role in the performance of tasks, such as reasoning, problem solving, and reading comprehension. Baddeley and Hitch (1974) proposed a multi-component WM model. The model consists of a controlling central executive and two active subsystems, the phonological loop and the visual-spatial sketchpad. The function of the central executive is to process information and aid in strategy selection using the two subsystems as a temporary storage for information. The phonological loop is used as a phonological memory, maintaining speech-based information through subvocal rehearsal, whereas the visual-spatial sketchpad stores and maintains visual and spatial information through imagery processes. Dual-task interference, or simultaneous performance of a secondary task during completion of a primary task, can be used to explore the subsystems of the WM model.

Logie and Baddeley (1987) explored the effects of articulatory and spatial interference on a task reflecting the phonological loop. The authors hypothesized that performance of the secondary tasks of articulatory and spatial interference would disrupt the primary counting task. The counting task required participants to count the number of times a square was presented on a computer screen under different conditions. The secondary tasks required participants to repeat the word "the" continually throughout the task or to tap their finger rapidly. The results

demonstrated articulatory interference had the most disruptive effects on counting accuracy, possibly because of minimizing the use of subvocal rehearsal during the counting tasks. Thus, the process of subvocal rehearsal was believed to maintain counting information in the phonological loop.

Additional experiments utilizing dual-task interference investigated the visual-spatial sketchpad (Farmer, Berman, & Fletcher, 1986). Farmer and colleagues presented verbal and spatial reasoning tasks with interference tasks of articulatory and spatial interference. Repetition of a numerical sequence served as articulatory interference, and continuous sequential tapping produced spatial interference. Results indicated that articulatory interference disrupted performance of a verbal reasoning task but had no effect on the performance of a spatial reasoning task. In contrast, spatial interference interfered with the spatial, but not the verbal reasoning task. Therefore, the authors concluded that the visual-spatial sketchpad was spatial in nature because of the negative effect of spatial interference on the spatial reasoning task.

The performance of younger and older adults on tasks reflecting the visual-spatial sketchpad has been compared in several studies. Naveh-Benjamin (1988) presented younger adults (19 to 32 years old) and older adults (65 years and older) a 6 x 6 matrix containing 20 to-be-remembered items. During the recognition phase, 10 of the items were relocated to different locations in the matrix. The participants then identified which item locations were the same as in the original matrix. Results indicated that older adults did not recognize spatial location as well as younger adults (Naveh-Benjamin, 1988). Light and Zelinski (1983) also reported memory for spatial information was better for younger adults. In the Light and Zelinski experiment, participants studied 12 item locations on a map and were presented another map with 18 numbered locations. Participants identified item locations previously presented; younger adults remembered more item locations than older adults in the spatial location map task.

Marilyn L. Turner from Wichita State University was faculty sponsor for this research project.

In summary, these experiments support the existence of the multi-component memory model proposed by Baddeley and Hitch (1974). The articulatory and spatial interference techniques were successful in the exploration of the nature of the articulatory loop and visual-spatial sketchpad WM components. The purpose of the present research was to explore further the spatial component of working memory. Specifically, the differential effects of articulatory and spatial interference on a spatial location task were investigated in younger and older adults. Based on Baddeley's research (1986), the hypothesis was that spatial interference would decrease working memory spans, reflecting the visual-spatial sketchpad. Because investigators (Light & Zelinski, 1983) have found that younger adults perform better than older adults in spatial memory tasks, the hypothesis was that performance would be better for the younger adults in the spatial location task. Performance on standardized tests, reflecting verbal and spatial abilities, were also compared in this study. The expectation was that younger adults would perform better than older adults on the standardized tests, reflecting spatial abilities. Because Ehrlich, Brebion, and Tardieu (1994) found that scores on the Nelson-Denny Reading and Vocabulary Test did not differ between groups of younger and older adults, a further hypothesis was that scores would not differ between groups on the standardized test measures of verbal ability.

Method

Participants

Twenty-eight participants, 17 younger (22-48 years old) and 10 older (50-82 years old), were recruited for the experiment. The mean age was 34.5 years ($SD = 8.31$) for the younger and 64.73 years ($SD = 9.29$) for the older participants. Nineteen of the participants were students at a large, urban midwestern university and may have received participation extra credit in a general psychology class. Eight of the participants volunteered in response to local advertisements. All participants were active, living independently, and reported being in good health.

Materials

Spatial location task. In all three conditions of the task (articulatory, spatial, and no interference) participants were visually presented a series of 5 x 5 matrices on a monitor with a 386 IBM compatible computer. Each stimulus was an 11.25 cm x 9.25 cm matrix consisting of 25 cells that appeared on a monochromatic display (black background with a white matrix). One isosceles triangle-

with an area of 0.6 cm² appeared in the center of one cell in each 5 x 5 matrix. Each of the matrices was displayed for 750 milliseconds with an inter-stimulus interval of 500 milliseconds. The number of matrices presented during each trial or the set size varied from two to five matrix presentations. For example, Trial 1 may have had two matrices, followed by four matrices in Trial 2. The word "recall" was presented in the center of the screen following each series of matrices. After the recall cue, the participants recorded the cell locations of the triangles in the serial order presented on an answer sheet, which matched the dimensions of the stimulus matrix presented on the computer monitor. Sixteen trials consisting of four trials at each set-size (2-5) were presented in each spatial location task. The computer recorded the correct cell locations of the triangles, and the experimenters scored responses manually. The span scores recorded in the spatial location tasks were the total number of correct cell locations out of the total correct possible in each task condition.

Interference tasks. The interference tasks (articulatory and spatial) were performed simultaneously with the spatial location task. Articulatory interference required repetition of the word "the" at a steady rate throughout the presentation of the matrices until the recall cue appeared. After the recall cue, participants recorded the locations of the triangles on the response matrix in serial order. Spatial interference required detection of a red bar, presented to the right, left, bottom, or top of the matrix. The red bar appeared at random and could be presented more than once during a trial. The participants pressed the space bar on the keyboard each time the red bar appeared on the screen. After the recall cue, participants recorded the locations of the triangles on the response matrix in serial order. The span scores recorded were the total number of correct cell locations out of the total possible.

Standardized tests. Standardized tests were administered to provide a baseline measure of verbal and spatial abilities and to examine performance differences between younger and older adults. The Nelson-Denny Reading Comprehension Test (Nelson & Denny, 1973) and the Wide Range Vocabulary Test (French, Eckstrom, & Price, 1963) measure verbal abilities. The Nelson-Denny consists of eight passages followed by four to eight multiple choice comprehension questions. The passages range from 250-650 words in length. Participants had 20 min to complete the test; reading rates were recorded after one min. Participants' scores were the total number of correct answers to the multiple choice comprehension questions completed in the allotted time. The Wide Range

Vocabulary Test consists of 54 multiple choice definitions. Participants had five min to complete the test. Their scores were the correct responses to the multiple-choice questions

The Minnesota Paper Form Board (Likert & Quasha, 1941) and Tower of Hanoi (Davis, Bajszar, & Squire, 1992) assess spatial abilities. The Minnesota Paper Form Board consists of 64 multiple choice questions. Participants were presented an unconstructed shape, and they selected the best representation of that shape from among five constructed shapes. Participants had 20 min to complete the test. Scores consisted of the number of correct multiple choice answers. The Tower of Hanoi required participants to assemble a pyramid from five different sized rings by moving them from column C to column A, without placing a larger ring on top of a smaller ring. There was no time limit, although participants were limited to 120 moves per trial. Scores were the number of moves to construct the pyramid and the time to complete each trial.

Design and Procedure

The experiment used a 2 x 3 mixed factorial design; age (younger and older adults) varied between-subjects, and the type of interference in the spatial location task (articulatory, spatial, and no interference) varied within-subjects. A median split in the age of the sample produced younger and older groups of adults. All participants completed the same spatial location task in each of the three interference conditions and the four standardized tests. Each participant was tested on an individual basis in two, 1.5 hr sessions. In the first session, two of the spatial location tasks (articulatory and no interference) and two standardized tests (Nelson-Denny Reading Comprehension Test and Wide Range Vocabulary) were completed. The remaining spatial location task with spatial interference and the other two standardized tests (Minnesota Paper Form Board and Tower of Hanoi) were completed during the second session. The order of the spatial location tasks and standardized tests were counterbalanced within each session.

Results

One hypothesis was that span scores measured in the spatial interference condition would be lower than span scores with no interference. A further hypothesis was that performance would be lower for older participants, especially during the spatial interference task. Span scores, or the number of correct cell locations in the spatial location task, were affected by the level of task interference. The

mean span scores across age were 61% for articulatory, 36% for spatial, and 64% for no interference. A significant main effect for interference was found across age, $F(2, 27) = 10.71, p = .0004$. A Duncan comparison revealed a significant decrease in span scores for the spatial interference condition versus the articulatory and no interference conditions. A 2 (Age Group) x 3 (Type of Interference) ANOVA showed a significant effect of spatial interference occurring in the younger but not the older participants' span scores. Span scores for the younger participants were 63% for articulatory, 38% for spatial, and 67% for no interference, $F(2, 16) = 17.14, p = .0001$. A Duncan comparison revealed a significantly longer span score for the spatial and interference conditions. The pattern of span scores was similar for the older participants (57% for articulatory, 32% for spatial, and 57% for no interference), but the differences were not significant.

Analysis of variance at each age level on the standardized tests revealed that the younger participants ($M = 60\%$) performed higher than the older participants ($M = 36\%$) on the Nelson-Denny Reading Comprehension, $F(1, 27) = 7.98, p = .009$. However, the groups did not differ significantly in performance on the Wide Range Vocabulary Test, $F(1, 27) = .05, p = .0819$.

The two spatial ability tests yielded mixed results. There was no difference between groups on the Minnesota Paper Form Board; however, the time to complete the Tower of Hanoi revealed a significant main effect of the total time across trials to complete the task, $F(1, 26) = 6.45, p = .0177$, with the younger participants ($M = 292.28$ s) performing faster than the older participants ($M = 631.09$ s). There was also a main effect of trial in the time to complete the Tower of Hanoi test, $F(1, 26) = 10.18, p < .0001$, as well as a group by trial interaction, $F(1, 26) = 3.69, p < .0154$. A learning curve was evident across trials. The mean times in seconds for the younger participants by trial were 373.25, 306.51, 242.35, and 247.04, respectively. The mean times in seconds for the older participants were 910.21, 577.13, 490.53, and 546.51, respectively. The total moves across trials revealed no difference between groups, but there was a main effect of trial with moves as the dependent variable, $F(1, 26) = 3.92, p < .0118$.

Discussion

The results provide support for the hypothesis that the visual-spatial spans may reflect a visual-spatial component of the WM system developed by Baddeley and Hitch (1974). Spatial interference span scores were less

than span scores measured during articulatory and no interference. According to Baddeley's WM model, the visual-spatial sketchpad and central executive would be used to recall the cell locations of the triangles presented in the spatial location task. The spatial suppresser, or red bar, occupied the visual-spatial sketchpad, disrupting the task of recalling the cell locations. Therefore, loading the phonological loop in the secondary task should not interfere with the primary task of recalling item locations.

Much of the current literature suggests declines in performance on spatial ability tasks with age (Light & Zelinski, 1983; Naveh-Benjamin, 1988), but the current study did not replicate that finding. Older adults' span scores were lowest for spatial interference, but the difference was not significant. This result suggests a need to test more participants because there were only 10 participants in the older age group. Another explanation for the lack of performance differences between younger and older adults might be the type of task. The reviewed literature examined spatial memory for younger and older adults involving recognition tests, however the spatial location task in this experiment involved a recall task.

As predicted, younger participants scored higher than older participants on the Nelson-Denny Reading Comprehension, but the groups did not differ on the Wide Range Vocabulary Test. No differences were found between groups on the Minnesota Paper Form Board, which was contradictory to the hypothesis, but the time to complete the Tower of Hanoi did differ with the younger participants performing faster than the older participants.

Further research should explore the role of the central executive in performance of a spatial location task. Gilhooly, Logie, Wetherick, and Wynn (1993) showed that random digit generation or repeating a random numerical sequence affects performance on tasks believed to utilize the central executive component of WM. Random digit generation could be performed simultaneously with the spatial location task, and performance decrements could be examined for younger and older adults.

Conclusions

Spatial abilities play an important role in tasks such as driving or locating objects. In addition, most of these tasks are performed while completing other actions. Both younger and older adults' spatial performance is affected by multi-tasking. This study showed decrements in spatial task performance for the younger adults and demonstrated a trend in the same direction for the older adults. Strategies, such as visualization or the method of loci,

should be used to enhance spatial memory performance and compensate for multi-tasking or age decrements. To improve recall, to-be-remembered items could be visualized in specific familiar locations in a sequential order. These spatial strategies can create more cues for recall, so the likelihood of remembering the item location would be increased. Incorporating memory strategies would not only improve performance but could ease concerns and perceived inadequacies related to failures of memory.

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Skilled Motor Performance as a Function of Types of Mental Imagery

Eugenio A. Peluso

Creighton University

This study examined the effects of mental imagery on skilled motor performance. Participants, 48 volunteers from introductory psychology classes, were assigned to either of two treatment groups or to a control group. Skilled motor performance was assessed by the number of errors and the speed with which participants performed pick-up jacks and mirror tracing tasks. Between trials, participants engaged in either relevant imagery (i.e., the tasks), irrelevant imagery (i.e., scenic environments), or no imagery. Analysis of variance was used to test for differences between groups. Following five imagery sessions, participants in the relevant imagery group committed significantly fewer errors than those in the other groups. Directions for further research include an assessment of imagery for tasks emphasizing speed versus fine motor coordination.

The use of mental imagery shifts focus from an external to an internal emphasis, allowing individuals to reevaluate and redefine their goals. Jones and Stuth (1997) reported that mental imagery enhances performance, regulates arousal levels, stimulates cognitive and affective tactics, and eases the rehabilitation process in injured athletes. By influencing the training and goals of athletes, mental imagery revolutionized the scope of athletic performance and competition.

Sports and cognitive psychologists are developing techniques to maximize athletes' potential. Lejeune, Decker, and Sanchez (1994) examined 40 novice table tennis players and found that "imagining oneself successfully completing a sports skill in the absence of the actual movement or activity increases the probability of improving one's sport performance" (p. 627). Additionally, McKenzie and Howe (1997) demonstrated that participants placed in a 15-week mental imagery training program were more consistent and recorded higher scores in dart throwing than individuals who were not in the imagery condition. DeFrancesco and Burke (1997) surveyed 115 female and male professional tennis players and found that their most common strategies during play were imagery and visualization. By using these strategies, athletes were able to construct a preparatory routine, relax during points, and focus on personal goals

Mental imagery is not a magical cure for poor performance. Rather, it simply opens new avenues to concentration, mental control, and confidence. Concentration is an integral element in the scheme of mental imagery. There are several definitions for concentration, but many sport psychologists agree that concentration is, "the ability to focus on the relevant cues in one's environment and to maintain that focus for the duration of that athletic contest" (Weinberg, 1988, p. 59). More importantly, the cues used in concentration help to promote successful mental imagery. During an event, many players will try to cue themselves in order to facilitate efficient behavior. For instance, tennis players may cue themselves by talking through a point, "racquet back, hit it hard, follow through, and anticipate the next shot." Positive and efficient thoughts in the imagery process are essential in order to reap the benefits of mental imagery. Individuals may often "leave their body" in order to understand what they are trying to do. Reportedly, Chris Evert, a well-known tennis player, described just such an experience while engaged in imagery. She said,

I see myself hitting crisp deep shots from the baseline and coming into the net if I get a weak return. This helps me prepare mentally for a match and I felt like I had already played the match even before I walked onto the court (Weinberg, 1988, p. 99).

Many athletes believe that mental imagery involves only one sense, vision, but this conclusion is incorrect. Along with the visual sense, mental imagery encompasses one's auditory, tactile, and kinesthetic senses, and these cues act in concert to influence one's emotional condition. First, people use their visual sense to follow a tennis ball or to identify a goal in hockey. Second, they use their tactile sense to familiarize themselves with the feel of the tennis racquet or the hockey stick. Third, they use their kinesthetic sense to keep their balance on the court or in the rink. Fourth, participants use their auditory sense to listen to the tennis ball hitting the strings or a hockey puck collide off the stick. These sounds may assist a player's timing in setting up the next shot in a ten-

Mark E. Ware from Creighton University was the faculty sponsor for this research project.

nis match or assist a save by the goalie in a hockey game. Finally, one's emotional state can facilitate mental imagery. By recreating prior experiences of anger, anxiety, frustration, or joy, athletes can control or regulate these emotions during competition (Weinberg, 1988).

Mental imagery is more than relaxation. Mental imagery consists of constructing a mental routine. Research by Beauchamp, Halliwell, Fournier, and Koestner (1996) found that novice golfers who implemented a pre-putt mental routine were more accurate than golfers who simply hit the ball. As a former tennis athlete, I recall that my tennis coach often removed me from the court and advised me to visualize my play. I would replay every shot, point, and objective.

A growing body of evidence supports the conclusion that mental imagery can enhance performance. As Shane Murphy, director of the sports science institute of the U.S. Olympic team, stated, "Ultimately it is going to come down to what's between the ears" (Allman, 1992, p. 50). The present study sought to extend the results of previous mental imagery research to other skilled motor tasks using nonprofessionals. Additionally, this study sought to differentiate the effects of the types of imagery. I hypothesized that individuals who applied relevant mental imagery would commit fewer errors and perform more quickly while playing jacks or tracing a star viewed in a mirror than individuals who simply relaxed with irrelevant imagery or individuals who simply read about mental imagery techniques.

Method

Participants

Participants were 48 traditional college-age student volunteers (38 women, 10 men) from introductory psychology classes. About 80% were Euro-Americans; the remainder were Asian-Americans and African-Americans. Conditions for participation followed APA ethical standards; students were told the general nature of the study and were given an opportunity to withdraw from the study at any time without the loss of extra credit points. To maintain confidentiality, names of the participants were not placed on the data sheets.

Materials

Participants were tested using a set of jacks, consisting of six rubber jacks and one rubber ball, and a standard mirror tracing apparatus from the Lafayette Manufacturing Co., as well as a six-pointed star. The star

was inscribed with parallel lines that were .5 cm apart. A conventional stopwatch was used to time participants' performance to the nearest second.

Procedure

Participants were randomly assigned to one of three groups; a relevant imagery and relaxation group, an irrelevant imagery and relaxation group, or a no imagery and relaxation control group. Between trials for the relevant imagery group, participants mentally rehearsed either the task of dropping the ball and picking up the jacks or drawing between the lines of the star while looking at the mirror. The inclusion of two motor tasks helped evaluate the degree of generalization of findings. Between trials in the other two groups, participants either engaged in irrelevant imagery or they read printed passages describing mental imagery. Thus, the first independent variable, treatment, used an independent groups design.

A within subjects design was used for the other independent variable, trials. All of the participants in each treatment group performed the jacks and mirror tracing tasks, counterbalanced for order. Participants performed a pretest on both the jacks and the mirror tracing tasks and performed four practice trials before the subsequent posttest evaluation. Thus, I used a 3 x 2 design with repeated measures on the second variable.

The experimenter instructed the participants on how to play jacks or perform mirror tracing. Using their dominant hands, participants were instructed to drop a rubber ball, fingers pointing toward the table, pick up one jack from the table, and catch the ball after one bounce. Participants were then asked to pick up two jacks, following the same process, until they were able to pick up all six jacks at one time. For the mirror tracing task, the experimenter instructed the participants to begin at the top of the star and draw a line between the parallel lines completely around the star while looking at the mirror.

Participants were assessed for the number of errors and the speed involved in completing each task. For the jacks task, errors consisted of failing to catch the rubber ball after the bounce or picking up the wrong number of jacks. For the mirror task, an error consisted of crossing either boundary of the star.

Participants in the relevant imagery group were instructed to visualize themselves performing the jacks or the mirror tracing task before they attempted the first practice trial. They were told to construct a mental routine (i.e., drop the ball, pick up a jack, catch the ball, or

look in the mirror, start at the top of the star, draw only between the lines), and to repeat the mental routine for 1 min. Participants repeated the procedure before each practice trial and before the posttest.

In the irrelevant imagery condition, participants were instructed to close their eyes, breathe deeply, and imagine a beach scene and then a mountain top scene for 1 min. They repeated this procedure before each trial.

Participants in the control group read selected passages from a book explaining the techniques of mental imagery, but they did not engage in imagery practice. The passages used in this study were taken from Weinberg's (1988) mental imagery book. Each reading session was 1 min in length. The participants read a different passage before each trial.

Results

The results of a one-way ANOVA on pretest jacks errors revealed no significant differences among treatment groups, $F(2, 45) = 2.25, p = .12$. The results of a two-factor ANOVA (Treatment x Trials) revealed an overall difference among treatment groups, $F(2, 45) = 7.12, p = .002$, and between trials, $F(1, 45) = 17.99, p = .0004$, but there was no significant interaction. Statistically significant differences existed among treatment groups for jacks errors on the posttest performance, $F(2, 45) = 9.79, p = .0003$. There were significant improvements in performance from pretest to posttest for both the relevant and the irrelevant imagery conditions, $t(15) = 6.91, p = .0004$, and $t(15) = 2.18, p = .045$, respectively. Although both groups showed improvement, the relevant imagery group had significantly fewer errors than the irrelevant imagery group at posttesting. Figure 1 illustrates these results.

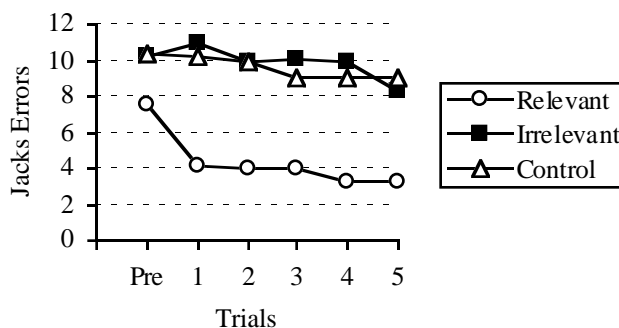


Figure 1. Jacks errors from pretest to posttest for the relevant, irrelevant, and control groups.

The results of a one-way ANOVA on pretest star errors revealed no significant differences among treatment groups, $F(2, 45) = 1.32, p = .28$. The results of a two-factor ANOVA (Treatment x Trials) revealed an overall difference among treatment groups, $F(2, 45) = 3.68, p = .033$, and between trials, $F(1, 45) = 20.04, p < .0004$, but there was no significant interaction. Statistically significant differences existed among treatment groups for star errors on posttest performance, $F(2, 45) = 8.10, p = .001$. There were significant improvements in performance from pretest to posttest for the relevant imagery, irrelevant imagery, and control groups, $t(15) = 2.66, p = .018$, $t(15) = 2.25, p = .040$, and $t(15) = 2.84, p = .012$, respectively. Although all groups showed significant improvement, the relevant imagery group had fewer errors than the other two groups at posttesting. Figure 2 illustrates these results.

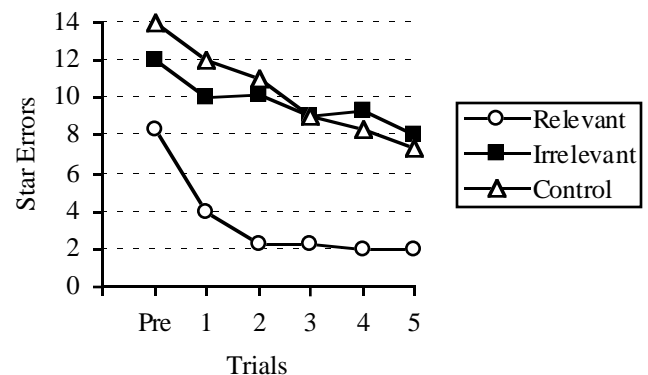


Figure 2. Star errors from pretest to posttest for the relevant, irrelevant, and control groups.

The results of a one-way ANOVA on pretest time scores for both the jacks and star tasks revealed significant differences among the three treatment groups, $F(2, 45) = 3.34, p = .04$ and $F(2, 45) = 4.22, p = .02$, respectively. Despite random assignment to groups, participants in the treatment groups differed at the outset. Because of this pretest difference, no additional analyses were performed on the time data.

Discussion

The results supported the hypothesis that individuals who used relevant mental imagery committed fewer errors while playing jacks and while looking in a mirror to trace a star than individuals who relaxed with irrelevant imagery or simply read about imagery techniques. These findings were consistent with a similar study using

40 novice table tennis players (Lejeune et al., 1994), which indicated that imagining oneself completing a sports skill in the absence of the actual movement increased the probability of improving one's performance. These results were also consistent with a 15-week mental imagery program measuring dart throwing accuracy and consistency that found significant improvement for individuals who implemented relevant imagery techniques (McKenzie & Howe, 1997).

One explanation for findings in the present study may be, as DeFrancesco and Burke (1997) reported, that by using imagery and visualization, athletes were able to construct a preparatory routine, relax, and focus on personal goals. Another explanation may be Allman's (1992) contention that mental imagery is simply not relaxation. Rather, in order for athletes to attain the full benefits of mental imagery, they must construct a mental routine.

One limitation in this study was the presence of significant differences in speed among treatment groups on the pretest trial for the jacks and mirror tracing tasks, despite random assignment of participants. Replication of this study should reveal no such differences. That limitation was not crucial to this study because, in many sports, the most important activity (e.g., shooting a free throw or putting a golf ball), is the accuracy of the task, not its speed. Consider as well that baseball players are evaluated in terms of whether they hit the ball rather than how fast they swing.

Future research should examine sports or motor tasks that place a high priority on the speed of the task (e.g., short and long distance running, speed skating, and skiing). Future research should also investigate the use of relevant mental imagery on different kinds of athletic tasks. In one group of athletic tasks, (e.g., field goal kicking, free throw shooting, and bowling) spectators can see

the primary goal. In another group of athletic tasks, (e.g., blocking schemes for interior linemen in football and set offensive and defensive formations in basketball), spectators may not notice the primary goal.

The use of relevant mental imagery in athletic performance may open the door to individuals' full potential. By implementing the techniques of mental imagery, an average athlete may become good, and a good athlete may become great.

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Gendered Toy Preferences and Assertiveness in Preschoolers

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Four male and 8 female preschoolers enrolled at a mid-western daycare facility played with gender specific toys. A child who preferred to play with masculine toys was paired with a child who preferred to play with feminine toys, and the pair completed a puzzle. A "blind" observer used an assertiveness checklist to assess the children's level of assertiveness while performing the task. The results of chi-square goodness-of-fit analysis indicated a significant difference between the distribution of assertiveness characteristics for children having the male and female gendered toy preferences. Children who played with masculine toys showed more assertiveness than children who played with feminine toys. Limitations in the study and directions for future research were discussed.

Today's society, especially in the education system, places much emphasis on gender differences. At an early age, children respond to instructions from others and acquire gendered preferences and behaviors (Martin & Halverson, 1981). Consequently, preschool children are the preferred participants when researchers study the development of gender differences. In this environment, children interact with one another and attempt to understand their own gender identity as well as the gender identity of persons around them. Children are curious and want to explore their surroundings to learn how their environment works. Preschoolers play with different kinds of toys and participate in a variety of activities. However, many children's toys and activities are gender specific. Examples of male gendered toys are trucks and blocks, and female gendered toys are dolls or tea sets.

Do gender specific toy choices affect assertiveness among children? Different types of toys elicit different behaviors in children according to the gender specificity of the toy and the sex of the child. When a female child plays with a feminine toy, she tends to have a more passive play style; when a male child plays with a masculine toy, he has a more aggressive play style (Obanawa & Joh, 1995). Feminine toys that elicit passive play styles may not only contribute to female passivity in social settings but also affect a girl's choice of playmates. Conversely, masculine toys may influence male dominance in social settings as well as a boy's choice of playmates.

Pellegrini and Perlmutter (1989) found that both a specific gendered toy and a playmate have an effect on a child's play behavior. Those researchers reported that when two female preschoolers were paired with a toy, regardless of toy gender specificity, they engaged in functional or lower levels of play. However, when a girl was paired with a boy, the level of play was more sophisticated or constructive. Those behaviors may have been because girls felt less competent than boys when playing with masculine toys, resulting in lower levels of play with other girls. However, when playing with boys, girls were more confident in their play style. Another interpretation is that the girls were simply modeling the boy's behavior, which led to an increased level of play.

When there are mixed groups of children in a standardized setting, both boys and girls engage in similar frequencies of interaction, but they differ in pattern (Benenson, Apolstoleris, & Parnass, 1997). Specifically, girls seem to play more with other girls, and boys tend to play more with other boys. The differences in the interactions between boys and girls appear to have little to do with the type of toys or activities. These differences seem to be more fundamental to the kinds of interactions that occur in female versus male peer cultures. For example, boys tend to engage in more rough and tumble play than girls (Maccoby, 1988, 1990), and this tendency could explain why boys and girls segregate themselves from one another in a social situation. The difference in styles of interaction indicates that there is a difference in the organization of relationships even at a young age. Perhaps children learn gender specific social behavior in mixed sex groups.

Differing play patterns may have an impact on why children choose same sex playmates. When children understand their own gender and the gender of children around them, they have enough information to determine which children have similar play patterns (Smetana & Letourneau, 1984). If children play with same sex playmates, they are not experiencing characteristics of the opposite sex and are unaware that differences exist. Children seem to seek social contexts in which to acquire

Mary Beth Ahlum from Nebraska Wesleyan University was the faculty sponsor for this research project.

and practice sex-appropriate behaviors. From those behaviors, children can learn about their gender roles in society. As stated before, female play is more passive than male play; because girls often choose to play with other girls, there is limited opportunity to learn more aggressive play styles.

Alexander and Hines (1994) extended the concept of children preferring to play with same sex playmates. Those authors evaluated the relative contribution of gender labels and play styles (masculine and feminine) in playmate selection. They found that when an experimenter asked a child to pair a picture of a boy with a picture of a toy or play style, the child exhibited predicted sex differences in preferences for gender labels and play styles (including toys, rough and tumble play, and activity level). Boys, when presented with contrasting dimensions (such as a picture of a male figure with a feminine play style and a picture of a female figure with a masculine play style), chose the female figure with the masculine play style more frequently as the one with whom they would prefer to play. This result may be an indication that boys feel more comfortable playing with a child who has a similar play style, regardless of sex. Girls in this study also chose to play with a female playmate who exhibited a masculine play style. Perhaps girls do not feel comfortable engaging in play with boys because girls do not perceive their own play style as aggressive as boys.

Male aggressiveness has been evident throughout history and is even seen in young boys (Hyde, 1984). Boys prefer play styles that are competitive (e.g., contact sports). Girls engage in more cooperative play styles. An explanation for boys' more aggressive behavior is peer status. If a boy has a higher peer status, he is more likely to exhibit a higher level of aggressiveness in a social setting. Studies find that the lower the peer status, the lower the aggressiveness (Boivin, Dodge, & Coie, 1995). In addition, boys have a higher peer status in general than girls (Smetana & Letourneau, 1984).

The present research examined the relation between gendered toy play and children's assertiveness. The investigator observed children's assertiveness while the children completed a cooperative task and expected that children who played with more masculine toys would more likely be leaders and control the progress of the work on the task, whereas children who played with more feminine toys would be more passive in this situation.

Method

Participants

A group of 12, 4-5 year old Caucasian children (8 girls, 4 boys), participated in the study. All participants were preschoolers from a midwestern daycare facility. To qualify for participation, children had to attend both days of the study.

Materials

Different gendered objects represented masculine and feminine toys. Trucks (Alexander & Hines, 1994) and blocks (Obanawa & Joh, 1995) were the male-gendered toys. Dolls, a tea set, and a play house area (Alexander & Hines, 1994) were the female-gendered toys.

The investigator developed an Assertiveness Check Sheet (ACS) to assess assertive behavior. The ACS listed seven behaviors; (a) does majority of talking, (b) moves the pieces/puts them together, (c) gives directions, (d) positive/encouraging, (e) takes control, (f) asks questions, and (g) appears confident. When a child exhibited one of those characteristics, the investigator recorded a check by the appropriate characteristic. The investigator tallied the checks to obtain an assertiveness score for each child.

The puzzle task consisted of a Sesame Street Bert and Ernie puzzle. The puzzle had approximately 25 pieces and was approximately 35 x 25 cm.

Procedure

Parents signed a consent form before any observations were made. On the first day, the investigator observed the children in the normal classroom setting from 8:00 a.m. to 9:00 a.m. All of the children had access to gender specific toys at that time. As the children began to play with a toy, the investigator noted and recorded names and play behavior. The majority of children played with the same toy for the entire observation period.

On the second day, the investigator arranged children in pairs. Each pair consisted of one child who played with a male-gendered toy and one child who played with a female-gendered toy. There were four boys and two girls

who preferred male-gendered toys, and six girls who preferred female-gendered toys.

The pairs worked together on a puzzle for 10 min. A “blind” collaborator recorded the children’s behavior using the ACS. Finally, parents received a debriefing letter to inform them about the results of the study.

Results

There were a total of 24 assertive behaviors. Children who played with masculine toys exhibited 19 assertive behaviors, and children who played with feminine toys exhibited 5 assertive behaviors. According to the null hypothesis for a chi square goodness-of-fit test, one would expect an equal number of assertive behaviors for children who played with masculine and feminine toys. Results from the chi-square analysis justified rejecting the null hypothesis, $\chi^2(1, N = 24) = 8.17, p < .01$. The relative frequency of assertiveness behavior was significantly greater than expected for children who played with masculine toys and significantly less than expected for children who played with feminine toys.

Discussion

The purpose of this study was to investigate the relationship between toy preference (masculine or feminine) and assertive behavior. The data were consistent with findings of Obanawa and Joh (1995) that boys preferred playing with masculine toys, and they were more assertive in a social setting than girls. Girls who preferred to play with masculine toys also exhibited more assertive behavior than girls who played with feminine toys.

Anecdotal findings in this study were also relevant to previous research. While observing children during free play with the toys, girls and boys did not interact with one another. This finding was inconsistent with research (Benenson et al., 1997) that found girls played more with other girls and boys played with other boys. I expected the daycare provider to encourage children to play with one another regardless of sex, but I did not observe the daycare provider providing guidance in gender-integrated play.

During this study, I found that boys exhibited more rough and tumble play than did the girls, which was consistent with Maccoby’s observations (1988, 1990). Even the girls who played with a masculine toy had a more relaxed play style. The boys crashed their cars into the blocks and threw blocks at one another, whereas girls sat at a table and built houses or bridges with the blocks. Girls did not throw or crash blocks when playing with

them. This finding is consistent with research (Smetana & Letourneau, 1984) that found boys were more aggressive in play behavior than girls.

There were limitations to this experiment. An unequal number of girls and boys participated in the study. Because the study was conducted in the preschool room with other children present, participants may have been distracted by peers while performing the task.

Moreover, the present study was not able to manipulate gendered toy preference and sex of the children. All of those who preferred the female-gendered toys were girls, and all of the those who preferred male-gendered toys were boys; two girls preferred male-gendered toys. Thus, the findings of a relationship between gendered toy preference and assertiveness may have been because of toy play experience, child sex, or some combination of those and other extraneous variables.

Another limitation involved the reliability and validity of the ACS. The investigator selected the assertive characteristics using her experience with assertive behaviors. Future research should conduct psychometric evaluation of this and other assertiveness instruments.

There are numerous possibilities for future research. For example, one could compare and contrast children’s assertiveness with peers and family members. Personality traits may also influence how children play with others.

Research on social interactions is becoming more relevant because of the negative attention adolescents have received from the media. Researchers are analyzing adolescents’ toy preferences to determine if toy preferences have an impact on behavior (Etaugh & Liss, 1992; Hopper & Wambold, 1978; Mergen, 1991; Pelligrini, 1992; Wacker, 1985). The more we understand about younger children’s behavior, the more accurately we can predict future behavior.

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Rural Adolescents' Use of Alcohol, Tobacco, Marijuana, and Hard Drugs

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Drug use among adolescents has been a focus of research for many years, but only since the late 1970's has research on adolescent drug use focused on rural youth. Research reveals that rural adolescents are using alcohol, tobacco, marijuana, and "hard drugs" at rates comparable to urban youth. However, rural and urban adolescent drug use patterns vary in some aspects, as does drug use among rural communities. Research should continue to focus on rural adolescents as a special population so that effective drug prevention and intervention programs can be structured to match the needs of rural communities.

The use of alcohol, marijuana, and hard drugs among pre-adolescents and adolescents is a major public health concern in the United States, and much research has been conducted concerning this issue. Until recently, however, many of these studies effectively ignored drug use within special populations. Rural youth comprise one of these special populations (Oetting & Beauvais, 1990).

In the late 1970's, research first began to focus on drug use among rural adolescents. Prior to that time, Swaim, Beauvais, Edwards, and Oetting (1986) reported that drug use epidemiologists operated from one of two major premises. The first premise viewed serious drug use as an urban problem. This premise recognized that the drug problem would eventually diffuse into suburban areas, but researchers perceived rural areas as protected from the problems of drug use. The second premise acknowledged that adolescent drug use occurred in rural communities. However, this premise also assumed that research focusing exclusively on rural populations was unnecessary because drug use in rural and urban areas were similar (Swaim et al., 1986).

Current research on adolescent drug use within rural areas illustrates that neither of these premises is valid (Swaim et al., 1986). Not only does research show that drugs are used by rural youth, but research also reveals differences in use among adolescents from rural and urban settings (Peters, Oetting, & Edwards, 1992). Furthermore, current research emphasizes that "rural communities are likely to develop idiosyncratic patterns

of drug use" (Swaim et al., 1986, p. 57). Thus, researchers must acknowledge differences in drug use between rural and urban communities.

Several studies conducted during the 1970's reported that, compared to youth in urban areas, youth in rural areas reported considerably lower rates of drug use. However, recent studies indicate that lifetime prevalence rates of drug use in rural communities are nearly the same as the lifetime prevalence rates found in urban samples. Furthermore, some recent studies have found that the use of alcohol, tobacco, and marijuana in rural areas is at times more frequent than the use of these drugs in urban areas (Farrell, Anchors, Danish, & Howard, 1992; Stevens, Youells, Whaley, & Linsey, 1995).

The change in the gap between urban and rural drug use can be attributed to the ready availability of drugs to teens living in small, isolated towns. In addition, rural youth are exposed to urban culture through the media. Finally, the social structure of rural communities may differ significantly from nonrural ones, but the conditions that increase the likelihood of involvement with drugs (e.g., family problems and peer pressure) are likely to be present in even the smallest communities (Peters et al., 1992). Thus, because the socializing influences of family, school, and peer groups will have similar effects on urban and rural drug use, rural teens appear to be equally likely as urban youth to experiment with drugs and alcohol (Peters et al., 1992).

Although general patterns between rural and urban adolescents are similar, specific differences exist. For example, Edwards (1992) stated that in small towns younger adolescents appear to be less likely to be exposed to all types of drugs and are less likely to use drugs. One explanation may be that adolescent drug use is a peer activity and rarely done within the presence of adults. Because a large proportion of rural children live on farms or in isolated enclaves, there may be less opportunity to socialize with peers without adult supervision (Peters et al., 1992).

Laura L. Finken from Creighton University was the faculty sponsor for this research project.

Nonetheless, as adolescents age, they are likely to socialize without adult supervision because driving allows them to interact more with youth in both their own and urban towns. As a result, differences in drug use between rural and urban youth often disappear by the time students are in the twelfth grade (Peters et al., 1992). Similarly, Swaim et al. (1986) found that the rural and urban rates of alcohol, tobacco, and drug use tend to converge by the twelfth grade.

Although similarities in rural and urban drug use exist, variations in the type of drugs used by these populations warrant consideration. Specifically comparing the use of alcohol, tobacco, marijuana, and hard drugs between these two populations provides a more accurate picture of rural adolescent drug use.

Specific Drug Use

Alcohol Use

Several studies have addressed the differences in alcohol use between urban and rural adolescents. Although Donnermeyer (1992, 1993) found little or no difference between the two populations regarding the first use of alcohol and the lifetime prevalence use of alcohol, some studies have found that rural youths are more likely to use alcohol than urban youth. For example, Stevens et al. (1995) found an earlier age of both initiation and current use of alcohol by rural adolescents.

Because rural students encounter some situations unique from those of urban students, a growing number of studies focus specifically on rural adolescents; much of this research addresses the consumption of alcohol. Studies have found that alcohol is the preferred drug among rural adolescents and that a larger proportion of rural youth use alcohol than use tobacco, marijuana, or hard drugs (Donnermeyer, 1992; Sarvela & McClendon, 1988; Stevens et al., 1995). Moreover, Stevens et al. (1995) reported the use of alcohol in rural towns as early as the fourth grade, when nearly 50% of all children have initiated alcohol use. Among rural teens, there is a considerable increase in alcohol use during the junior high school years; this increase continues until the twelfth grade when 92% of the girls and 92.1% of the boys reported using alcohol at least once (Stevens et al., 1995). Most research on lifetime prevalence of alcohol use among rural youth indicates rates between 70% and 100% (Donnermeyer, 1992). However, studies also reported that most rural youth are not heavy drinkers, and less than 20% of the youth reported drinking at least once a week. Only between 15% and 20% of the students

report having five or more drinks per sitting (Donnermeyer, 1992).

Furthermore, Peters et al. (1992) found that “even though the rates of use for rural and urban youth are essentially equivalent, drug use may have different implications for rural youth” (p. 25). Specifically, drinking may result in more negative consequences among rural youth because they must spend more time on the roads. The distances traveled between home, school, and various entertainment events are generally much greater for rural youth, and there is a lack of public transportation in most cases.

Drinking and driving is always a dangerous combination. However, a unique situation exists for rural youth. A lack of risk perception exhibited by some adolescents and a lack of traffic on rural roads often results in teens driving at higher speeds. Rural roads that are already in poor conditions, poorly marked for hazards, and poorly lit place youth at high risk for injury or death. Researchers (Peters et al., 1992, p. 26) pointed out, “The addition of alcohol to the equation exacerbates the problem, and most rural high schools have experienced the loss of at least one student to alcohol-related accidents.” This finding parallels the statistic that two-thirds of motor-vehicle deaths in 1987 occurred in rural areas (Sarvela, Pape, Odulana, & Bajracharya, 1990).

Despite this unique situation, one aspect of alcohol use varies between rural and urban youth. Research reveals that commitment to school, family, and religion by rural youth act as deterrents to adolescent alcohol involvement (Bloch, Crockett, & Vicary, 1991). A similar trend exists among urban youth. However, Bloch et al. (1991) found a difference between urban and rural youth concerning the effect of self-image on drinking tendencies. These researchers found that low self-image was not significantly related to alcohol consumption in rural communities despite a correlation found among urban youth. Thus, Bloch et al. (1991) suggested that rural populations may not perceive alcohol consumption as a deviant behavior. The failure to perceive alcohol consumption as defiant may reflect the communities’ overall perception of alcohol consumption. Community tolerance for alcohol use may be the source of consistent alcohol use patterns across many grades (Edwards, 1992).

Although alcohol use tends to remain consistent across most grades at either high, average, or low consumption levels, about one-third of rural communities report a single grade that deviates from the generalized level of alcohol use found across the other classes in that

community (Edwards, 1992). This phenomenon is referred to as the “single grade epidemic” and may be a component of a general pattern for more deviant or difficult behavior of a given class. This epidemic parallels the observation that classes tend to have distinctive personalities and that the environment of small schools favors the development of these unique class personalities (Edwards, 1992). The environmental factors that support the development of these class personalities in rural communities may be the small class sizes and the consistency in class membership from kindergarten through high school graduation.

Tobacco Use

Researchers have documented some differences regarding the use of tobacco products by urban and rural youth. For example, Stevens et al. (1995) reported that rural high school girls had a higher than national average use of cigarettes. Likewise, rural men had a higher than national average lifetime and current prevalence use of spitting tobacco. Cigarettes were used second only to alcohol by both sexes, and men reported spitting tobacco as the third drug of preference. Over 50% of all rural adolescents in the ninth grade have tried smoking, and approximately 30% of rural high school girls and 17-26% of rural high school boys reported cigarette use within the previous 30 days. In addition, spitting tobacco was used on a regular basis by 15-20% of rural high school boys and up to 2.2% of high school girls (Stevens et al., 1995).

Marijuana Use

Although early studies showed that fewer rural than urban youth used marijuana, more recent studies showed that since 1975 the difference between urban and rural youth's use of marijuana has steadily narrowed (Edwards, 1992). Despite the decreased difference, the lifetime prevalence for marijuana use in smaller towns remains slightly lower. Rural youth reported lifetime prevalence as 41% compared to the lifetime prevalence of about 48% for urban youth. Donnermeyer (1993) also found that even within largely rural groups, adolescents from more densely populated locations were more likely to initiate early use of marijuana. However, because the differences within rural groups are frequently small, there have been few implications for making distinctions between rural and urban areas in policy, prevention, or treatment (Peters et al., 1992).

Differences regarding the use of marijuana in urban and rural populations may frequently be ignored. However, the use of marijuana among rural youth may

result in an additional risk. The need to spend more time on the road and the increased tendency for rural youth to drive under the influence of alcohol can also result in an increased tendency for teenagers to drive while they are high. This factor subjects rural adolescents to additional risks because marijuana interferes with driving by distorting judgment and the sense of time and motion (Peters et al., 1992).

Similar to the use of alcohol and tobacco, research focusing specifically on rural adolescents has found that marijuana is a highly preferred drug. The use of marijuana follows the use of alcohol and cigarettes for women and the use of alcohol, cigarettes, and spitting tobacco for men. Although fewer students reported previously trying marijuana than alcohol or tobacco, 50% of boys and 40% of girls experiment with marijuana by the twelfth grade (Stevens et al., 1995). However, only 21-27% of rural students reported having used marijuana within the prior thirty days, and Donnermeyer (1992) stated that “most young marijuana users from rural areas would be defined as experimenters or casual users” (p. 39).

That rural students reported great variation in marijuana use is important to recognize. For example, Swaim et al. (1986) compared three rural communities in the Rocky Mountain region and found differences in the percentage of both eighth graders and twelfth graders who tried marijuana. These findings indicate that individual rural communities may develop distinctive patterns of drug use.

Hard Drug Use

Adolescents' involvement in drug use usually begins with alcohol, progresses to marijuana, and, finally, to “hard” drugs (Donnermeyer, 1993). The definition of a hard drug varies from study to study but includes inhalants, cocaine, crack, stimulants, hallucinogens, and tranquilizers. Donnermeyer (1992) found the differential use of hard drugs between rural and urban youth often varied with the type of substance. Some studies determined that the lifetime prevalence of inhalant use was generally higher for rural youth (Peters et al., 1992). Additionally, Johnston et al. (1986, 1989) found a greater proportion of rural versus urban youth from the graduating classes of 1985 and 1988 had used stimulants.

The use of cocaine and crack among rural youth was found consistently to be much lower than among urban youth (Leukefeld, Clayton, & Myers, 1992; Peters et al., 1992). Research also found lower levels of use by rural youth for heroin, sedatives, hallucinogens, LSD, and PCP

(Donnermeyer, 1992). Despite these differences, approximately equal proportions of rural and urban youth reported the use of tranquilizers (Peters et al., 1992).

Studies revealed that inhalants and stimulants are the two most popular classes of hard drugs among rural youth (Donnermeyer, 1992). This trend parallels national trends (Oetting and Beauvais, 1990) that found stimulants, hallucinogens, and inhalants were the three most popular "hard drugs" among adolescents.

Differences and similarities clearly exist between rural and urban adolescents' use of drugs. However, that each of these populations can be subdivided into smaller groups is important to recognize. Specifically, differences in drug use have been observed among rural adolescents based on the degree of rurality within a community and the sex of the adolescent.

Ecological and Social Background

Correlates

Rurality

Research has begun to recognize differences in rural adolescents' drug use with respect to the actual population of the community. Donnermeyer (1992) found that "beyond rural-urban comparisons in use of alcohol, marijuana, and hard drugs, several studies reported differences by degree of rurality" (p. 50). These studies indicate that even minor differences in community size and farm versus non-farm environments influence drug use among adolescents. For example, young people from small towns showed higher levels of both alcohol and marijuana use than youth from the open country (Donnermeyer, 1992). Also, compared to farm youth, rural non-farm youth have higher rates of alcohol and marijuana use (Donnermeyer, Khatun, & Hoskins, 1987; Leukefeld et al., 1992). Based on the American Drug and Alcohol Survey, Peters et al. (1992) also reported marginally higher rates of marijuana use in semi-rural areas (communities of 2,500-10,000 people) versus rural areas (communities of fewer than 2,500 persons). In addition, Peters et al. (1992) found that lifetime use of inhalants, stimulants, cocaine, crack, hallucinogens, PCP, sedatives, and heroin were consistently greater among semi-rural versus rural eighth and twelfth graders. Tranquilizers were the only hard drugs rural students used slightly more frequently than semi-rural students. Despite the difference in marijuana and hard drug use, Donnermeyer (1992) reported no differences in lifetime use of alcohol and alcohol intoxication between the rural and semi-rural areas.

Sex

Differences in the use of alcohol, tobacco, marijuana, and hard drugs exist between male and female rural youth. Overall, these sex differences are similar to those of urban youth. Peters et al. (1992) found that twelfth grade boys had a higher tendency than their female peers to get drunk. However, Bloch et al. (1991) indicated that although boys tended to report higher levels and more frequent use of alcohol than girls, the differences were decreasing. Indeed, Stevens et al. (1995) found that although girls were slower in initiating drinking, by high school their use of alcohol was greater than alcohol use of boys.

Sex appears to play only a minor role in the use of tobacco and hard drugs. For example, tobacco use is similar for boys and girls, and is only slightly higher for boys because they use both spitting tobacco and cigarettes whereas girls primarily use cigarettes. Stevens et al. (1995) also found the use of hard drugs was comparable for boys and girls with only 2% more girls than boys trying hard drugs by the twelfth grade. In contrast, marijuana use differed based on sex; by the twelfth grade, 50% of boys had tried marijuana compared to 40% of girls the same age (Stevens et al., 1995).

Research Addressing Rural Drug Use

Difficulties Concerning Research on Rural Adolescent Drug Use

Recent research has indicated the uniqueness of drug use among and between rural adolescents. However, the results of these findings must be applied with caution. Donnermeyer (1992) noted, "Today, rural juvenile delinquency remains both an understudied and poorly understood area" (p. 32). Unfortunately, the literature on rural drug use refers most frequently to studies including only a few communities. These results cannot be applied to all rural communities because rural populations are not homogeneous. Rural communities vary widely in their socioeconomic conditions, ethnic make-up, stability, and degree of isolation from health services (Edwards, 1992). Farrell et al. (1992) found that "these differences suggest the need for caution in generalizing the findings from any single rural sample to other rural communities" (p. 325).

Research on rural populations may also be flawed by researchers' misconceptions that rural and urban areas are comparable across all variables. Researchers often use the same variables in research on both rural and urban

adolescents. These variables focus on numerous personal, psychological, and social factors and assume that rural adolescents do not differ from urban adolescents in these aspects. Thus, most of the rural-based research on adolescent use of alcohol, marijuana, and hard drugs fails to recognize uniquely rural qualities, such as exposure to a more limited peer group and lack of law enforcement and treatment resources. Furthermore, conclusions drawn from research concerning the drug use patterns of rural adolescents cannot be firmly documented (Peters et al., 1992).

Self-Report Studies

With few exceptions, recent research on the use of alcohol, marijuana, and hard drugs by rural youth is based on self-reports (Donnermeyer, 1992). Self-report researchers go directly to the youth and collect data through questionnaires and interviews. Self-report procedures have some major advantages. They provide information that is unknown to the adult population, including police, parents, and researchers. Thus, these studies provide information on undetected drug use in addition to detected drug use. Self-reports also provide specific information concerning the types of drugs being used and the frequency of drug use in communities. This detailed information permits comparisons across different populations (Carter, Phillips, Donnermeyer, & Wurschmidt, 1982).

Although self-report procedures have advantages, problems exist. First, self-reports are dependent on the knowledge and integrity of the respondents. In addition, because self-report studies are dependent on the respondents' ability to recall incidents and details, researchers may obtain inaccurate data. Inaccurate data may also be obtained if adolescents are tentative about revealing their involvement with illegal drug use. Finally, because researchers do not conduct self-report surveys on an annual basis or with standardized guidelines, the analysis of trends and comparisons across studies is often tenuous and may lack accuracy (Carter et al., 1982).

Conclusion

Our country is coping with the problem of alcohol and drug use among youth, and research has begun to focus attention on drug use by rural adolescents. Findings indicate that alcohol, tobacco, marijuana, and hard drugs are being used by rural adolescents. Thus, the belief that adolescent drug use is not a problem in small towns or remote rural areas has been replaced by a more realistic

image. This new image acknowledges that rural settings are not pristine when compared to drug use in the inner-city (Farrell et al., 1992). Peters et al. (1992) stated, "the myth of the idyllic small country town that is synonymous with a 'clean and wholesome,' drug-free environment is just that—a myth" (pp. 22-23).

Communication and mobility have broken down the barrier that kept rural populations safe; adolescents everywhere now have access to alcohol, tobacco, marijuana, and hard drugs. Stevens et al. (1995) found that "rural students have equal, and in some cases higher, lifetime and current use prevalence of alcohol, marijuana, and tobacco in comparison with national samples" (p. 105), and although the use of hard drugs—except for inhalants and stimulants—has been reported as lower among rural youth, we must recognize the need for drug intervention among rural adolescents (Donnermeyer, 1992). To initiate effective drug prevention programs, we must recognize the diversity of youth who are using drugs.

Establishing effective prevention and remediation programs targeting this special population may not be a simple task. Program developers must acknowledge that drug use among rural and urban youth varies, and they also must recognize that the specific needs of rural towns can vary significantly. Designers of prevention programs must know about the kinds of available drugs and the attitudes concerning the use of these drugs. In addition, professionals must address how community attitudes reflect the youth. Recognizing the factors impacting drug use is also fundamental in establishing effective drug treatment programs, which is essential to reducing or eliminating drug use among youth (Leukefeld et al., 1992).

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Childhood Bipolar Disorder: Symptoms and Treatments

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A review of literature from the last five years examined current thinking about bipolar depression (BD) in children. The goal was to identify criteria for accurate diagnosis and the best options for treatment. Research indicates that the single best predictor of BD is the presence of BD in the child's family. Pharmacological treatment includes the use of lithium, antidepressants, and neuroleptics. There is little evidence to support the use of electroconvulsive shock therapy with children. Psychosocial options include the combination of individual, psychoeducation, group, and family therapy.

Bipolar disorder (BD) in pre-adolescent children is difficult to diagnose, treat, and manage. There is continuing debate regarding the possibility that BD and depression in childhood may be precursors to lifelong adult BD (Akiskal, 1995; Klein & Slomkowski, 1993). Some of the difficulty in diagnosis has to do with whether BD or depression is a viable diagnosis for children. Several articles dispute the existence of the disorder in pre-adolescent children except in rare instances (Campbell & Cueva, 1995; Kaplan & Shachter, 1993; Klein & Slomkowski, 1993). Others argue that the misdiagnosis of BD in children has retarded the discovery of effective treatments and allowed for further, or escalating, mental illness (Akiskal, 1995; Kafantaris, 1995; Winokur, Coryell, Endicott, & Akiskal, 1993). Contributing to the problem is that BD in children is often comorbid with conduct disorder, substance abuse, and attention deficit hyperactivity disorder (Kafantaris, 1995; Wilens, Spencer, Biederman, Wozniak, & Connor, 1995). In this article, I attempted to distinguish the symptoms of BD from the other disorders and to explore the available treatments for BD.

Description of BD

BD is a mood disorder characterized by periods of depression alternating with manic episodes. A manic episode consists of an elevated, euphoric, expansive, or irritated mood with a decreased need for sleep, racing thoughts and speech, grandiosity, irrational ideas or actions, disorganization, and quickness to anger (Maxmen & Ward, 1995). Manics appear to be the happiest of all people because of their contagious, amusing,

heightened affect (Geller & Luby, 1997). However, they often develop reputations as being a “Dr. Jekyll—upstanding, likable, and productive—yet sometimes becoming a Mr. Hyde—outrageously excitable, intrusive, and demanding” (Maxmen & Ward, 1995, p. 214).

Children with BD are often from families with a history of BD (Akiskal, 1995; Kaplan & Shachter, 1993; Klein & Slomkowski, 1993). Those having parents with the disorder are especially vulnerable (Akiskal, 1995; Kaplan & Shachter, 1993; Klein & Slomkowski, 1993). BD in children involves greater aggressiveness and irritability than the adult disorder (Akiskal, 1995); minor fluctuations in the environment can result in wild fluctuations in behavior (Geller & Luby, 1997).

BD is equally distributed between boys and girls (Maxmen & Ward, 1995). However the child's gender may affect the disorder because of social cues, inducing girls to display themselves in a quieter fashion, turning the anger and depression in on themselves. Boys, following approved social behaviors, act out more and display mania and anger much more freely (Akiskal, 1995).

Additional evidence suggests that the development of the brain in vitro may play a part in the development of the disorder. Boys are more vulnerable to problems during neurodevelopment and have a higher incidence of mental disorders (Klein & Slomkowski, 1993).

The disruption this disorder creates calls for effective treatment programs. The most effective treatment and management programs are a combination of medication and psychosocial therapy for the child and family. There is some discussion that even combinations of medications may be more beneficial than a single medication (Wilens, et al., 1995). Maxmen and Ward (1995) suggested the following sequence of treatment; control suicidal tendencies, apply medical interventions, implement psychotherapies, and undertake family involvement and therapy. Those authors also noted that although these therapies have been prioritized, they are interrelated and each influences the others and may not follow a linear path of treat-

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ment. However, pharmacological treatments are very effective for BD and should always be the initial treatment (Craighead, Miklowitz, Vajk, & Frank, 1998).

Pharmacological Treatments

Lithium

The most common combination of medications for BD is lithium for the mania and an antidepressant for the depression. Lithium, a metallic salt, similar to table salt, is the primary pharmacological therapy for BD in both children and adults (Akiskal, 1995; Campbell & Cueva, 1995; Kafantaris, 1995; Klein & Slomkowski, 1993; Maxmen & Ward, 1995; Wilens, et al., 1995). Lithium's natural elements often quiet a patient's anxiety about taking a "drug" and incidentally calm some of the anxiety associated with treatments (Maxmen & Ward, 1995). Lithium can also limit aggressive behaviors (Campbell & Cueva, 1995; Kafantaris, 1995). Side effects of lithium include fatigue, tremors, nausea, confusion or cognitive disturbances, damage to the kidneys or thyroid, and death when toxic levels occur in the body (Campbell & Cueva, 1995; Kafantaris, 1995; Maxmen & Ward, 1995). Lithium treatment requires regular monitoring of blood serum levels (Campbell & Cueva, 1995; Kafantaris, 1995; Maxmen & Ward, 1995). Because of the need to monitor blood serum levels when prescribing lithium, practitioners recommend against its use for patients whose families are unable to keep regular appointments (Geller & Luby, 1997). For those patients and for some patients who have or develop a lithium resistant disorder, other forms of medical treatment are available. These other forms include antidepressants, neuroleptics, and in severe cases, electroconvulsive therapy. Anticonvulsant medication is commonly paired with lithium. For patients who are treatment resistant, evidence indicates that the combination of the two medications produces an "excellent response" (Kafantaris, 1995). Side effects are relatively similar to those of lithium alone.

Antidepressants

Antidepressant medication is rarely given by itself to BD patients; they are most commonly paired with lithium. There are three classes of antidepressants: tricyclic antidepressants (TCAs), monoamine-oxidase inhibitors (MAOIs), and selective serotonin re-uptake inhibitors (SSRIs) (Maxmen & Ward, 1995).

TCAs. A common response resulting from treating BD patients with only TCAs is the instigation of a hypomanic episode or an increase in the amount of their irri-

tability (Akiskal, 1995; Campbell & Cueva, 1995; Kafantaris, 1995; Kaplan & Shachter, 1993). Side effects with TCAs include fatigue, orthostatic hypotension—a sudden drop in blood pressure—and an anticholinergic condition, including dry mouth, constipation, blurred near vision, decreased memory, and urinary retention (Maxmen & Ward, 1995).

MAOIs. MAOIs have similar success as TCAs and SSRIs for treating depression (Maxmen & Ward, 1995). However, they are not often prescribed because of severe side effects (e.g., dangerously high blood pressure, severe headaches, chest pain, fever, and vomiting) that can occur if the patient's diet is not carefully managed (Maxmen & Ward, 1995).

SSRIs. Most often, physicians prescribe SSRIs. SSRIs usually perform more effectively than TCAs and do not require as high an initial dose (Maxmen & Ward, 1995). Additionally, this class of antidepressants has fewer side effects than TCAs. The most common side effects are nausea, diarrhea, increased anxiety, agitation, or insomnia (Maxmen & Ward, 1995). The increased anxiety, agitation, and insomnia could increase difficulties with the manic side of BD, and practitioners must consider those side effects when prescribing SSRIs.

Neuroleptics

Physicians most often use neuroleptics when psychotic symptoms (i.e., psychotic mania or psychotic depression) are present (Keck & McElroy, 1998). They can be used in addition to lithium (Kafantaris, 1995). In those people with a lithium resistant response, neuroleptics offer some relief to psychotic symptoms and the cycling of BD (Kafantaris, 1995). The most common side effects of neuroleptics are "sedation, cognitive blunting, irritability, depressed mood, blurred vision, dry mouth, weight gain, and a decrease in blood pressure" (Scahill & Skrypeck, 1997, p. 42). Because side effects associated with neuroleptics can become severe, experts recommend different forms of pharmacological treatments for children.

Electroconvulsive Therapy (ECT)

Willoughby, Hradek, and Richards (1997) stated, "ECT is an uncommon treatment modality for children and one that elicits strong reactions from professionals and lay people alike" (p. 11). ECT is reserved for the most severe cases that are resistant to drug therapy treatment. ECT has become more commonly accepted for adults but remains a last resort treatment for children

(Willoughby et al., 1997). However, "ECT, as it is now administered, is the most effective of all the antidepressant treatments with over 80% responding" (Maxmen & Ward, 1995, p.239). There is little evidence demonstrating the efficacy of ECT for children. Most of the literature is case study reports. However, these reports do support the use of ECT with children having extreme symptoms and unresponsiveness to other treatments (American Academy of Child & Adolescent Psychiatry, 1997). The application of ECT is relatively simple. Patients are given an anesthetic, oxygen, and a temporary muscle relaxant to prevent bone fractures. A mild electrical shock is administered to the head to elicit a seizure that lasts from 25 to 60 seconds (Maxmen & Ward, 1995). Side effects of ECT can include loss of memory and identity confusion, which can exaggerate the original condition (Kafantaris, 1995).

Psychosocial Treatments

Psychosocial treatments, commonly known as psychotherapy, for BD include individual, group, and family approaches (Craighead et al., 1998; Kafantaris, 1995; Klein & Slomkowski, 1993; Maxmen & Ward, 1995). Goals for psychoeducation include medication adherence, cognitive-behavioral and interpersonal improvements, and family intervention (American Academy of Child & Adolescent Psychiatry, 1997; Craighead et al., 1998). According to Kafantaris (1995), there is a lack of published research on the efficacy of psychosocial treatments for children. Therefore, the American Academy of Child and Adolescent Psychiatry (1997) suggests following the recommendations from the adult literature and clinical experience for psychosocial treatment options.

Individual Therapy

Investigators are developing and refining adult models for individual therapy sessions with children (Kafantaris, 1995). Even without a prescribed therapy regimen, practitioners offer some form of interpersonal therapy to individuals with BD. This therapy aims (a) to help persons cope with fluctuations associated with BD and with daily frustrations, and (b) to adopt a positive cognitive schema of themselves (Kafantaris, 1995). For adults, psychotherapy helps patients (a) to identify and avert situations likely to entice another episode, (b) to end episodes before they become severe, and (c) to cope with and address problems in their environment (Maxmen & Ward, 1995). In individual therapy sessions, several different approaches are used. Behavior techniques are applied to increase self-esteem, avoid self-punishment, set realistic personal goals, and to improve social skills.

Behavioral techniques are often used along with cognitive strategies (Maxmen & Ward, 1995).

Psychoeducation

Investigators (Craighead et al., 1998) have reported, "The primary focus of psychoeducation is the provision of information regarding the multifaceted nature of the disorder and its successful treatment" (p. 241). Persons with disorders requiring daily medications reportedly have resisted taking their medication because it reminds them they have "special problems" (Kaplan & Shachter, 1993, p. 276) and are different from others. Psychoeducation can help alleviate negative cognitions about one's self and the medications, thereby placing emphasis on the importance of medication adherence for the prevention of relapse (Craighead et al., 1998).

Group Therapy

Group therapy can alleviate some of the feelings of isolation and differentiation. The group environment offers the opportunity to practice techniques, which the person learned in individual therapy, in a safe environment. However, despite these obvious benefits, there are no reported controlled studies of adult, adolescent, or children's groups (Kafantaris, 1995).

Family Therapy

The family environment is key to treatment of BD. Families with a parent or spouse who is highly critical, hostile, or emotionally involved are considered an environment of "high expressed emotion" (Craighead et al., 1998, p. 243). This atmosphere is conducive to relapse for the BD patient (Craighead et al., 1998). Even in families that are not high in expressed emotion, family therapy is beneficial in that it allows professionals to educate relatives about the origin of the disorder, treatment protocol, and expectations for the future (Maxmen & Ward, 1995). Family therapy focuses on helping parents cope with children's disruptions on the family, educating family members about the disorder, and adjusting the home environment to prevent a recurrence of mania (Kafantaris, 1995; Klein & Slomkowski, 1993; Maxmen & Ward, 1995).

Conclusion

BD has had an accepted adult diagnosis for many years, but it is in the early stages of diagnosis for children. There are accepted criteria for diagnosing children for the development of the disorder. The criteria include

common markers for the disorder; family history of the disorder is the strongest indicator. Clinicians are becoming more comfortable and accepting of the disorder among children, but much more research is needed to find the most effective treatments.

There are clinicians and researchers who are addressing the need for new types of treatment. However, reaching consensus about the effectiveness of newly developed treatments may require many years of investigation. Until then, implementation of the current therapy options is the only recourse. The triadic approach of medications, individual, and family therapy is the best option (Maxmen & Ward, 1995). This approach includes (a) pharmacological treatment with lithium, and/or other classes of drugs as appropriate, to initiate mood stabilization, (b) individual therapy to address the debilitating issues BD initiates, to learn new social skills, and to help the individual to control impulsive urges, and (c) family therapy to institute changes in the home environment, promoting a decrease in the chance for relapse, and to help parents and other household members cope with the disruptions in their lives.

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Limits for a Lifetime: When Children Grow up in Poverty

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This review examines developmental deficits because of childhood lived in poverty. Specific consequences were those found in physical, socioemotional, and cognitive development. Children living in poverty early in their development face deficits such as poor health because of a greater frequency of medical illness and nutritional deficits, poor language development, and a wide range of behavioral problems. Research findings indicate that those problems persist and increase over time. This article addresses the extensive deficits that up to 20% of U.S. children experience while living in poverty.

In the United States, support for the poor is diminishing at a time when 20% of the nation's children are living in poverty (U.S. Census Bureau report, as cited in O'Connor, 1999). The consequences of lack of action to reduce the level of poverty can be illustrated by looking at the damaging consequences to a child's development when he or she lives in poverty. Resulting developmental deficits discussed in this paper include physical, cognitive, and socioemotional deficits.

Living in poverty exposes children to poor health conditions, inadequate housing, environmental toxins, and even homelessness. Many poor children receive less cognitive stimulation in a home environment with fewer stimulating toys and books, and less encouragement and support for intellectual accomplishments (Dodge, Pettit, & Bates, 1994). Because many children living in poverty experience harsh discipline, observe violence in their neighborhoods and extended families, and experience more transient peer groups, they have fewer opportunities for stable friendships (Dodge et al., 1994). Some low income children who live in dangerous neighborhoods have symptoms that resemble post traumatic stress syndrome, such as sleep disturbances and aggressive behavior (Bell; Osofsky, Wewers, Hann, & Fick; as cited in Posner & Vandell, 1994).

Experiences associated with poverty contribute to consequences for children including lower IQ scores, lower language and cognitive abilities, lower social competence, and more behavior problems. Many of the deficiencies appear earlier than the onset of elementary school. Ramey and Campbell (as cited in Burchinal,

Campbell, Bryant, Wasik, & Ramey, 1997) report that disproportionately large numbers of kindergarten-age children living in poverty test within the low-normal or borderline range of intelligence.

Children living in poverty may receive lower quality child care, and if they attend low income schools, will have access to fewer resources and less classroom instruction time focused on academic subject matter. Even when they do attend school in a typical classroom, poor children are more likely to experience learning or adjustment problems when compared to children from more economically advantaged homes (Alexander & Entwisle, as cited in Burchinal et al., 1997).

This article examines some of the factors associated with the lives of children living in poverty and how those factors, specifically the impact on physical, cognitive and socioemotional development, hinder development.

The Health of Children Living in Poverty

Children living in poverty face what Parker, Greer, and Zuckerman (as cited in Bradley, Whiteside, & Mundfrom, 1994) called "double jeopardy." They are exposed more frequently to risk factors, such as medical illness, and experience more severe consequences from these risks than children from higher socioeconomic status (SES). Children living in poverty are at a greater risk for poor health because of nutritional deficits and common illness. Another prevalent problem is that of iron deficiency. These problems are not only related to physical health and development, they also affect cognitive development.

Children living below the poverty line are at risk for poor health because of common illnesses. The National Center for Health Statistics (as cited in Pollitt, 1994) reported that school-age children from families with incomes below \$10,000 were three times as likely to be in poor health as children whose families had incomes above \$35,000. Poor health is coupled with a low utilization of health services and infrequent vaccination.

Mary Beth Ahlum from Nebraska Wesleyan University was the faculty sponsor for this research project.

Research in developing countries has suggested that school children with frequent illness show lower cognitive test performance. A study in Guatemala conducted by Gorman and Pollitt (as cited in Pollitt, 1994) found that frequency of illness during the first three years of life predicted test performance in adolescence. Poor school performance is associated with higher frequency of dropouts. Thus children who are frequently ill during development are not only at risk for poor school performance, but they also face a greater probability of dropping out of school.

Another problem is that children living in poverty will often suffer from nutritional deficits. Research cited by Pollitt (1994) indicated that children with different degrees of nutritional risk profit from early supplementary feeding. This nutritional intervention is accomplished through such programs as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This program provides states with federal grants for nutrition education, health care referrals, and supplemental foods for low-income women, infants, and children who are at nutritional risk. According to the USDA Food and Nutrition Service (1998), eligibility requirements include pregnant or postpartum women with infants and children up to 5 years of age who are at nutritional risk and whose income falls below U.S. poverty income guidelines. Studies such as that by Rush, Stein, and Susser (as cited in Pollitt, 1994) have found that among those at risk, early supplementary feeding enhances motor and mental development during the first three years of life. WIC has been found to be effective in improving the health of women and their infants, which in turn leads to lower health care costs: "Women who participated in the program during their pregnancies had lower Medicaid costs for themselves and their babies than did women who did not participate" (USDA Food and Nutrition Service, 1998, p.1).

Iron deficiency anemia is highly prevalent among low-income children in the United States (Pollitt, 1994). The effects of iron deficiency have been studied in many developing countries (Osiki & Honig; Webb & Osiki; Pollitt & Leibel; Lozoff,; Walte; Seshadri & Gopaldas; as cited in Pollitt, 1994) and have been shown to produce lower scores on a wide variety of psychological tests including developmental scales, intelligence tests, and specific cognitive functioning tasks. The difference is often remarkable, and the greatest severity of anemia produces the poorest test performance.

Cognitive Development of Children Living in Poverty

Within a few years after birth, children experience several crucial cognitive developmental milestones. What is painfully clear according to recent research is that living in poverty is enough to greatly impede attainment of these milestones. Furthermore, research suggests that the current school system does not remedy the deficits children incur when they live in poverty. For instance, in a study of disadvantaged kindergartners conducted by Stipek and Ryan (1997), they found evidence that these children had lower scores than advantaged preschoolers on eight different cognitive assessments. Disadvantaged children with relatively poor cognitive skills are at a greater risk for developing a more negative view of their competencies and more negative attitudes towards school, which can plague their educational futures with failure. Learning deficits and behavioral problems can extend into elementary and middle school. For example, Walker, Charles, Hart, and Carta (1994) found that early differences predicted children's language and reading-related achievement seven years after initial measures. As poor children progress through the school system, they will more likely experience lower levels of academic achievement and more failure in school. When poverty persists into adolescence, dropout levels increase. Haveman, Wolfe, and Spaulding (as cited in Duncan, Brooks-Gunn, & Klebanov, 1994) found that the combination of poverty and dependence on welfare between ages 12 and 15 years was a significant predictor of high school dropout status.

Deficits and failures in school have their beginnings in the home environment. The next section will examine the cognitive deficits resulting from factors within the home environment and will examine the relationship between neighborhood SES and measures of cognition.

Home Environment

The availability of stimulating toys and books, and encouragement and support for intellectual accomplishments are factors that are known to contribute to language development and later school performance. As one might suspect, these opportunities occur less often in the homes of poor families (Bloom & Lahey; Bradley, Cladwell, & Rock; Hart, & Risley; McCall; Ninio; Tulkin & Kagan; Vibbert, & Bornstein; as cited in Walker et al., 1994). Low scores on home environment measures are related to malnutrition, developmental delay, abnormal growth, and poor school performance (Bradley, as cited in Garrett,

Ng'andu, & Ferron, 1994). High scores on home environment measures are positively associated with cognitive development (Gottfried, as cited in Garret et al., 1994).

Disadvantaged children have parents who play fewer language games that are conducive to early language learning, and typically these parents do not ask their children for language responses (Gottfried; Hart & Risley; Schoggen & Schoggen; as cited in Walker et al., 1994). The varying levels of exposure to language in the home, which are often negatively associated with SES, are predictors of child language, IQ, and achievement (Greenwood; Hart; Sameroff, Seifer, Barocas, Zax, & Greenspan; as cited in Walker et al., 1994).

One facet of a child's home environment, which also affects cognitive performance, is the cognitive performance of the parents. According to Burchinal et al. (1997), high estimates of heritability in cognitive scores have been reported in many studies. Maternal IQ has direct predictive power on a children's cognitive performance (Martin, Ramey, & Ramey; Ramey, Yeates, & Short; Sameroff, Seifer, Baldwin, & Baldwin; Furstenberg, Brooks-Gunn, & Chase-Lansdale; Scarr; as cited in Burchinal et al., 1997). Burchinal et al. (1997) found that maternal IQ had a direct effect on children's cognitive performance and indirectly impacted children's cognitive performance through influence on the quality of the home environment.

Thus, a portrait of disadvantaged children's homes emerges as one in which vital language opportunities are often not present to promote normal language development. In addition, when living in poverty means having parents with lower cognitive abilities, children appear to be at a greater disadvantage for future success as well. The size of these effects was investigated by Walker et al. (1994). These researchers measured the abilities of children from ages 7 to 36 months, and then continued measuring them for seven years. They found that seven years after the initial assessment, children's language, verbal ability, and academic achievement outcomes were related to previously assessed SES, language, and IQ measures. The findings support the hypothesis that children raised in families of lower SES have fewer early language experiences associated with later optimal language outcomes and suggest that the deficits in development persist over time.

Impact of the Neighborhood.

An interesting phenomenon associated with the home environment is the relationship between children's neighborhood and their (a) IQ and (b) behavior problems. Duncan et al. (1994) found that neighborhood economic conditions are significant predictors of IQ and behavior problems. Children with affluent neighbors were found to have higher IQ's than those with low income neighbors. In addition, children with low income neighbors were found to have a higher level of behavior problems.

Socioemotional Development of Children

Living in Poverty

Children living in poverty may be raised by parents who are less warm in their behavior toward them, who experience a relatively high level of family life stressors, who perceive less social support and greater isolation, and who are more likely to believe that aggression is an appropriate and effective means of solving problems (Dodge et al., 1994). When children live in poverty, the financial strain, as well as the stress on family relationships, will likely lead to several behavior problems. The specific consequences of this strain and stress will be examined in the next section.

Financial Strain and Behavioral

Dysfunction

Behavioral dysfunction is a problem that children living in poverty often develop. For example, Dodge et al. (1994) found that socioeconomic disadvantage is a predictor of emergent behavior problems. In fact, SES was found to have a greater amount of influence on the level of functioning in children than IQ (Herrenkohl, Herrenkohl, Rupert, Engolf, & Lutz, 1995). Those investigators found that SES involved the greatest risk for dysfunction among the variables they measured, including maltreatment of the child. They also cited previous research (Trickett, Aber, Carlson, & Cicchetti, as cited in Herrenkohl et al., 1995) consistent with their findings, which found that the lower the SES of the family, the harder it was to differentiate between the effects of SES and the effects of maltreatment. Furthermore, there were no discernible differences in behavior between children of abusive and non-abusive families among the lower SES groups.

Results indicated that the lower the SES level of the family, the greater the risk for dysfunction. In a study conducted by Dodge et al. (1994), children in the lowest SES received teacher ratings of behavior problems that were higher than the national mean. Furthermore, over 60% of children received scores in the clinical risk range. Problems in these children persisted and increased over time. Dodge et al. (1994) found that low income children who were assessed at preschool and for 4 years showed an increase in behavior problems; problems grew worse over time. Many factors involved in the life of a child struggling with poverty can lead to greater risk for developing these problems, and many of these effects stem from the impact of financial strain on the family.

Relationship Dysfunction

Harnish, Dodge, and Valente (1995) found that children from low SES backgrounds had higher levels of behavior problems than their peers. Mothers and children from low SES environments also displayed poorer quality interaction styles than mothers and children from higher SES environments. Results indicated that the interaction quality observed in these families partially mediated the relationship between SES and externalizing behavior problems. Thus, we observe more behavior problems, partially attributable to mother/child interactions, impacted by factors associated with living in poverty. A family living in poverty may also have a lower level of education by the mother or caregiver, which can contribute to a lack of knowledge about proper interaction with children.

Studies that examined the impact of stress on family interactions showed that stress can lead parents to exhibit less nurturance, less responsiveness to the social emotional needs of children, more reliance on physical punishment, and more coercion to gain obedience than parents in a middle-income household lacking this stress (Alvy; Conger, McCary, Yang, Lahey, & Kropp; McLoyd; Ogbu; as cited in Garner, Jones, & Miner, 1994). These methods of parenting have been associated with risk for lower social emotional functioning as well as behavior problems in school and with peers (Huston, 1991; McLoyd, 1990b; McLoyd & Wilson, 1991; Patterson, Baden, & Kupersmidt, 1991, as cited in Garner et al., 1994).

Examination of family interactions at the level of specific interchanges between family members revealed that economic strain on adolescents is mediated by parent-child relations. Conger, Xiaoja, Elder, Lorenz, and Simons (1994) investigated the influence of economic strain on intact families and proposed a model called

“coercive family processes.” This model describes a high density of irritable, hostile interchanges between family members, which often occurs when stress is high because of life circumstances. The hostile interchanges come from an attempt to control one another’s actions. The study found that financial conflicts were likely to lead to these types of interactions, and adverse economic conditions produced a direct negative impact on parent-adolescent interactions, creating more hostility, more parental depression, and marital conflict. These hostile interactions affected development by increasing the risk of adolescent symptoms of internalization and externalization.

The stress of living in economic disadvantage contributes to hostility, conflict, and harsh discipline. Dodge et al. (1994) reported that harsh parenting and other socialization practices in the preschool years were important mediators of behavior problems as much as four years later. Other characteristics of interaction included a lack of warmth and less attention to children’s needs. Lack of paternal warmth has also been found to be associated with child aggression (Olweus, as cited in Dodge et al., 1994).

One lesson that children living in poverty may acquire from their parents through family interactions is the endorsement of aggression to solve problems. This behavior can be learned through observed violence. The observation of adult conflict is known to be associated with immediate adverse child effects (Cummings, Zahn-Waxler, & Radke-Yarrow, as cited in Dodge et al., 1994), as well as long-term child maladjustment (Jouriles, Murphy, & O’Leary, as cited in Dodge et al., 1994).

Investigators have extensively studied maternal depression and found it had detrimental consequences on parent-child interactions. Poor, isolated, young, single mothers are among the most vulnerable to depression, (Dressler; Pearlin & Johnson; as cited in Schteingart, Molnar, Klein, Lowe, & Hartmann, 1995) and this finding is particularly relevant because 41% of single mothers in the United States are poor (U. S. Census Bureau, as cited in O’Connor, 1998). In their sample, Schteingart et al. (1995) found that 46% of homeless mothers and 45% of low-income housed mothers suffered symptoms of depression. Maternal depression has the power to impact interactions with children in many ways. Thus maternal depression seems to be a major variable in mediating the effects of poverty on children’s development, including socioemotional functioning and behavior problems. Lack of appropriate interaction with children, because of factors such as maternal depression lead to a higher risk for developmental problems.

Conclusion

Those who do not or have not lived in poverty cannot fully grasp that lifestyle. What is disheartening is that almost one-quarter of the nation's children experience poverty. Poverty is all that many of those children know, and it may be all that they ever know. These children know first-hand about the physical, cognitive, and socioemotional deficits discussed in this article.

Deficits in physical development that children living in poverty are likely to incur include a greater frequency of medical illness, a greater prevalence of iron deficiency anemia, nutritional deficiencies, lower utilization of health services, and a lower level of vaccination. Furthermore, children living in poverty often suffer more severe consequences from these risks than higher SES children. Frequent illness and iron deficiency anemia are associated with lower scores on measures of development, intelligence, and cognitive functioning tasks.

Disadvantaged children experience numerous deficits in cognitive development, many of which begin in the home environment and start the child on a path of academic frustration and failure that continues throughout their academic careers. Crucial early language experiences, fostered by stimulating toys and books, as well as encouragement and support for intellectual accomplishments, are lacking in many homes of poor children. The lack of early language development opportunities impacts later language development and future school performance. Disadvantaged children with relatively poor cognitive skills are at greater risk for developing negative views about their competencies and negative attitudes toward school, which in turn are associated with greater academic failure and a higher level of dropout.

Living in poverty has consequences for behavioral dysfunction. These children have a greater level of behavioral problems which persist and increase with time. Research suggests that behavioral problems often stem from the consequences of financial strain on family relationships. Stress contributes to less parental nurturance, less responsiveness to the social emotional needs of children, more reliance on physical punishment, and more coercion to gain obedience. Furthermore, stress from living in economic disadvantage promotes hostility, conflict, and harsh discipline in the home. Harsh parenting techniques and lack of supportive parenting have been associated with lower social emotional functioning and behavior problems in children. Maternal depression also has several detrimental consequences to children's emotional, somatic, and behavioral development.

Children born and raised in poverty may never escape from that poverty. Those children start their academic career with deficits, and these deficits may persist into middle childhood. What is so crippling about poverty in the lives of these children is that poverty affects their success in the institution that defines success for our society. Making it in the United States begins with success in school. Children born into poverty experience damage to their tools for success, and without help to repair and replace these tools, the deficits present when children start school contribute to academic frustrations and social problems with peers.

What is exciting and empowering about research on the effects of poverty on child development is that all of the information points to how intervention can prevent and repair some of the damage. Huston, McLoyd, and Coll (1994) provide encouragement by defining two goals of research: "generating knowledge for the sake of science and contributing to the solution of critical social problems" (Huston et al., 1994, p. 282). They note that research on poverty and children "is at the intersection of these goals and should at its best do both" (Huston et al., 1994, p. 282).

Research is generating some ideas about how to help children in poverty. Future research should focus on developing and evaluating intervention programs to target the physical, socioemotional, and cognitive deficits of children living in poverty. Research findings can illustrate the importance of intervention to combat these deficits and to inform the nation about investing in these vital programs. Poverty, which is causing nearly one-fourth of the future citizens of this country to experience the deficits and consequences outlined in this article, must be extensively researched and action must be taken to protect the lives of children and the future of society.

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Evolution of Rational-Emotive Theory and Therapy

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This review examines Albert Ellis' theory of personality as well as his practice of rational-emotive behavior therapy (REBT). The philosophical and psychological antecedents of REBT are investigated. Ellis proposed that humans have a biologically-based tendency toward both rational and irrational thinking. Irrational beliefs and absolutistic evaluations of self, others, and the environment lead to emotional disturbance. The most effective treatment for psychopathology consists of deep philosophical change. The results of outcome studies tend to support REBT's psychotherapeutic effectiveness. To attain a more respectable status, REBT's concepts require clarification and expansion.

Authorities recognize Albert Ellis as a major progenitor of the cognitive-behavioral movement in psychology. He promulgated his theory of rational-emotive therapy (RET), designated since 1993 as rational-emotive behavior therapy (REBT), with more than 50 books and more than 700 academic articles and papers (McGinn, 1997). He clearly stated that the roots of RET were in his own experiences. As a young man, Ellis suffered from shyness with young women and anxiety about public speaking (Bernard & DiGiuseppe, 1989). From the age of 16 years onward, he developed a love of reading philosophy, particularly the ancient Stoic philosophers, and applied the ideas to himself so that by 19 years of age, he overcame his social anxieties. He based his theory of personality disturbance and change on those philosophical ideas (Bernard & DiGiuseppe, 1989; McGinn, 1997).

Ellis did not plan to become a psychologist. He originally acquired a baccalaureate degree in business administration. He thought he would support himself with an accounting job, but he really wanted to be a writer. During the Great Depression, he had a series of odd jobs while writing plays, novels, and poetry. Because none of his manuscripts sold, he wrote non-fiction on the topics of sex, love, and marriage. He envisioned writing a massive work entitled *The Case for Sexual Liberty* (Ellis & Dryden, 1997b). Because of his extensive reading on sexual topics, friends and relatives began to consider him something of an expert and consulted him regarding their sexual and relational difficulties. Discovering he was effective at counseling others triggered an interest in psy-

chology, and he enrolled in Teacher's College, Columbia University, where he received a master's degree in clinical psychology in 1943 (Bernard & DiGiuseppe, 1989; Ellis & Dryden, 1997b; McGinn, 1997). Ellis then established a private practice in family and sexual counseling (Gregg, 1997).

He used an active-directive style in his counseling work (McGinn, 1997), but after obtaining a PhD degree from Columbia in 1947 (Bernard & DiGiuseppe, 1989), he decided to take training in psychoanalysis, believing that it was the deepest and most effective form of psychotherapy (Bernard & DiGiuseppe, 1989; Ellis & Dryden, 1997b; McGinn, 1997). He trained for six years at the Karen Horney Institute (Bernard & DiGiuseppe, 1989; Gregg, 1997; Ellis & Dryden, 1997b). By the early 1950s, however, he became increasingly disenchanted with the efficacy and efficiency of traditional psychoanalysis and began to experiment with non-Freudian techniques (Bernard & DiGiuseppe, 1989; Ellis & Dryden, 1997b). He wanted to practice a more efficient and profound kind of therapy that would reach into the basic core of human emotional and behavioral disturbance (McGinn, 1997).

Recalling his own success with using philosophic principles to overcome social anxiety, and in combination with techniques from various non-Freudian therapies, he again began practicing in a more active-directive style (Bernard & DiGiuseppe, 1989; Gregg, 1997). His clients began to improve more quickly (Gregg, 1997). Abandoning classical psychoanalysis entirely by 1955, he was practicing what he then called rational psychotherapy (Ellis & Dryden, 1997b; Gregg, 1997). He formally introduced to professional psychology his ideas on the irrational beliefs that underlie psychological problems and emotional disturbance. In 1959, he established the Institute for Rational Living, now known as the Albert Ellis Institute, of which he remains president. In the early 1960s, he began calling his method rational-emotive therapy (RET) to emphasize its cognitive-philosophical aspects (Bernard & DiGiuseppe, 1989). At 84 years old, he continues to be very active in psychology (McGinn, 1997).

James S. Bargar from Missouri Western State College was the faculty sponsor of this research project.

Historical Antecedents of REBT

Ellis acknowledged being inspired by early philosophers (Wilson, 1993), particularly by Marcus Aurelius' *Meditations* and Epictetus' *Enchiridion* (or *Manual*). Stoicism's principles, laid down by these men, encouraged Ellis' belief that it is not so much what happens that produces emotional upset but rather what one chooses to think about what happens. Ellis' theory and practice seem especially inspired by Epictetus' fifth lesson from the *Enchiridion*:

Men are disturbed not by the things which happen, but by the opinions about the things: for example, death is nothing terrible, for if it were, it would have seemed so to Socrates; for the opinion about death, that it is terrible, is the terrible thing. When we are impeded or disturbed or grieved, let us never blame others, but ourselves, that is, our opinions. It is the act of an ill-instructed man to blame others for his own bad condition; it is the act of one who has begun to be instructed, to lay the blame on himself; and of one whose instruction is completed, neither to blame another, nor himself (*Gateway's Meditations...and Enchiridion*, 1956, pp. 171-172).

One could view this passage as a summation of the goals Ellis encourages for clients in REBT.

Other philosophers who influenced Ellis were Baruch Spinoza, John Dewey, Bertrand Russell, A. J. Ayer, Hans Reichenbach, Karl Popper (Bernard & DiGiuseppe, 1989), Arthur Schopenhauer, Immanuel Kant, and Bartley (Ellis & Dryden, 1997b). Looking closely at the major philosophical influences associated with REBT, Woolfolk and Sass (1989) stated that Ellis' stance was characterized by epistemological positivism and moral relativism, humanism, and atheism.

Positivist philosophy regards as legitimate only that knowledge attained by application of the scientific method. It leads to operationalism, which is a hallmark of empirical, scientific method (Reber, 1995). Emotivist ethical theories, popular during the late 1930s, derived from logical positivism (Woolfolk & Sass, 1989). An emotivist, such as A. J. Ayer, might say that the statement "X is good" is equivalent to saying "I like or approve of X." That is, the statement is not an empirical proposition but rather a report of one's emotional attitude toward X and cannot be logically true or false in any absolute sense (Flew, 1979). Both of these philosophical tenets influenced Ellis' methods of therapy. REBT emphasizes the use of an empirical attitude and logical, scientific method

to examine clients' irrationally absolute evaluative beliefs; the aim is to eliminate such beliefs and replace them with more rational thinking (Dryden, 1994).

Woolfolk and Sass (1989) pointed out the influence of ethical naturalism in Ellis' theory. The naturalist stance is that what is studied by the sciences is all there is, and there is no need to seek explanations from outside the natural world. Naturalism denies supernatural intervention and proposes that evolutionary processes are the base upon which all rests (Flew, 1979). Ethical naturalism assumes a pragmatic stance toward morality and seeks to align it with "human nature," so it tends to endorse hedonistic outcomes for human behavior (Woolfolk & Sass, 1989). Ellis stated, "A moral code would better be constructed on the basis of as much empirical evidence about human beings and their functioning as it is possible for the morals-makers to obtain" (as cited in Woolfolk & Sass, 1989, p. 12). His statement that "morality still has to be related to some underlying value system that is not completely determined by empirical findings" (as cited in Woolfolk & Sass, 1989, p. 12) indicated that he avoided committing the "naturalistic fallacy" of believing that ethics is derived entirely from empirical science.

Ellis frequently noted that his theory of REBT is aligned with ethical humanism and existentialism. He views individuals as existing at the center of their own worlds, but not of the world itself, and as having the power of choice, though limited by biologically innate tendencies with regard to their emotional realms (Ellis & Dryden, 1997b).

Authorities do not classify Ellis' system with what is known as humanistic psychology. That "third force" arose as an alternative to both radical behaviorism and classical psychoanalysis and is exemplified in the writings of Maslow, Perls, and Rogers. Humanistic psychology derives from nineteenth century romantic humanism, which arose in opposition to the glorification of science and reason during the Enlightenment (Woolfolk and Sass, 1989).

Ellis' views are much more closely aligned with classical humanism, which developed during the Renaissance in a vein of optimism about human possibilities and achievements, paying less attention to theological debates and placing humankind at the center of the universe (Flew, 1979). Following the maxim of the ancient Sophist Protagoras (c. 485-c. 420 BCE), who stated "Man (humankind) is the measure of all things," classical humanism values the scientific method and emphasizes reason, restraint, balance, and order. Ellis encourages an

attitude of scientific skepticism and the abandonment of belief in supernatural forces (Woolfolk & Sass, 1989). He vehemently opposed any rigid dogmatism, whether religious or secular (Ellis, 1987a; 1987b; 1990b; 1995; 1996). Teaching clients how to reason effectively by disputing their irrational thoughts and inappropriate behaviors via rules of logic and the scientific method is a major tenet of REBT (Wilson, 1993).

Philosophy is the major influence on Ellis' theory, but earlier psychologists also contributed to his ideas about human behavior. Trained at the Karen Horney Institute, Ellis was influenced by Horney's "tyranny of the shoulds" as is evident from his oft-repeated admonition that it is one's devoted belief in imperative "shoulds, musts, and oughts" that causes emotional disturbance. He also acknowledged the work of Alfred Adler as important to the development of his own system (Ellis & Dryden, 1997b). Adler's individual psychology emphasized people's social interactions and posited that humans are goal-oriented. Adlerian therapy encourages clients to confront present problems and develop constructive ways to resolve them. The method consists of revealing errors in a client's goals, attitudes, and "life-style" or approach to interpersonal problems. The therapist's role is as an educator who helps the client to develop effective skills for living in a more satisfying way (Engler, 1995). One can see parallels between that view and REBT's methods, which are often didactic.

Personality and Human Behavior

Ellis does not claim to have a completely formulated theory of personality but rather speaks about a theory of personality change. If, however, one describes how a personality can change, there must be an underlying conception about what constitutes a personality. Ziegler (1989) stated:

a good personality theory should include a clear, specific, and detailed definition of precisely what is meant by the term personality.... While the term personality is invoked often throughout Ellis' prolific writings, there appears to be no single, explicit, consistent, and, above all, precise definition of the term,.... At various points, ...Ellis uses personality in conjunction with beliefs, traits, attitudes, values, preferences, and a whole host of other hypothetical constructs that scores of personality and social psychologists have spent decades attempting to precisely define and differentiate from one another (pp. 28-29).

Ellis' theory would be enriched if he clarified how his constructs developed, how they were interrelated and interacted, and how they accounted for similarities and differences between individuals. Nevertheless, he does have firm notions about what explains human behavior over time and situations.

Ziegler (1989) also pointed out that Ellis considered one's beliefs as the central construct of personality. He proposes that much of human behavior is innate; we are born with both rational and irrational tendencies that are in constant interaction with environmental conditions (Bernard & DiGiuseppe, 1989; Dryden, 1994; Ellis, 1987a, 1990a, 1990b, 1996; Ellis & Dryden, 1997b; McGinn, 1997; Wilson, 1993; Ziegler, 1989). Therefore, humans tend to develop beliefs about themselves, other people, and the environment that are either rational or irrational. Ellis uses the term "rational" in a relative sense to indicate thinking and behavior that lead most expediently to one's basic hedonic goals and purposes (e.g., happiness, satisfaction, & long life). He uses "irrational" to indicate thinking and behavior that prevent one from achieving these goals and purposes (Ellis & Dryden, 1997b; Woolfolk & Sass, 1989; Ziegler, 1989).

Ellis does not dispute that early childhood experiences affect one's personality, although he downplays the importance of investigating or focusing on a client's early history. He states that children learn from parents and culture in which superstitions, taboos, and prejudices are held, but such learning is not the origin of psychopathology. Rather, one's biologically-based tendency to create irrational beliefs is what causes disordered conditions (Bernard & DiGiuseppe, 1989; Dryden, 1994; Ellis & Dryden, 1997b; Wilson, 1993). Simultaneously, Ellis asserts that one's equally innate tendency toward rational beliefs counterbalances the tendency to think irrationally and to develop psychopathology (Bernard & DiGiuseppe, 1989; Ellis & Dryden, 1997b; Woolfolk & Sass, 1989; Ziegler, 1989). Although Ellis rejects Freud's theory of personality and psychopathology, there are similarities between their views. Like Freud, Ellis sets the human being in an eternal, biologically-based conflict between two opposing forces that trigger behavior and are fundamentally related to survival and happiness (Ziegler, 1989). Ellis also agrees with Freud that humans tend to use defenses against emotional pain that ultimately perpetuate their problems because these defenses deny the existence of or minimize the severity of those problems (Ellis, 1987a; Ellis & Dryden, 1997b).

Acquisition and Treatment of

Psychopathology

Ellis views human beings as inherently fallible creatures who cannot be perfected. Social learning contributes to both psychological health and psychopathology, but biology is the main factor in producing emotional disturbance. Because people have a tendency toward irrationality, they are prone to create or perpetuate their own emotional distress (Dryden, 1994). They do this by their propensity to make evaluative judgments of themselves, other people, and the environment. Evaluations lead to disturbed, negative emotions if they are predicated on rigid, absolutist demands that things be different from how they are (Bernard & DiGiuseppe, 1989; Dryden, 1994; Ellis, 1987a, 1990a, 1990b, 1995, 1996; Ellis & Dryden, 1997a, 1997b; McGinn, 1997; Wilson, 1993).

How a person interprets events is less important than his or her evaluative beliefs. One can have "cold cognitions," that is, calm, dispassionate appraisals of events, or "hot cognitions," dogmatic, strongly held, evaluative appraisals that lead to psychological disturbance. A cold cognition is a rational contention that one would prefer someone or something to be different, though it is not absolutely necessary that he, she, or it actually be different for one to be relatively fulfilled and healthy. A hot cognition is an irrational insistence and demand that someone or something absolutely should, ought, and must be different before one can be fulfilled, happy, and psychologically healthy (Dryden, 1994). Hot cognitions produce and perpetuate emotional disturbance and irrational, self-defeating behavior.

Ellis vigorously argues that the effects of past experiences can be overcome if people develop the ability to reassess their perceptions of early experience and to change their evaluation of its influence in their lives (Bernard & DiGiuseppe, 1989; Ellis, 1987a; Woolfolk & Sass, 1989; Ziegler, 1989). Because humans have an innate tendency toward rational thinking, which can counteract irrational thinking, the therapist's job is to be a model and teacher who points out the client's self-defeating irrationalities. REBT attempts to help people replace their dogmatic insistence that things or people, including themselves, be different than they are. Ellis uses the term "unratable" to indicate that human beings cannot be evaluated in terms of good or bad because humans are not static organisms (Dryden, 1994). Therefore, therapists help clients view themselves and others as essentially unratable, as neither good nor bad. They are encouraged to separate the person or the world from the act or the event. Behaviors and events can be rated or evaluated because they are discrete and static.

Once events have occurred, they produce conditions that contribute to one's satisfaction or dissatisfaction. Only when a preference that something not happen or people not be the way they are, is inflated into a demand, it or they *ought* not or *must* not be that way, does emotional and psychological difficulty result (Ellis, 1990b; Wilson, 1993; Woolfolk & Sass, 1989).

Emotional disturbance results when people begin with an underlying preference (e.g., "I want people to approve of or like me") that they elevate into an absolute belief and resultant negative evaluation (e.g., "If people don't like or approve of me, there is something rotten about me, or else they are rotten for not liking me"). Ellis has identified an enormous catalog of people's irrational beliefs (Ellis, 1987a), and he describes them as basically falling into three main categories: (a) "I must do well and be approved by people or I am no good and damned"; (b) "Other people must treat me considerately and kindly or they are no good and deserve damnation"; or (c) "The conditions of my life absolutely ought to be better than they are, and I should immediately and easily get whatever I want with no real effort on my part, and the world is an awful place if this does not occur" (Bernard & DiGiuseppe, 1989; Ellis, 1996; McGinn, 1997; Wilson, 1993). In other words, "I must do well and be loved; you must treat me wonderfully; life should be easy."

REBT encourages an attitude of unconditional self-acceptance, which promotes a focus on changing self-defeating, irrational thinking and behavior rather than getting stuck in a non-productive, self-deprecating stance. REBT therapists aim for an attitude of unconditional acceptance of their clients as fallible persons who act in self-defeating ways, but who are never fundamentally bad or good. While REBT practitioners generally agree with Carl Rogers' views that therapists should be empathetic, genuine, and convey unconditional positive regard to clients, they avoid displays of undue warmth toward clients. Ellis states that showing clients too much warm attention is likely to reinforce their irrational "need" for love and approval (Ellis & Dryden, 1997a).

Ellis disagreed with the trend in clinical psychology to encourage clients to develop increased self-esteem. He stated that self-esteem is a global evaluation of oneself and that all evaluations of self are dangerous and can lead to "self-downing," which in turn leads to emotional disturbance (Dryden, 1994; Ellis, 1990b; Ellis & Dryden, 1997a). He even referred to self-downing as "perhaps the greatest emotional sickness known to humans" (Ellis, 1996, p. 150) because he considers self-esteem to be predicated on the notions that one is lovable and pleasing

to others. With a focus on high self-esteem, one always carries the covert anxiety that one may fail to perform well and be lovable and pleasing in the future. Unconditional self-acceptance, Ellis contends, is preferable because it is a state of fully accepting oneself as a valuable and enjoyable person whether or not one is a high-achiever or others approve of or love one (Ellis, 1990b; 1996).

In addition to irrational beliefs, there are other elements that contribute to psychopathology. In 1962, when Ellis wrote *Reason and Emotion in Psychotherapy*, he noted that globally negative evaluations of self produce emotional disturbance. More recently, he identified additional factors as important in the development of psychopathology. He said that some people have an inherently low frustration tolerance. This tendency to believe that they cannot bear frustration produces what he calls “discomfort disturbance,” (Dryden, 1994) or “I-can’t-stand-it-itis” (Bernard & DiGiuseppe, 1989; Ellis & Dryden, 1997b). Ellis points to this tendency as a major impediment to successful efforts to change. If one believes he or she “can’t stand” the discomfort of change, then precious little change will occur because much energy will be devoted to avoiding the problem. Ellis also contends that people make themselves even more miserable by becoming disturbed about their disturbances, anxious about having anxiety, depressed about their depression (Bernard & DiGiuseppe, 1989; Ellis, 1987a; Ellis & Dryden, 1997b); these secondary disturbances often need to be attended to in therapy before tackling the primary irrational beliefs that produced the emotional difficulties in the first place (Bernard & DiGiuseppe, 1989). Ellis also states that most people are short-range hedonists who are focused on immediate gratification and reduction of frustrations. One goal of REBT, reminiscent of the ethical philosophy of Epicurus (c. 341-270 BCE), is to teach people the importance of long-range hedonism, or to defer short-term gains for the possibility of long-range gains (Dryden, 1994; Ellis, 1987a; Wilson, 1993).

Therapeutic Change: The ABCs

Ellis relies on a simple acronym to explain the evolution of emotional disturbance and how to change it. On the surface, REBT appears to be quite simple, but simple things are often not easy to achieve. The simplicity of the ABC acronym belies the complex interrelatedness of cognitions, emotions, and behaviors that comprise a human being (Bernard & DiGiuseppe, 1989). In brief, a

person starts with G, a goal (e.g., to do well, to be liked, or to enjoy oneself). The A signifies an activating event or a person’s interpretation of that event. The B represents a person’s beliefs about A. And C symbolizes the emotional and behavioral consequences a person experiences because of the beliefs about A. In other words, A almost never directly causes C; rather, a person has considerable control over C by choosing how to think at B (Ellis & Dryden, 1997; Wilson, 1993; Ziegler, 1989). One can have either rational beliefs or irrational beliefs about an activating event. Irrational beliefs tend to lead to self-downing or self-defeating behaviors (Ellis & Dryden, 1997). To diminish or eliminate unpleasant emotional or behavioral consequences, one proceeds to D, the process of disputing and challenging irrational beliefs in order to see that there is no empirical evidence that they must be true before one can be emotionally well (Bernard & DiGiuseppe, 1989; Dryden, 1994; McGinn, 1997; Wilson, 1993).

Ellis distinguishes three types or levels of change that can occur in psychotherapy. The most desirable and profound of these is philosophical change, or preferential REBT, which he calls the elegant solution to emotional disturbance. This kind of change is a deep recognition of the irrationality of many of one’s beliefs and a willingness to work hard to examine and dispute them via the rules of logic and the scientific method and thereby develop a whole new philosophical approach to life (Bernard & DiGiuseppe, 1989; Dryden, 1994; Wilson, 1993).

The second kind of change is general REBT, which is very similar to other cognitive-behavioral therapies. Generally, REBT is a less profound changing of thinking and behavior aimed mostly at reducing symptoms, eliminating as much as possible the habit of self-condemnation, and improving interpersonal skills. It focuses on inferential change whereby clients alter their inferences about their experiences rather than their evaluations of the experiences. For example, a client might decide that rather than being deliberately out to get him, the boss is neutral toward him or perhaps even is trying to help him (Dryden, 1994; Wilson, 1993).

The third kind of change is simple behavioral change. It is often directed at changing the activating event rather than one’s evaluations and inferences about the event (Dryden, 1994).

Critiques of Ellis’ Theory

Ziegler (1989) critiqued Ellis' REBT theory to determine how well it compared to a scientific theory of personality. He examined it according to six criteria: (a) verifiability, (b) heuristic value, (c) internal consistency, (d) parsimony, (e) comprehensiveness, and (f) functional significance. Regarding verifiability, Ziegler rated REBT low because many of its concepts are not precisely defined and logically related to each other; the theory is not as amenable to empirical evaluation as scientists might desire. He rated its heuristic value, however, as very high, because REBT has stimulated a large number of research studies, especially about cognitive processes such as irrational beliefs. He also rated Ellis' theory high on internal consistency because the explanation is based on a clear-cut set of assumptions about human nature, and Ellis' concepts are logically consistent with each other. Ziegler rated REBT high on parsimony. There are "exceptionally few basic concepts, ...and these core concepts support the entire RET theoretical structure" (Ziegler, 1989, p. 44). He pointed out, however, that the theory may be too parsimonious and that Ellis himself has acknowledged this shortcoming.

Ziegler rated REBT low on comprehensiveness. The theory gives very little attention to major areas of human behavior. It fails to address in scientifically acceptable, systematic, detailed, and precise terms the role of childhood experience in adult personality formation, the nature of human motivation, and the development of personality throughout the life-span. Finally, regarding functional significance, Ziegler gave an excellent rating to REBT. The theory is highly useful in helping to understand human behavior. It is readily accessible to professional clinicians, researchers, and the general public. It is also an effective way for treating psychological problems. He concludes that REBT is a good start toward a comprehensive, empirically verifiable personality theory, but much work remains to be done.

Wilson (1993) mentioned that Ellis and REBT are often criticized as being impersonal. Specifically, a warm, confiding relationship between therapist and client is usually de-emphasized and strong confrontation may be part of a therapy session. Woolfolk and Sass (1989) characterized REBT as a set of problem solving techniques combined with a general and pragmatic criterion of human worth, but they pointed out that it does not offer an overarching sense of meaning and justification such as can be found in a master narrative like religion or a secular system of virtue. They also remark that Ellis' use of the term rational is muddled and that he seems to be advancing a value position advocating expedient pursuit

of a happiness defined exclusively in terms of personal hedonism. Malony (1987), responding to Ellis' reply to an earlier article critical of his view that religious people were more prone to psychopathology (Sharkey & Malony as cited in Ellis, 1987b), further criticized Ellis as defining religiosity as a pathological condition. Maloney contended that defining religiosity in this way invites confusion between (a) the emotional attitude one holds toward a belief system and (b) its propositional content. Malony contends the real issue is not one of asserting that religion or religiosity is conducive to psychopathology but that skepticism is more conducive to emotional well-being than dogmatism.

In contrast to Ziegler's conclusion that Ellis' theory has high internal consistency because it has clear-cut assumptions about human nature, Roberts (1987) criticized Ellis' theory as lacking consistency. Roberts pointed out that rather than offering one clear and tenable rationale for rejecting all self-evaluation, Ellis offers three rationales for why all self-evaluation must be eliminated; (a) selves are fictions, (b) ontologically, selves are incapable of taking value-predicates, and (c) it is therapeutically necessary to forswear self-evaluations.

Roberts said Ellis' own staunch stand for rationality ensures that none of his rationales is valid. According to Roberts, Ellis sometimes asserts that selves do not exist. At other times, Ellis says selves do exist, but they cannot be evaluated as either good or bad. And at still other times, Ellis writes that selves do exist and have value, but for purely practical reasons, it is necessary not to evaluate them. Ellis holds all three of these mutually contradictory positions. Therefore, REBT must abandon the ideal of rationality because if selves have value, it is inconsistent to have a practical policy of not admitting this. Roberts advocates the evaluation of selves based on the Kantian ideal that human beings have an absolute value (i.e., dignity) and so are worthy of respect. Kant (as cited in Roberts, 1987) described the human being as having a dignity that is consequent on freedom of will, which is the faculty that knows and is the source of the distinction between right and wrong. This knowledge of the difference between right and wrong is captured in the rule that one "should treat himself and all others, never merely as a means, but always at the same time as an end in himself" (as cited in Roberts, 1987, p. 824). Roberts proposes that this proposition could be added to Ellis' theory to permit an evaluation of the self that does not depend on traits or behavior.

Ellis (1988), ever ready to reply to criticisms, argued that refraining from evaluation of one's personhood is

more elegant philosophically. He insisted that simply saying to oneself that one is alive and desires, though does not *need*, to be alive and happy is preferable, but how shall one's acts and deeds be evaluated in the pursuit of remaining alive and happy?

Haaga and Davison (1993) reviewed the research literature regarding REBT and concluded that while the system has certainly had a large impact on psychotherapy, its scientific status suffers on several points. The measurement of irrationality and irrational beliefs is hampered by the lack of clear operational definitions. Haaga and Davison also commented that whereas meta-analysis of outcome studies support its general utility, qualitative reviews of REBT tend to be critical of the methodology of those quantitative studies. For example, qualitative reviews point out that there is insufficient testing of REBT hypotheses. Specifically, for all Ellis' insistence on promoting self-acceptance rather than self-esteem, REBT research has tended to use conventional self-esteem indices rather than measures of self-acceptance.

There are other methodological problems. Quite often studies have used inexperienced therapists conducting brief, group REBT for subclinical problems, with no follow-up evaluations. Outcomes have often been measured in terms of self-reported symptoms or irrational beliefs. Other sources of concern are (a) lack of reporting of clinical significance of treatment effects, (b) infrequent collection of follow-up data, (c) inattention to attrition rates, and (d) lack of information about attempts to measure treatment adherence. Haaga and Davison (1993) proposed that it might be better to abandon efforts to study REBT as a whole and concentrate on research into the specific tactics advocated by REBT for the treatment of particular problems.

In their factor analysis of irrational beliefs, Watson, Vassar, Plemel, Herder, and Manifold (1990) analyzed an 11-item, self-defeating belief instrument administered to 190 psychiatric patients. They found four factors: (a) "I need to control a dangerous world;" (b) "Self-assertion is painful;" (c) "I need affirmation;" and (d) "I lack control over my fate." The authors cautioned, however, that the results should be evaluated conservatively because the statements were intercorrelated and that the sample included only male inpatients on the psychiatric ward of a Veteran's Administration hospital. Tests on inpatient women, outpatients of both sexes, and non-psychiatric normal men and women might indeed yield different results.

Finally, Lyons and Woods (1991) conducted a meta-analysis of 70 REBT outcome studies. The results of this meta-analysis indicated that REBT is an effective therapy. No significant differences in effectiveness were found between student volunteer subjects and clinical subjects. The majority of reviewed studies, however, used PhD candidates as therapists rather than professional therapists, and the amount of therapist experience was found to be an important variable influencing the effectiveness outcome of some studies. The authors' meta-analysis indicated that REBT is more effective when administered by more experienced therapists. In addition, the study confirmed criticism that the short duration of treatments limits the effectiveness of REBT. Lyons and Woods concluded that despite several methodological flaws in most of the studies, REBT is effective, and researchers should investigate which factors or combination of factors contribute most to REBT's effectiveness.

Conclusion

Albert Ellis has had, and continues to have, a great impact on the field of psychology. His theory of personality, although not completely satisfactory using scientific criteria, is effective in explaining the evolution of behavioral dysfunction and emotional distress. The philosophical underpinnings of REBT were traced from its roots in ancient Stoic and Sophist ethics and in classical humanism, logical positivism, and emotivist ethics. Ellis contends that humans have innate, biological tendencies toward both irrational and rational thinking and that the best way to treat emotional disturbance is through the profound philosophical change produced by REBT's emphasis on an empirical attitude and the logical disputation of absolutistic beliefs.

A review of research on the efficacy of REBT as a treatment for psychological problems revealed methodological weaknesses, but evidence supports REBT as an effective treatment for emotional disturbance. Lyons and Woods' (1991) meta-analysis of studies about REBT outcomes indicated that REBT is an empirically valid method of psychotherapy. Although the theory and practice of REBT appears quite simple, this brief review revealed a greater complexity. Ellis' theory continues to evolve and may become a major personality theory. Only future theoretical developments and research findings will determine its status.

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Special Features

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*This Special Features section addresses three topics that should be of interest to both students and teachers of psychology. A previous "Call for Papers" invited students to undertake a psychological analysis of a movie or television program. Students provided a variety of psychological perspectives in the essays contained in the first part of this section. From a developmental psychology perspective, Kristi Tackett assessed *The Breakfast Club*. Mary Messina scrutinized *The Doctor* from a health psychology perspective and Eva Denton examined an episode of *Dharma and Greg* from a humanistic psychology perspective. Several students contributed psychopathological analyses, including Aaron Haug's critique of *As Good As It Gets*, Shana M. Van Kirk's and Ann Marie Crook's analyses of *Good Will Hunting*, Maren Jensen's assessment of *Single White Female*, Courtney Higginbotham's application of psychoanalysis to an episode of *Frasier*, Christine Billings examination of Dolores Claiborne, Kris Chang's review of the movie *Sybil*, and Tiffany Flippen's description of autism in the movie *Rain Man*. Using principles derived from social psychology, Emily Balcetis described the use of persuasion in *Wag the Dog*. Vicki Schulz examined *The Lords of Discipline* and Melissa Stones analyzed *7th Heaven*. Students are invited to undertake similar analyses of a television program or movie for the next issue of the Journal. Check the "Invitation to Contribute" at the end of this issue (p. 84).*

In a supplemental "Call for Papers," students were invited to take opposing sides in presenting research evidence regarding a controversial issue. Michael Welker described the harm pornography can do whereas Sean Gamble argued that there is no consistent evidence for harmful effects. Interestingly, at times both authors use the same studies to support their views. Students are again invited to submit point-counterpoint papers for the next issue of the Journal. Some topics that you might consider exploring include "repressed memories," the effects of nature versus culture in sexuality, the psychological effects of genetic testing, and the use of animals in research. Check the "Invitation to Contribute" at the end of this issue (p. 83).

The last contribution to the Special Topics section is an interview with Dr. Richard Suinn, the 1999 President of the American Psychological Association. Megan Littrell and Sara Schmidt, students at Nebraska Wesleyan University (NWU), along with Dr. Mary Beth Ahlum, psychology faculty member at NWU, arranged and conducted the interview. Dr. Suinn discussed a variety of interesting topics including undergraduate research, the process of choosing a career, the experience of ethnic minorities in psychology, and what can be done to improve clinical practice.

Psychological Review of *The Breakfast Club*

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The movie *The Breakfast Club* (Tanen & Hughes, 1985) starring Molly Ringwald is a story about five high-school students who must serve a Saturday school detention. The students are instructed to write a one-page essay describing who they think they are. The five students represent different social crowds that are evident in most

high-school settings: populars, jocks, druggies, brains, and loner groups. At first, each of *The Breakfast Club* characters is hostile to the students from other crowds. After a period of ignoring and ridiculing each other, the students bond to form one cohesive group.

There are many illustrations of developmental psychology concepts in this film. More specifically, adolescent psychology themes are represented. A psychological review of this movie shows how parenting skills affect adolescents, portrays the different social crowds in adolescents, and shows the prevalence of conformity among adolescent peer groups.

Richard Miller is editor of this journal's Special Features section.

How Parenting Skills Affect Adolescents

The characters in this movie talk about their parents' parenting skills. Baumrind's research (1971) identified three types of parenting related to the socioemotional development of children. The three types are authoritative, authoritarian, and permissive. More recently, Maccoby and Martin (1983) revised Baumrind's stages to include components of family warmth and parental control, which result in four parenting styles: authoritative, authoritarian, permissive, and indifferent parenting. The five characters in *The Breakfast Club* spoke about their parents' parenting styles and how those styles affected them.

Authoritative Parenting

One character, Brian Johnson, is part of the "brains" crowd. He is a very smart student who receives all A's. He is involved in the math, Latin, and physics clubs. Brian's parents show characteristics of authoritative parenting. They push Brian to succeed in school, yet they are reasonable in their demands. They involve Brian in their rules and help him achieve academic success. Brian states that his parents are very strict, but he also says that they are caring. According to Steinberg (1999) authoritative parents are warm but firm. They set limitations for their children, but they are not unreasonable in doing so. Children who come from authoritative households tend to be more responsible, self-reliant, creative, and successful in school.

Authoritarian Parenting

A second character, Andrew Clark, is part of the jock crowd. Andrew is captain of the wrestling team, and he is serving a Saturday school detention because of athletic hazing. He describes his parents as very demanding and strict parents. Andrew's parents push him to be number one at all costs. Their main concern is that Andrew receive a scholarship to wrestle in college. Andrew's parents show the authoritarian parenting style. In the movie, Andrew bemoans his parents expectations to obey all of their rules. Andrew tells the rest of the characters that the reason he played a prank on another student was because he wanted to impress his father. He knew his father would think hazing was admirable for athletic leaders. Authoritarian parents, like Andrew's parents, place a high value on obedience and conformity. They tend not to encourage independent behavior in their children (Steinberg, 1999). Children of authoritarian parenting tend to be anxious about social comparison and have poor communication skills with their parents (Santrock, 1999).

Indulgent Parenting

The character Claire Standish is part of the popular social crowd. Claire is involved in many school activities and is nominated for high school prom queen. Even while serving a Saturday detention, Claire is very fashionably dressed. She is serving a Saturday school detention because she skipped class to go shopping. Claire's parents have a very lenient parenting style. They are not mad at her for cutting class and give her a light punishment. Although Claire states that she is grounded, she also believes she will be able to get out of it very easily. In the movie, Claire suggests that she can get her dad to reverse her punishments any time. Claire's parents are classified as indulgent in their parenting style. Indulgent parents are warm emotionally but behave in more passive ways than do other parents. They place very few demands on their children. Indulgent parenting is associated with children's social incompetence and a lack of self-control (Santrock, 1999).

Indifferent Parenting

The last two characters, John Bender and Allison Reynolds, both come from indifferent or neglectful parents. John Bender is part of the druggie crowd. John is loud, obnoxious, and rude to all of the students. He smokes cigarettes and brings marijuana to the school. The movie does not indicate why John is in Saturday school detention, but it does reveal that Saturday detention is routine for him. John talks about his parents abusing him. He divulges that his mother emotionally abuses him and his father physically abuses him.

In contrast, Allison Reynolds is a loner who remains quiet for the majority of the movie. She does not care about her personal appearance or her mannerisms. She states that she is in Saturday school detention because she had nothing better to do. Allison says that her parents ignore her. Allison, like each of the characters, displays typical behaviors associated with her parents' parenting styles.

Indifferent or neglectful parents try to do whatever is necessary to minimize the energy and time they devote to interacting with their children. Typically they have little concern about where their children are and what they are doing. Indifferent parenting is associated with a wide range of deviant behaviors and with children's social incompetence, especially a lack of self-control (Santrock, 1999).

Portrayal of Social Crowds in Adolescents

A second important psychological concept depicted in this film is social crowds. Social crowds have been prominent in society for many generations and are prominent in most high school settings. The *Breakfast Club* takes place during the 1980's, but the contents of the movie are similar to what would take place in most high schools at the end of the millennium. Adler and Adler (1995) described crowds as friendship circles in which members are alike and can identify with each other. They function as bodies of power. Not everyone can join a particular group. One must fit with the members of the crowd in order to join. Most adolescents want to fit in with the popular group. Members of popular crowds seem to have the most confidence and have the most fun. Research states that crowd membership is associated with self-esteem. Brown and Lohr (1987) found that the self-esteem of the jock and popular crowds were the highest, whereas the self-esteem of the loners was the lowest. *The Breakfast Club* provides distinctive examples of this research. Claire and Andrew, who are members of the popular and jock crowds, seem to have the most self-confidence throughout the movie.

Adolescent Conformity

Conformity in adolescence can be either negative or positive. In the movie, the students conform in a negative way. John Bender (the druggie) brings marijuana to the school. When he leaves the room to smoke marijuana, Claire (popular) and Brian (brain) follow him. Andrew (athlete) and Allison (loner) are not far behind. Except for John, the other students had not given any indication that they had engaged in smoking marijuana. Kandel et. al. (1978), as cited in Urberg (1992), stated that the peer group as a whole influences marijuana use. The other students at the Saturday school detention may not have engaged in the health-compromising behavior had they not been in that situation.

At the end of the movie, the students related to one another and began to get along. This behavior occurred after the students shared their family experiences. The movie was unclear about whether they would continue to get along once school resumed. The students finally completed their assignment, which was to describe who they thought they were. They wrote only one letter to describe the group as a whole:

Dear Mr. Vernon,

We accept the fact that we had to sacrifice a whole Saturday in detention for whatever it is we did wrong, but

we think you are crazy for making us write an essay telling you who we think we are. You see us as you want to see us, in the most simplest term, in the most convenient definitions. But what we found out, is that each one of us is a brain, and an athlete, and a basket case, a princess, and a criminal. Does that answer your question?

Sincerely yours,
The Breakfast Club

A qualitative review of the movie emphasizes psychological concepts dealing with parenting styles, the presence of social crowds in adolescence, and peer pressure to conform. Research indicates that parenting styles have a direct influence on children's psychological and emotional well-being (Steinberg, 1999). Each character has a distinct personality as a result of their parents' parenting styles. A variety of social crowds exist in most high schools. Each character represents a certain social crowd. At the start of the movie, each character displayed hostility to the students from other crowds. After spending a day together, the students were able to relate effectively to each other and showed evidence of conformity.

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The Doctor:

A Health Psychology Perspective

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The film *The Doctor*, released in 1991, starring William Hurt, Christine Lahti, and Elizabeth Perkins is about a physician who gets cancer. Through his experiences as a patient, Jack McKee (William Hurt) becomes a better physician. Jack is an excellent surgeon, who specializes in heart and lungs. His mantra is “Get in, fix it, and get out” (Ziskin & Haines, 1991). He is also a husband and a father. McKee is a very busy man and, although he loves his family greatly, his relationships with his wife and son take second place to being a doctor.

In the beginning of the film, McKee visits an ENT specialist because of a chronic sore throat. Shortly after finishing the examination of McKee’s throat, the specialist blurts out that he has cancer. While dealing with the news of his illness, McKee distances himself from his family and tries to continue working. During his treatment he meets June (Elizabeth Perkins), who has a grade-four brain tumor. Through his relationship with June, he realizes what is important and how to cope with his cancer. At the end of the film, after successful surgery to remove the tumor, McKee becomes a more sensitive doctor and reconciles with his family.

The biomedical model of health care is the approach that McKee used before to his illness. That approach has been the primary mode for doctors for more than 300 years (Taylor, 1999). The biomedical model “maintains that all illness can be explained on the basis of aberrant somatic practices, such as biomedical imbalances or neurophysiological abnormalities” (Taylor, 1999, p.12). The biomedical model is reductionistic and often explains illnesses as biological malfunctions rather than assuming that many other factors could be responsible. The biomedical model emphasizes the illness and views the patient in terms of his or her sickness. This approach encourages mind/body dualism or separateness.

For example, at the beginning of the film, McKee performs surgery on a patient, and he and the other doctors sing and laugh at jokes made at the patient’s expense. Another example involves a man preparing for a heart transplant. The man and his family have questions, and each time they raise their concerns, McKee dismisses

them, not at all recognizing or calming the family’s fears. A third example occurs while McKee performs rounds with his students. He and the students refer to patients by the name of their illness.

The biopsychosocial model, in contrast, states that health and illness are the result of an interrelationship among biological, psychological, and social factors. This model emphasizes both health and illness; it relies on mind and body interaction and values multidisciplinary intervention. The biopsychosocial model involves a patient-provider relationship.

After McKee became ill and experienced consequences associated with the biomedical model, his opinions changed and he switched to the biopsychosocial model when dealing with his patients. For example, while preparing for surgery on the man with the heart transplant, McKee answered the patient’s questions in a very sensitive way. Also, during surgery he spoke soothingly and played music so that he might put the patient at ease. Additionally, to help his students recognize the need for a patient-provider relationship, McKee admitted interns to the hospital and put them through all the tests that patients might endure.

The patient-provider relationship is an important concept. The patient-provider relationship outlines some behaviors and communication problems that healthcare workers should consider when dealing with patients. Guidelines include being more sensitive to the patient and attentive when listening, being careful when using medical jargon or technical language, not using baby talk, not depersonalizing the patient, being careful with the affect one communicates, and not relying on stereotypes (Taylor, 1999). The provider needs to remember that the patient is experiencing some level of anxiety and is usually inexperienced.

The patient-provider relationship is exemplified in the film when showing how the doctors behaved with their patients. Many of the doctors talked to each other as if the patient was not present and used medical jargon without explanations. The patient-provider relationship is also exemplified in McKee’s behavior, before and after his own illness, with the man having the heart transplant. Before McKee’s illness, the sick man’s wife was concerned. She believed that an individual was an extension of his or her heart, and she worried that her husband would become a very different person. McKee ignored the woman’s concerns because she was not a doctor and had no knowledge of the upcoming procedure. However, after his own illness, McKee was more sensitive and

allowed the woman to voice her concerns and sympathized with her.

There are some other issues that arise when dealing with a chronic illness, primarily, coping issues. There are two styles of coping, avoidant and active. Avoidant coping consists of ignoring the illness. This style is usually acceptable when there is not much that can be done. Active coping is characterized by taking direct action. This style is much more adaptive and effective. McKee displayed both styles. With his wife, he displayed avoidant coping. He did not inform her of new developments as they arose. He distanced himself from her, not allowing her to share in his pain. Only after June, the patient with the brain tumor, shared herself with him, and he with her, did he recognize that his wife was his ultimate support system and that he could not cope by himself. In some ways, he used active coping skills. He became confrontive with doctors until they informed him about his changing conditions. He made continuous reappraisals of his condition and treatment. Finally, he made a plan and took control in selecting the doctor and the time that the surgery would be performed.

A final issue in this film relates to the four styles of social support. Jack undeniably had all four: appraisal support, tangible assistance, informational support, and emotional support. Appraisal support is the process by which an individual tries to better understand an event and figure out what resources and skills are necessary to cope with an event. This process occurs in two steps, primary and secondary appraisal. Primary appraisal consists of deciding whether or not an event is harmful. In his primary appraisal, Jack decided that having cancer was harmful, which led to stress. Jack's response to stress was secondary appraisal. In secondary appraisal, Jack asked himself if he had the resources to cope with a harmful event. He decided that he did. Jack understood all of the procedures that doctors discussed, and he made the final decisions about when, where, and who would remove his tumor. Tangible assistance "involves the provision of material support, such as services, financial assistance or goods" (Taylor, 1999, p. 222). As an exceptional and well-renowned surgeon, Jack undoubtedly had insurance and the financial resources to pay for his treatment. Jack and his family also had a maid who cooked for them and maintained the house. The third type of social support is informational support, which is a basic comprehension and knowledge of the situation. Jack understood what the doctors were saying and knew about the possibilities for treatments. Jack's emotional support came from those around him. He first allowed June to support him emotionally. After June's death, Jack allowed his wife to

share in his sorrow and after the tumor was removed, his joy. Yet he felt alone and angry in dealing with chronic illness. That Jack exhibited all four styles of social support is probably rare in most cases.

The Doctor exemplifies a strong argument for the necessity of sensitive doctors, patient-provider relationships, and the biopsychosocial model. The biopsychosocial model needs to become the norm for healthcare workers for patients to receive the best possible care.

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An Episode of *Dharma and Greg*

from a Humanistic Perspective

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At 7:00 p.m. on Wednesday, March 17, 1999, I watched an episode of *Dharma and Greg* on ABC. While watching this television show, I looked for events that demonstrated the concepts and principles from the humanistic perspective of psychology. This episode illustrated many of those concepts, such as the need for positive regard, self-concept, conditions of worth, a fully functioning person, free will, and Maslow's hierarchy of motives.

During the first scene, Greg was in his office after completing job ratings. His secretary, Marlene, entered and expressed disappointment with Greg's satisfactory rating of her. Marlene thought that she had performed her duties at a higher level. After she left the office, Greg opened his rating and was extremely pleased to find a superior rating. After Greg heard that Pete, his lazy coworker, had also received a superior rating, Greg's feeling of achievement suddenly vanished.

In the next scene, Dharma surprised Greg by showing him a store that she had leased. Dharma was more excited about the store than he was, even though she did

not know what product she was going to sell. Dharma's parents came to the store and marveled at her purchase. Her father, Larry, asked Greg if his parents wanted to buy a boat from someone he knew because that person needed money to pay lawyer fees.

The last scene was on the boat that Larry tried to sell. Dharma and Greg's parents were on the boat. Larry tried to make a deal with Edward, Greg's father. Although Edward never directly told Larry whether he accepted this deal, viewers could have inferred that he did not buy the boat.

Rogers' View

Need for Positive Regard and Self-

Concept

In the first scene when Greg and Marlene received their job ratings, they demonstrated their need for conditional positive regard. This need is expressed when one needs to be liked and accepted, but only for acting in a certain way. Greg and Marlene wanted positive recognition for their job performance. They also expressed dissatisfaction between their self-concepts and their bosses' views about them. In other words, the characteristics that Greg and Marlene believed to be a part of themselves did not match the characteristics that their bosses considered as being a part of them. Even though Greg and Marlene were given decent ratings, they were not satisfied and thus experienced a lack of positive regard.

Conditions of Worth

Along with a lack of positive regard, Greg and Marlene experienced conditions of worth, which are the situations under which one is considered worthy of receiving positive regard. Greg was sure that he was the opposite of Pete and could not imagine why they were given the same rating. His bewilderment caused him to think that a superior rating was not as outstanding as he thought. Consequently, Greg tried to prove to his boss that he and Pete were not equal by continuously confronting his boss with decisions in which one decision was clearly better than the other decision. His boss informed Greg and Pete that he was going on a vacation and that he needed one of them to supervise while he was gone. He told them that Pete was going to be in charge because of Greg's sudden and unusual behavior.

Likewise, Marlene experienced conditions of worth.

Marlene thought she deserved a rating higher than satisfactory, which caused her to alter her behaviors. Each time she saw Greg, she was not as friendly as before, and she repeatedly made a remark similar to, "Is this satisfactory enough for you?" Marlene was extremely bitter toward Greg, and as a result, she was not able to relate to him as she had in the past.

Fully Functioning Person

Dharma illustrated a fully functioning person. Such a person is self-actualizing, which means that one maintains or enhances the structure of the self through actualizing. Dharma was not afraid to express her feelings and was ready to face new experiences. She trusted her feelings without questioning them. When she leased the store, she did so without thinking about what product to sell or what her husband would think. Although Greg supported Dharma, he was not excited after she told him about her store, but she did not give up.

Free Will

Free will is another humanistic concept that was evident in Dharma's actions. Free will simply means that one is free to decide how to act for himself or herself. Dharma freely chose how to act and what she would do with her life. She leased the store, opened it, and sold it. Dharma also decided to do something different with her life when she sold the store. She did not know what she would do, but she knew that she was ready for a change.

Maslow's Hierarchy of Motives

Need for Safety

The scene that showed the parents of Dharma and Greg in the boat provided another example of Maslow's hierarchy of motives. A sea lion jumped onto the boat near the steering wheel and caused everyone to feel insecure and unsafe. They immediately put on their lifejackets and moved to the back of the boat. After 20 hours, Greg's mom exclaimed, "We are being held hostage by a sea lion!" They knew that they had to act or they would be stranded even longer. First, they decided to run toward the sea lion, but they knew there was danger of an attack. After trying to think of alternatives, they decided to jump off the back of the boat. However, the sea lion remained on the boat, and they were stranded in the middle of the ocean. This situation demonstrates the second level of Maslow's hierarchy of motives that deals with the need for safety. The parents of Dharma and Greg feared for

their safety and were willing to do just about anything to avoid the threat of the sea lion.

Need for Appreciation

In this episode, Greg and Marlene were trying to satisfy the fourth level in Maslow's hierarchy of motives, which deals with the need for appreciation from others. Although the fourth level does not refer to evaluations such as job ratings, Greg and Marlene were upset because their evaluations caused them to realize that they were not appreciated as much as they thought they were. As a result, they attempted to show their bosses how much they deserved to be appreciated. If their bosses realized that Greg and Marlene were more outstanding than other employees who received the same ratings, then Greg and Marlene would have felt valuable and their need for appreciation would have been met.

Need for Self-Actualization

Dharma demonstrated the fifth level in Maslow's hierarchy of motives in which one strives for self-actualization. She leased a store without knowing what she was going to sell. In the end, Dharma did not sell anything; instead, her store was for anyone who needed or wanted something, and Dharma would find it for him or her. For example, a lady asked Dharma if she sold juice. Dharma replied, "No, but I bet someone has some juice to give you." Then she shouted, "Does anyone have any juice?" Her store was not providing her with any monetary profits, instead it allowed her to help others find the things they desired. Dharma helped others, which caused her to feel happy. Her creativeness, independence, and spontaneity provided evidence that she was a self-actualizer. Without consulting Greg, she sold her store to a coffee company for \$10,000 and for all of the cappuccino she would ever want. When Greg asked her why, she replied, "I don't know. I think I want to open a drive-thru." Greg asked her why she wanted to open a drive-thru, and she said, "I don't know, but it would solve many parking problems."

Conclusion

Dharma and Greg is a television program that provides viewers with many examples of psychological concepts from the humanistic perspective. This one episode contained illustrations of concepts such as the need for positive regard, self-concept, conditions of worth, a fully functioning person, free will, and Maslow's hierarchy of motives. I am sure there are other concepts displayed in other episodes. *Dharma and Greg* is not merely enter-

tainment, but it can also be a source for illustrating psychological concepts.

Psychological Analysis of Obsessive-Compulsive Disorder: *As Good As It Gets*

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The following scene appears comical at first. A middle-aged man is cautiously tiptoeing and hopping along a crowded New York sidewalk, trying to avoid every crack in the sidewalk and to keep from touching anyone who passes him. After the novelty of such behavior has worn off, however, one concludes that the behavior is a serious psychological abnormality, obsessive-compulsive disorder. The character Melvin Udall in the movie *As Good As It Gets* (Brooks, 1997) displays many of the classic symptoms of obsessive-compulsive disorder (OCD), and his experiences suggest some of the therapies that are effective in its treatment.

Obsessions are persistent thoughts, ideas, impulses, or images that seem to invade a person's consciousness (Comer, 1998). Compulsions are repetitive and rigid behaviors or mental acts that a person feels compelled to perform in order to prevent or reduce anxiety or stress. According to the fourth edition of the *Diagnostic and Statistical Manual* (APA, 1994), a diagnosis of OCD is appropriate when obsessions or compulsions feel excessive, unreasonable, intrusive, and inappropriate, are hard to dismiss, cause significant distress, are very time-consuming, or interfere with daily functions. Although Melvin's behavior illustrates some of these criteria with only a slight degree of certainty, an observer can readily observe that his actions cause significant distress and interfere with daily functioning. Therefore, a diagnosis of OCD is warranted.

Melvin displayed four types of compulsions and three types of obsessions. The compulsions that Melvin displayed can be described as avoiding contamination, cleaning, seeking order, and counting. Because Melvin rarely talked about his thoughts, one must infer the contents of his thoughts from his compulsive behaviors. These inferred obsessions involve contamination, aggres-

sion, and orderliness.

The movie's opening scene provides a first look at Melvin's compulsion to avoid contamination. In the scene, he attempts to corral his neighbor's dog, which wanders the hall of the apartment complex and has a history of urinating on the floor. Melvin finds this behavior unacceptable, and he puts the dog in the garbage chute.

Melvin frequently wears gloves because they help prevent physical contact with sources of contamination. For example, he would not consider touching the dog with his bare hands. He also wears gloves when he drives, assuming that the car's steering wheel is a prime location for contaminants. Melvin uses leather gloves, plastic gloves, and oven mitts, and in each case, he disposes of them after each use because he assumes that they are now contaminated.

Another way Melvin displays this compulsion is by avoiding personal contact with other people and things that other people may have touched. This behavior is consistent with his activity in public, such as dodging from side to side and saying, "Don't touch," repeatedly. When he dines in public, Melvin takes his own plastic silverware so that he does not have to use utensils others have used.

Melvin's second compulsion is with cleaning. The first illustration involves hand washing. After removing his gloves, he washes his hands with a new bar of soap in scalding water. He soon considers the first bar to be contaminated, and he continues to wash using a second new bar of soap. Another illustration of his cleaning compulsion precedes his date with Carol, his romantic interest in the movie. He says that he just needs to take a quick shower to get ready, but judging from Carol's exasperation and the amount of steam that pours out of the bathroom when he finally emerges, one concludes that his showering ritual is similar to his hand washing ritual.

The third compulsion Melvin displays, seeking order, manifests itself in many forms. One of the most obvious is that his apartment is immaculate. Everything is neatly stacked and organized, including five large jars of M&Ms, which are sorted by color, and his bathroom cabinet, which is well-stocked with soap. Additionally, he has two clocks and a wristwatch at his bedside, all of which are synchronized to display the same time.

Another way in which Melvin's compulsion with seeking order displays itself is through his aggressive behavior. He has precise preconceptions about how people should behave and what type of people they should

be. When people do not match his expectations, he lashes out at them. Melvin's neighbor, Simon, is homosexual, which Melvin considers unacceptable. Throughout the movie, Melvin subjects Simon to verbal abuse. A friend of Simon's, Frank, is Black. In a confrontation between Melvin and Frank, Melvin shouts that he will have him arrested for "assault and battery...and you're Black!" The latter charge is obviously an irrational legal accusation, but his compulsion to seek order leads him to say it anyway.

Yet another example of Melvin's compulsions for order revolves around the restaurant at which he eats breakfast. He eats at the same table every morning at the same time and is served by the same waitress, Carol. He also orders almost the same meal every morning. On two occasions, he creates such a disturbance when his routine is disrupted that the manager almost resorts to barring him from the restaurant. Moreover, when Carol is not at the restaurant, he finds her in her Manhattan apartment and asks her to feed him breakfast.

A final illustration of this compulsion is the manner in which Melvin prepares for a trip with Simon and Carol. While packing for the trip, Melvin has everything he might need laid out neatly in piles on his bed, and he has a checklist that he marks as he places items in his suitcase. He also records certain kinds of music onto seven cassettes to play in certain situations. They are neatly labeled with titles such as: "To Use As an Icebreaker"; "For Use to Pep Things Up"; "To Get Things Going"; and "For Emergency Use Only." When Carol shows up and they prepare to embark, the first thing Melvin says to her is, "Thank you for being on time."

Melvin's final compulsion concerns counting. Throughout the movie, he repeatedly makes use of the number five. When he enters his apartment he turns the top lock five times, turns the bottom lock five times, flips the hall light switch five times, and flips the bathroom light switch five times. As mentioned previously, he has M&Ms separated by color into five jars. On the headboard of his bed, he has five stacks each containing five books, and he has five bottles of water. Lastly, when he visits Carol's apartment, he rings the doorbell five times.

There are two signs in the movie that indicate Melvin's disorder can be explained by cognitive theory. His strict code of acceptability may have resulted from strict treatment by his father. When Melvin made mistakes while practicing the piano as a child, his father struck his hands with a ruler. Melvin also demonstrates

dysfunctional beliefs about his ability to control his own thoughts. His psychiatrist reprimands him for bursting into his office without an appointment, and he responds, “How can you diagnose someone as an obsessive-compulsive disorder and then act as if I had some choice about barging in?”

Although cognitive theory provides the explanation for his behavior, the biological and behavioral theories provide an effective therapy. While eating dinner with Carol, he explains that he has recently begun taking the pills his psychiatrist prescribed because of her. He states that these pills help 50-60% of people with OCD, but he had not been taking them because he considered pills dangerous. He explains that this statement is a compliment to her because “You make me want to be a better man.”

As he walks with Carol toward a bakery at the movie’s end, he has an opportunity to prove himself to be a normal person. As they are walking, however, he begins to go out of his way to avoid cracks in the sidewalk. She says, “Whatever this is, it’s not going to work.” The movie’s final scene shows Melvin opening the door for her, and in doing so, he steps on the cracks in the brick sidewalk. This activity is an example of the exposure and response prevention, which is part of behavioral therapy. With this technique, patients are instructed to refrain from the behaviors they feel compelled to perform (Comer, 1998).

Melvin’s obsessions with contamination, aggression, and orderliness and his compulsions about avoiding contamination, cleaning, seeking order, and counting provide distinctive examples associated with obsessive-compulsive disorder. Symptoms of this disorder were displayed in a humorous manner in this movie, but OCD can be debilitating. Fortunately, the movie also implies that the proper application of therapy can be helpful in limiting or eliminating this disorder.

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Good Will Hunting: Posttraumatic Stress Disorder and Therapy

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Cigarette burns and stab wounds have left their mark on Will Hunting, Matt Damon’s character, in the movie *Good Will Hunting* (Lawrence & Van Sant, 1997). This young man, a janitor and a genius who has a photographic memory and great mathematical ability, was discovered by a famous professor. The professor, Dr. Lambeau, proposed to make use of Will’s talents in the field of mathematics and help him succeed in life as an alternative to going to prison. Will consented, but not willing to revisit his past, he was uncooperative when the different therapists attempted to help him. This movie explores Will’s struggles and the psychological symptoms that pervaded his life as a result of his childhood experiences. The film also focuses on therapeutic approaches used to help Will confront his past.

Throughout the movie, the audience learns facts about Will’s history as a victim of abuse. He was abandoned by his parents and left to live in foster homes. He was removed from three homes because of physical abuse, which included beatings, burning, and bloodshed. His foster fathers stabbed him, burned him with cigarettes, and beat him with a wrench. To deal with his pain, Will psychologically separated and distanced himself from memories of abuse. As a result, Will exhibited many signs of posttraumatic stress disorder, including the symptoms of avoidance with reduced responsiveness, increased anxiety and guilt, as well as reexperiencing the traumatic event that caused the disorder (Comer, 1998).

Damon’s character actively avoided anything related to the trauma by lying to his girlfriend about his childhood and resisting close emotional attachment. When his girlfriend asked him about his family, he lied to her by telling her that he had numerous brothers. She repeatedly asked questions to better understand the man with whom she was in love. When their relationship began to deepen, Will pushed her away and reacted coldly to her. This emotional numbing was Will’s way of preventing himself from being abandoned yet again by someone who was close to him. Because of his great intellect, he prided himself in being able to understand the people around him and to shut himself off from them. He distanced himself even more from his girlfriend by believing that she could not love him if she knew the truth about him.

In one confrontation, Will became angry as his girlfriend tried to express her love and desire to be with him. He began yelling and pounding on the wall. His behavior was abrupt and exaggerated, demonstrating the heightened state of physical arousal that Will used to protect himself when someone attempted to hurt him. This state of arousal is shown at another time in the movie in the therapist's office. When the therapist placed his hand on Will's shoulder, Will unnecessarily prepared to fight. The therapist's gesture served as a trigger that prompted an intense physical reaction.

Victims of trauma often react to triggers that are reminders of traumatic events in their lives (Comer, 1998) as Will did in the therapist's office. Victims also relive the experience through flashbacks in which they enter an altered state of consciousness. Will experienced a flashback during therapy that consisted of a man walking up the stairs toward him. Triggers and flashbacks constantly reminded Will about his past, and like others who suffer from posttraumatic stress disorder, he could not escape.

A variety of techniques are available to treat this disorder. The first therapist Will visited seemed to use a style based on Carl Roger's client-centered therapy. The therapist showed unconditional positive regard, empathy, and genuineness as is common with the humanistic approach.

The therapist listened to Will from across the desk as though everything Will said was important. He used non-verbal communication skills to demonstrate he was actively listening by nodding his head and maintaining eye contact. These behaviors attempted to show an unconditional positive regard for the client. As the therapist listened to Will, he repeated what Will said. This technique is known as accurate empathy, a prominent feature of client-centered therapy (Comer, 1998). The practitioner wanted Will to feel heard and understood. By paraphrasing Will's words, the therapist encouraged Will to continue the discussion. Repetition also allowed Will to hear himself. During this process, the behaviors and attitudes of the therapist toward the client need to be genuine. The client needs to feel that the therapist is interested, honest, and sincere. Will, who pushed people away so they could not hurt him, did not respond to the therapist's mechanical application of the humanistic techniques because Will easily detected the false sensitivity of the therapist.

The professor took Will to a second therapist. This therapist used hypnosis. Will was reclining while the

therapist sat beside him. The therapist tried to put Will in a trance that would allow Will to explore the depths of his memory, especially memories buried in the unconscious. Will would then be able to talk about previous experiences as is typical of a psychoanalytic approach to therapy. Will began to talk about an uncomfortable situation. The therapist asked a few questions for further clarification about what was happening and tried to comfort Will. At that moment, Will broke into song to show that he was not hypnotized and to prove that he did not need therapy.

Out of desperation the professor sought help from another therapist played by Robin Williams. William's character, Sean, approached therapy with an eclectic style that integrated cognitive-behavioral, insight, and psychoanalysis therapies. He used cognitive-behavioral therapy by challenging Will's irrational assumptions and actions. For example, Will thought he knew people based on what was written about them rather than on who they were. This egoism extended beyond his relationships with others to his intellect. Because of his great intellect, Will presumed that he knew everything about other people. Sean pointed out that knowledge is different than understanding and challenged Will to open himself to other people and experiences. Sean's form of therapy was more of a dialogue than a one-sided conversation. He encouraged Will to talk but also took opportunities to challenge him.

Sean used the cognitive-behavioral approach in conjunction with insight therapy. Through this approach, Will developed insight into his experiences and the impact these experiences had on his life. Sean gave Will permission to experience the hurt he felt and to know that the harsh treatment in childhood was not his fault. Insight therapy focuses not only on facing the trauma, but also building trust (Comer, 1998).

Because Will was abandoned as a child and had experienced pain from people who were supposed to love him, he pushed people away and did not trust them. However, Sean believed that trust between the patient and the therapist was first and foremost. He established this trust by noting the ways in which he and Will were similar, such as being from "Southy", reading books, and lifting weights, but more importantly, Sean was genuine and shared parts of his life with Will. After he gained Will's trust, Sean challenged Will to let other people into his life. Only after many therapy sessions was Will ready to open up himself to his girlfriend and dare to care about someone more than he cared about himself.

Psychoanalysis was another important dimension of Sean's therapy. Will talked freely about whatever came to

mind whether it was about books, relationships, or even jokes. When the sessions began, Will resisted Sean's efforts and was uncooperative because he did not want to face therapy, have a painful discussion, and confront his past. However, as therapy progressed Will experienced catharsis, an emotional release, which broke through the barrier Will had built between himself and others. An important breakthrough appeared to occur as a result of transference in which Will began to let Sean take on a father-figure role. In that way, Sean could provide "good enough parenting" as is prescribed in object relations therapy.

By the end of the movie, Will was a different person. Although Will refused to cooperate with the client-centered therapist and the hypnotist to treat his posttraumatic stress disorder, Sean was just as stubborn and refused to give up on his young client. With the help of Sean's eclectic approach to therapy, which integrated cognitive-behavioral, psychoanalytic, and insight techniques, Will was able to confront his past and look to the future. He changed from a cocky kid, who simply knew facts, to a man who was ready to open his eyes and heart to a world he had yet to discover.

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Psychoanalytic Perspective on

the Movie *Good Will Hunting*

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Good Will Hunting, starring Robin Williams, Matt Damon, and Ben Affleck, is a movie about Will Hunting, a 20 year-old orphaned genius from a poor neighborhood in south Boston. While Will cleaned floors at the Massachusetts Institute of Technology, Gerald Lambeau, a math professor and winner of the prestigious Fields Medal, discovered Will solving a mathematical proof that even he could not complete. After bailing Will out of jail, Lambeau's mission was to set Will's life in the right

direction through therapy and to put his mathematical genius to use. After trying five therapists, Will met Sean, Lambeau's college roommate. The purpose of this essay is to identify several psychoanalytic concepts that help to explain behaviors displayed in the movie.

Because Will was abandoned and abused by his biological and foster parents, he had many psychological issues. Several of those issues illustrated concepts from the psychoanalytical perspective. Will displayed very little ego control, and in many cases, he was unable to delay gratification of impulses and urges. He had difficulty staying with jobs and quit after experiencing the slightest difficulty or tension. He was also a chain smoker. He could not resist lighting up even in places where smoking was not allowed (e.g., Sean's office).

In addition to smoking, Will drank excessively, sometimes even at work. His bad temper flared easily, and he often expressed anger physically on other people, which was the reason for his several arrests for assault. Will also had arrests for grand theft. Whether for inappropriate smoking or criminal activity, Will's lack of superego strength in these areas contributed to the ego's difficulty managing the id's impulses in socially appropriate directions. Moreover, because his ego did not have a highly developed secondary process, the id's urges were satisfied recklessly and inappropriately.

What are psychoanalytic explanations for Will's failure to develop a strong superego? Freud described the superego as deriving mainly from interactions with one's parents (Carver & Scheier, 1996). Will's parents left him early in his life, and he was abused by his foster parents. Thus, he lacked opportunities to acquire prohibitions for actions or standards for moral excellence. His intellectual gifts were not put to effective use, and he often participated in criminal activity without feeling guilt or remorse. The superego failed to inhibit his id impulses and did not push his ego to act according to moral ideals.

Will's behavior also illustrated a fixation at the oral stage of psychosexual development. As mentioned previously, he frequently smoked and drank. These activities are more likely to occur in individuals with an oral fixation as ways to reduce tension when stressed. Also, orally fixated individuals are more likely to be verbally aggressive (Carver & Scheier, 1996).

Will often fought verbally with people and confronted them in a harsh, loud, and insensitive way. He was verbally aggressive with his girlfriend, Skyla. He brought her to tears on several occasions, and similar behavior

caused his therapist to kick him out of his office. Will swore frequently, and he had a sarcastic way of verbally interacting with others.

Will probably had not achieved a mature level of genital psychosexual development. The genital stage is characterized by the capability of freely giving of one's self, loving and sharing with others in a positive way, and having better control over impulses (Carver & Scheier, 1996). Will was unable to form a mature or committed relationship with Skyla. He was dishonest with her and often selfish. Finally, he was unable to reciprocate her love.

One reason why Will was unable to maintain a healthy relationship with Skyla was because of his use of defense mechanisms. He may have been afraid of being hurt by her because of his experiences with his parents (i.e., the people he was supposed to trust the most). He rationalized not calling her after their first date because he said their experience was too perfect, and he was afraid he would ruin it. Moreover, because of his fear, he pushed Skyla away and left her after she told him she loved him and asked him to move to California with her. He may have been trying to protect himself from getting hurt, but he was not dealing maturely with tension and was hurting other people in the process.

Will exhibited reaction formation when he did not allow himself to love Skyla. Instead, he protected himself by doing the opposite (e.g., leaving Skyla).

An additional display of reaction formation occurred when one of Will's first therapists attempted to hypnotize him. Will pretended to be hypnotized, and he began to joke about being sexually abused. In reality, Will was abused, but instead of confronting the pain, he made a joke about it. He trivialized the abuse to protect himself and to prevent the reality of the pain from surfacing.

Will displayed denial when he was first told he needed therapy. He made a mockery out of his therapist's attempt to help him. He justified his behavior by saying he did not need therapy. He denied he had problems and that his behavior was destructive. By engaging in such behavior, he did not have to confront pain directly.

When Will began meeting with Sean, he illustrated intellectualization; Will communicated with him in analytical and detached ways. Instead of forming a personal relationship with Sean, Will attempted to analyze him through the picture Sean had painted and displayed in his office. He tried to figure out what type of person Sean

was instead of getting to know him through personal interaction. Will accused Sean of reading the wrong books, having a horrible painting, and marrying the wrong woman. By maintaining a cold, detached, unaffectional relationship with him, Will did not risk getting hurt and avoided having to discuss painful experiences from his past.

At the end of the movie, Will finally experienced some genuine healing. In a therapy session, Sean had Will's file that documented the abuse he experienced with his parents and in his many foster homes. Will was disturbed by having to confront painful memories. Sean told him repeatedly, "It's not your fault," until Will finally broke down crying on Sean's shoulder. Will released his built-up tension, pain, and emotion. After this catharsis, Will was able to start over. This time he approached life in a more mature, realistic, and less defensive manner. He was more open and sensitive toward Sean and showed how much he appreciated their relationship and all that Sean had done for him. He allowed himself new experiences such as job interviews.

Perhaps the most apparent demonstration of his healing was his decision to drive to California to find Skyla. He knew there was a possibility she would have nothing to do with him after the way he treated her, but he decided to take the risk. His actions towards Sean and Skyla showed he was able to love someone other than himself. This behavior also illustrated a movement from fixations at earlier stages to a more mature genital stage of psychosexual development.

The movie *Good Will Hunting* illustrated many concepts of the psychoanalytical perspective. From psychosexual fixations to defense mechanisms, Will Hunting exemplified many internal processes that may affect mental, emotional, and physical well-being. Will Hunting's difficulties demonstrate the powerful relationship between the human psyche and one's thoughts and behaviors.

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Psychological Analysis of the Movie

Single White Female

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The movie *Single White Female* (Schroeder, 1992) begins with Allison Jones looking for a roommate. From among several people who answered her advertisement for a roommate, Allison selected Hedra Carlson. After about two weeks of being roommates, problems escalate between the two.

The source of the problems seems to be Hedra's severe personality disorder. I strongly considered two personality disorders, histrionic personality disorder and borderline personality disorder, before making a final diagnosis. Hedra displayed many of the primary symptoms for histrionic personality disorder.

The other disorder considered in making Hedra's diagnosis was borderline personality disorder. Borderline personality disorder, according to the DSM-IV, is a pervasive pattern of instability of interpersonal relationships, self-image, affect, and marked impulsivity (APA, 1994). Hedra did not exhibit two of the main hallmarks of borderline personality disorder, impulsivity and recurrent suicidal behavior. From the symptoms that Hedra Carlson exhibited, I concluded that her diagnosis pointed to a histrionic personality disorder.

In this essay, I will describe histrionic personality disorder and compare Hedra's psychological symptoms to those displayed by people with histrionic personality disorder. According to the DSM-IV, the diagnostic criteria for histrionic personality disorder is a pervasive pattern of an excessive display of emotions and attention seeking (APA, 1994). The hallmark of histrionic personality disorder is the distress of not being the center of attention (APA, 1994).

The presence of others was very important to Hedra. Hedra loved having Allison for herself, loved the undivided attention that she was receiving from her. She hid the letters that Sam, Allison's ex-fiancé, wrote to Allison and erased the answering machine messages for fear that Allison would leave her for Sam. Allison was Hedra's lifeline because she provided Hedra with a personality. Without Allison, Hedra would be an empty shell until she found someone else who unassumingly would provide

her with another personality.

Another situation in which Hedra could not handle a lack of attention involved a dog. Hedra did not attempt suicide; however, she was violent to those who did not give her the gratification she thought she deserved. For example, Hedra brought home a puppy, but instead of giving Hedra love and attention, the puppy developed a strong attachment to Allison. After a period of time, Hedra's annoyance about the dog's behavior turned into fury. As a result, she abused and killed the dog. She got rid of her "competitor" for attention, and she punished Allison for loving the dog.

The dog was not the only one targeted for Hedra's physical abuse. The physical abuse was also directed at Allison. During a fit of rage, she threatened and attempted to kill Allison because Hedra knew she was losing Allison. That loss meant loss of the attention and gratification she felt she needed to survive.

Another context for attention seeking by the DSM-IV is through inappropriate sexually seductive or provocative behavior (APA, 1994). Because of Hedra's insatiable need for attention, she began giving her attentions to Sam when he tried to restore his relationship with Allison. Hedra's attention to Sam was probably based on two factors. One, she did not want the couple to get together again because she knew she would be alone. Two, she wanted more attention. She probably also wanted to seduce Sam because that would give her validation that she was better than Allison.

Hedra used multiple ways to seduce Sam. For example, she exaggerated her feelings for the dog's death. She expressed distress to Sam and a desire for him to hold her. She used his efforts to console her as a way to seduce him. Hedra clung to Sam for an extended period of time, inappropriate behavior for the situation, because Sam and Allison had reconciled their differences. Her second attempt at seducing him was successful. Hedra went to visit Sam at a hotel. Unknown to Sam, Hedra had transformed herself into Allison. By that time, she had adopted Allison's hairstyle, clothing, and perfume. He did not realize his mistake until the deed was done. Once he discovered it was Hedra, he was irate. Because the night did not go according to her plans, she killed him. Hedra did not see any choice but to kill him because he was not willing to give her attention. If she allowed Sam to live, Sam would have informed Allison of her actions at the hotel. That knowledge would have ended the relationship between Allison and her. Hedra could not allow that happen, so she killed Sam.

Two more criteria for histrionic personality disorder are the display of rapidly shifting and shallow expression of emotions, and being easily influenced by others or circumstances (APA, 1994). Hedra exhibited these two criteria through modeling Allison's behavior, mannerisms, and language. Hedra envisioned becoming Allison, who had all of the physical and personal qualities that Hedra lacked but sorely wanted. Hedra knew she could adopt those qualities. Once Hedra became situated in the apartment, she started changing. First, she began borrowing Allison's clothes. Soon, Hedra began buying the exact clothing that Allison wore. The next step in her physical changes was dyeing and cutting her hair, so that it was exactly like Allison's. The changes did not end there. Hedra began to assimilate Allison's beliefs and opinions. Hedra said "The things you hated, I hated" (Schroeder, 1992). Superficially at least, Hedra became Allison's twin.

The last criterion for histrionic personality disorder is that relationships tend to be perceived as more personal than they actually are (APA, 1994). Another one of Hedra's symptoms was that she exaggerated the meaning of her relationships. Allison did not consider their relationship a close one, especially when Allison began to suspect that Hedra had some problems. However, Hedra considered Allison her best friend: "They were there for each other." She was there to comfort Allison when someone attempted to rape her. Hedra thought that she and Allison had a special relationship because Sam was not aware of the rape attempt.

In summary, I concluded that Hedra had histrionic personality disorder. Symptoms consistent with that diagnosis were her attention seeking tactics such as inappropriate sexual behavior, excessive emotionality, and exaggerated ideas that her relationships were more personal than they really were.

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Psychoanalytic Perspectives Applied to a Television Situation Comedy

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On Thursday, February 18, 1999, at 8:00 p.m., I viewed an episode of *Frasier* on NBC. While viewing the sitcom, I searched for scenes that might illustrate concepts from the psychoanalytic perspective of personality. The sitcom, which focuses on two brothers who are psychiatrists, contains many psychoanalytic ideas. The storyline for this episode focused on Niles Crane, portrayed by David Hyde Pierce. The episode began with Niles walking into a coffee shop to meet his brother Frasier, played by Kelsey Grammer.

Niles started the conversation by stating that his wife, Marris, was trying to postpone their divorce hearing for eight months. Frasier decided to help Niles find a new lawyer to speed up the proceedings. The brothers made an appointment to meet with the lawyer known as "the piranha." The date for the divorce hearing was moved up dramatically because of the new lawyer's cunning behavior.

When confronted with the impending divorce, Marris's lawyers decided to accuse Niles of alienation of affection. The lawyers claimed that for most of his marriage Niles had been in love with his father's live-in health care worker, Daphne. Although Niles was infatuated with Daphne, he had never admitted his feelings to her.

Niles' lawyer reached a settlement with Marris's lawyer because he discovered how Marris's family earned its money. The family's wealth had resulted from a somewhat embarrassing invention. With this new predicament, the divorce proceeded quickly, and in the end, Niles received a large settlement. The final scene of the episode depicted Niles and Frasier in a coffee shop once again discussing the divorce. Niles' lawyer entered the shop with Daphne laughing and giggling. Once again, Niles lost an opportunity to tell Daphne the way he felt about her.

Examples of Fixation

The psychoanalytic perspective describes psychosexual stages of development. The first three stages involve conflicts that a child must confront. If the conflicts are not well resolved, then an excess amount of energy becomes permanently invested in that stage, a process termed fixation. Throughout the episode, both Niles and Frasier displayed anal retentive qualities. Anal retentive fixation occurs during the anal stage of psychosexual development. Anal retentive people have a rigid, obsessive style of interacting with the world. The personality characteristics that make up this pattern are stinginess, obstinacy, orderliness, and cleanliness. Niles and Frasier are both “neat freaks” and often believe they are better than others. Frasier exemplified anal retentiveness when he was appalled that Niles was eating bologna sandwiches, commenting on how “above that” both of them were. Niles’ fixation was emphasized in a scene in which he complained about his lawyer’s messy and badly decorated office.

Superego

From the psychoanalytic perspective, the superego is one component of personality. In part, that component is the embodiment of parental and societal values that strives for perfection. To obtain a parent’s love and affection, a child attempts to meet parental expectations. In one scene, Frasier rehearsed for his deposition in Niles’ divorce hearing. Frasier insisted that he must tell the truth about everything and that he could not lie. Such behavior is consistent with characteristics of superego activity. All of Frasier’s family concluded that he was a stickler for ethics. One superego activity is introjection. Introjection is the process of incorporating the values of one’s parents. In one scene, Frasier admitted that he had learned his ethics from his father.

Defense Mechanisms

Defense mechanisms are a collection of ways that the ego deals with anxiety. In this episode of *Frasier*, several characters exhibited the use of different types of defense mechanisms to deal with their anxieties.

Denial is a mechanism that involves the refusal to believe that an event took place or that a condition exists. Niles’ wife Marris used denial to deal with her anxiety. Marris and her lawyers tried to delay the divorce pro-

ceedings for eight months. That action can be construed as a form of denial that the divorce was really happening. Toward the end of the episode, viewers became aware that Marris had been using a denial tactic most of her life. Marris always told people, including Niles, that her family made money through the timber industry. Niles’ lawyer discovered that Marris’ family actually made money through the sale of urinal cakes.

Rationalization is a mechanism that reduces anxiety by finding a rational explanation or excuse for a behavior that was done for other reasons. Marty Crane, Niles and Frasier’s father, employed rationalization to justify perjury to Frasier. Frasier argued that lying was never acceptable, but Marty stated that lying was permissible in certain situations. Marty began to tell a story about his experience on the police force. Marty had caught a man who had committed a crime and started to read him his Miranda rights, but the man slipped away. When the man was recaptured, Marty was questioned, but he lied and said that he had completely read the man his rights. Marty rationalized his unacceptable lying behavior by positing that the man would have gone free if he had told the truth.

Regression is a mechanism in which a person copes with anxiety by resorting to primitive or infantile behaviors. Niles dealt with anxiety in a regressive style. At the coffee shop, Niles explained that he was so upset with Marris’s lawyers that he wished a piano had been present. When asked why a piano, Niles explained that crawling under a piano was the way he dealt with anxiety when he was young. Niles said there is something soothing in that safe, dark, protective environment.

Conclusion

One 30 minute episode of the situation comedy *Frasier* contained many examples of psychoanalytic principles. Examples included fixation, the superego, and defense mechanisms. *Frasier* may include more examples of the psychoanalytic perspective than other sitcoms because it is based on two brothers who are psychiatrists. *Frasier* is a television program that is not only enjoyable to watch, but it also illustrates a variety of psychological concepts.

Dolores Claiborne

Through the Eyes of Sigmund Freud

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The film, *Dolores Claiborne*, is a movie adaptation of Stephen King's novel by the same name. The characters are portrayed by Kathy Bates, Jennifer Jason Leigh, Judy Parfitt, and David Strathairn. This movie illustrates many of Freud's psychoanalytic concepts (e.g., fixations, defense mechanisms, anxiety, and catharsis), and I can only conclude that Stephen King was a student of Freud's work. Reviewers aptly described the film as a "psychological drama." The purpose of this essay is to examine the film from the context of Freud's theory.

Almost two decades after being accused of murdering her husband, the film's main character, Dolores, is again the main suspect in a murder investigation about Vera Donovan, her employer of 22 years. The setting was on a small island, shore town, which is a popular seasonal vacation spot for the affluent, off the coast of Maine. The investigation into Vera's death forces Dolores' estranged daughter to return to the island to confront her past. The film followed the investigation into Vera's death, and as the story progressed, I learned more about the characters, their history, and their relationships with each other. Through Dolores' flashbacks and memories, the startling truth behind both mysterious deaths was revealed.

Dolores worked for Vera, first as her housekeeper and later as her caretaker. Vera was a very wealthy woman who appeared fixated at the anal stage. Her anal retentive personality was illustrated by the rigid rules and regulations concerning the orderliness, cleanliness, and schedules for her household and staff. When hiring Dolores as her housekeeper, Vera gave her a list of duties. One of the duties was to hang dry the bed sheets outside in the south wind using six clothes pins, not five, no matter what the season.

When Dolores discovered that her husband was sexually abusing their daughter, her first impulse was to take her daughter and run from the island. However, she realized that she could not afford to leave the island during an age when women and men were not viewed as equals. Vera exhibited rationalization when she told Dolores that "accidents can be an unhappy woman's best friend,"

referring to the death of her own husband, who died when his car brakes failed on the way home from his mistress's house. At first, Dolores responded to the suggestion of murder with disbelief, however, later in the movie she rationalized that killing her husband was the only viable way to end the molestation of her daughter.

John Mackey was the investigator on the murder case of Vera Donovan. He also investigated the death of Dolores' husband 20 years earlier. The death of her husband was ruled an accident, and Detective Mackey displaced his anger at not being able to solve the murder of Dolores' husband to the current case. He stated that his record for solving homicides was 84 and 1, with the one unsolved case being that of Dolores' husband. The outlet for his resentment was in the form of harassing Dolores and trying to prove that she murdered Vera Donovan. Although Dolores specifically requested that her daughter not be contacted about the more recent murder investigation, Detective Mackey anonymously sent a faxed newspaper article to her daughter to force her to return to the island because he knew that the mother-daughter relationship was fragile.

An important character in the movie is Dolores' husband, Joe St. George. Regardless of the consequences, his primary goal was the fulfillment of his own needs and desires. When he realized that Dolores had saved money for their daughter to go to college, he lied to the bank manager to gain access to Dolores' bank account, withdrew the money, and spent it on alcohol and gambling. From a psychoanalytic perspective, Joe was a man ruled by his id impulses which could not be controlled by a weak super ego.

Joe also exhibited oral fixations with his alcoholism, chain smoking, and verbal abuse of Dolores. I also saw signs of the Oedipus complex in the frequency and way in which he talked about his mother. Several times throughout the movie he talked about how wonderful, special, and "right" his mother was, and I inferred that he thought about his mother in ways that were not socially acceptable.

Joe was also a man who used rationalization when he subjected Dolores to physical and verbal abuse. One of Dolores' first flashbacks was of cooking dinner while her daughter did her homework in the living room. Joe bent over while reaching for a Coke in the refrigerator, Dolores began giggling because she noticed a split in the seat of his pants. Joe seemed annoyed that Dolores was laughing at him, but he began to make jokes about the rip in his pants. When the laughing stopped, Dolores turned

her back to him, and he took a 2 x 4 and hit her across her lower back, incapacitating her. He said, "Why the hell do you make me do it," rationalizing that Dolores was the cause of the abuse.

Though Joe was a very interesting, albeit a dislikable character, by far the most fascinating person in the movie was Dolores' daughter, Selena. The character, Selena, exhibited numerous signs of anxiety. She displayed an oral fixation by chain smoking, alcoholism, prescription medication use, verbal aggressiveness, and biting sarcasm. The reason for her troubled relationship with her mother slowly unfolded.

Selena was unaware of the events surrounding her father's death, however, Freud might argue that she used sublimation by expressing her repressed memories through her work as a reporter. The articles that she wrote revealed her fascination with murderers and killers, especially those individuals who murdered family members. One could interpret her writings as unsuccessful attempts at repressing childhood sexual abuse.

As stated earlier, Selena was victimized by her father, but Dolores only made that discovery when Selena was in the 7th grade. However, Selena repressed those memories. Dolores determined that Selena did not remember many of her unhappy childhood experiences and stated that the reason she had been so "unsettled" was because she could not remember the past. Dolores tried to tell Selena about her own verbal and physical abuse, as well as Selena's sexual abuse. Selena's repression and denial required a great investment of energy, and she coped by taking prescription medications, presumably sedatives and anti-anxiety medications.

At the end of the story, both Dolores and Selena experience a catharsis. Selena recalled the sexual abuse she endured as a child when her memory was triggered by a ferry boat, which was one of the places where her father victimized her. Through a tape recording, Dolores confessed to Selena that she murdered Joe, thereby revealing a secret she had hidden for 20 years. Likewise, Dolores reveals that Vera had committed suicide by throwing herself down a flight of stairs. Though the mother-daughter relationship did not immediately improve, viewers might conclude that the healing process had begun.

Review of the Movie *Sybil*

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Sybil (Babbin & Tosi, 1976) is a psychological drama based on a true story about a woman, played by Sally Field, who suffers from multiple personality disorder, which is now known as dissociative identity disorder. The main character, Sybil Isabel Dorsett, exhibited about 17 distinctive personalities, two of whom were male.

Sybil's psychotic mother, Hettie, inflicted horrific child abuse on her, and her father failed to intervene, which contributed to this disorder. Each one of these personalities embodied feelings and emotions with which Sybil could not cope. Because Sybil was deprived of these emotions, she was depicted as a rather drab figure in the movie. She was unaware of her other personas while they were "in control" of her body. Sybil suffered blackouts and did not remember the episodes. Only with Dr. Cornelia Wilbur's intervention were Sybil's subpersonalities altered.

How subpersonalities relate to or recall one another varies from case to case. In Sybil's case, the relationship was one-way amnesic (?). Some of her personalities were aware that others existed, whereas other personalities were not aware of the others' existence.

Most cases of dissociative identity disorder are diagnosed in late adolescence or young adulthood, but the symptoms usually begin to develop in early childhood after episodes of abuse or trauma (Comer, 1998). Sybil was violently abused by her mother and soon began to develop the symptoms of dissociative identity disorder.

The movie primarily dealt with the psychodynamic view of psychology. "Psychodynamic theorists believe that dissociative disorders represent extreme repression. People ward off anxiety by unconsciously preventing painful memories, thoughts, or impulses from reaching awareness" (Comer, 1998, p. 544). Dissociative identity disorder applies to a lifetime of excessive repression. Psychodynamic theorists believe that dependence on this ongoing style of coping is triggered by extremely traumatic childhood experiences, particularly abusive parenting. Sybil repeatedly suffered unspeakable tortures by her disturbed mother.

"Children who are exposed to such traumas and abuses may come to fear the dangerous world in which they live and take to flight symbolically by regularly pre-

tending to be another person who is safely looking on from afar” (Comer, 1998, p. 545). In the movie, when Sybil’s childhood was shown, one could only see bits and pieces of Sybil’s abuse by her mother, and the audience did not observe the development of the other personalities.

Behavioral therapists could have said that Sybil’s multiple personalities were caused by operant conditioning. A person who experiences a horrifying event may later find temporary relief when one’s mind begins to think about something else more positive. The person is reinforced for the act of repression and learns that repression lets them avoid or escape the stressful situation: “Behaviorists believe that a subtle reinforcement process rather than a hardworking unconscious is keeping the individual unaware that he or she is using dissociation as a means of escape” (Comer, 1998, p. 545).

The real breakthrough in the movie was when Wilbur helped Sybil remember her repressed memories of childhood. He primarily used psychodynamic therapy and another technique known as hypnotherapy for treating Sybil’s disorder. Hypnotherapy works slowly for patients with dissociative identity disorder, as some subpersonalities may persist in denying experiences that the others recall. Once Sybil remembered her repressed childhood memories of her abusive mother, she could then be helped and treated.

The ending of *Sybil* was somewhat happy. She confronted her past demons and made a breakthrough in remembering her unwanted memories from childhood, especially her most feared memory of her abusive mother. Viewers are limited to seeing only the breakthrough and not much about whether Sybil was cured. This film is recommended to those who are interested in dissociative identity disorder because Sally Field gives a very realistic portrayal of a person suffering from this disorder.

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Autism in the Movie Rain Man

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In the movie *Rain Man* (Johnson & Levinson, 1988), Dustin Hoffman portrays Raymond Babbit, who is autistic. This movie shows how impairing autism can be by displaying some of Raymond’s disordered behaviors. Although the disorder has many cognitive and social disadvantages, the film illustrates the special abilities that an autistic savant may have.

The movie’s storyline is about two brothers on a road trip from Cincinnati, Ohio to Los Angeles, California. Tom Cruise plays Charlie Babbit, who discovers his brother only after his father’s death. Charlie’s resentment toward his father stems from an incident that occurred when Charlie was 16 years old. His father had him arrested for taking the car without permission and left him in jail for two days. Upon his release from jail, Charlie moved and lost contact with his father. He was further embittered at being left out of an inheritance of three million dollars. His father had given the inheritance to Walbrook, a hospital or group home.

Charlie went to Walbrook to find out why his father had not given him any of the money. He discovered an unknown brother with autism. Charlie believed that he was entitled to at least half of the inheritance. He removed his brother from the hospital as a sort of ransom, and during their trip, they become connected. After six days on the road and despite the fact that Raymond drove him crazy sometimes, Charlie felt he had gained a friend. He realized that Raymond was his only family. Charlie realized that he could not care for Raymond by himself, and he decided to return Raymond to Walbrook with a promise to visit often. One change in Raymond was that he learned to understand comedy. For example, he understood and laughed at a joke and kept repeating it.

The character, Raymond, displayed many of the symptoms that are common with autism. A common symptom is lack of responsiveness or aloofness and a lack of interest in other people (Comer, 1998). They live in a world of their own. When first introduced to Raymond at Walbrook, Vern, a caretaker, told Raymond’s brother that people were not his first priority. Vern also told him that Raymond had never touched him. Raymond was more interested in television and his books. In one scene, Raymond threw a tantrum when his brother tried to hug him.

Another symptom of autism Raymond displayed was

that of language and communication deficits. Repetitive speech patterns are common, and Raymond demonstrated delayed echolalia, which is repetition of sentences hours or days after they have been heard (Comer, 1998). There were many instances in which Raymond repeated expressions he read or heard, for example “Who’s on First Base?” by Abbot and Costello.

Raymond displayed a very structured pattern of behavior, another common symptom associated with autism. Minor changes in objects, persons, routines, or ritualistic and repetitive behaviors may upset people with autism. They often have tantrums if their routines are changed. In 1943, Kanner (as cited in Comer, 1998) labeled such behavior “preservation of sameness.” Raymond had many routines such as a strict bed time, eating schedule, certain foods on different days of the week, television programs, and buying his underwear at K-Mart.

Motor movements such as self-stimulatory behaviors including rocking or twitching and self-injurious behaviors such as banging one’s head against the wall are common symptoms. Autistic persons seem over-stimulated by sights and sounds, and they try to block them (Comer, 1998). In the movie, an example of self-injurious behavior was that during a tantrum, Raymond hit himself in the head with his hand. In another instance, when a smoke alarm sounded, Raymond could not get out of the door, and he started to scream and hit his head against the glass on the door.

Autism creates a cognitive disturbance that makes normal communication and social interactions with other people difficult. People with autism are unable to develop a “theory of mind,” a realization that other people base their behaviors on their own beliefs, intentions, and other mental states, not on information that they have no way of knowing. Having trouble engaging in make-believe play, interacting effectively, using language in ways that include the perspectives of others, and developing relationships is referred to as “mind blindness” (Comer, 1998). The movie depicted Raymond’s inability to comprehend the perspective of others.

There are many impairments that an autistic person can have, but one advantage may be in a certain ability or genius. A special gift, described as savant, is sometimes associated with autism. Raymond displays his ability to do math problems in seconds. During one scene, a doctor asks Raymond to do some math problems that the doctor enters in the calculator. Raymond accurately answers within seconds. His brother can not believe his brother’s

computational ability and says that he is a genius and he should work for NASA. When the doctor asks Raymond how much a candy bar costs he says, “About a hundred dollars.” In response to a question about the cost of a car, Raymond says, “About a hundred dollars.” He has no concept of money, and when asked to do a simple problem dealing with money, Raymond cannot answer. Charlie later asks his brother how he does the math problems, and Raymond replies that he sees it in his head. Charlie uses Raymond’s computational skills to count cards in Las Vegas to win money. Although Raymond has this special ability for math problems, he still has no basic concept of money.

Raymond demonstrates many of the symptoms of autism such as the inability to communicate with others, the need for rigorous routine and reacting with tantrums if events or objects are out of order. This movie effectively shows some of the psychological characteristics of autism and what a high functioning autistic person can do with appropriate treatment such as that provided at Walbrook.

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Use of Persuasion in *Wag the Dog*

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A 1997 film entitled *Wag the Dog* (staring Robert DeNiro, Dustin Hoffman, Anne Heche, and Dennis Leary) illustrates the ultimate power of persuasive techniques. This film suggests that persuasive manipulation of public opinion can transform rumors and American’s insatiable desire for scandal into reality. Also, *Wag the Dog* comments on the media’s significant impact on influencing popular conceptions. Knowledge about the basic components of effective persuasion can facilitate one small group’s ability to manipulate the masses dramatically.

Only 11 days before an election, the President of the United States is accused of sexual misconduct of a firefly girl (girl scout) in the oval office. To rescue his tarnished reputation, the President calls upon “spinmeister” and

political “fireman” Conrad Brean (Robert DeNiro). To divert American’s attention from the President’s sexual misconduct, Brean seeks the assistance of Hollywood producer Stanley Motss (Dustin Hoffman) to create a diversion, ultimately fabricating a war between the United States and Albania. As if preparing a pageant, Brean and Motss stage costumes, events, images, songs, and marketing techniques to “sell” the war to the public. However, this dramatized propaganda immediately arouses the suspicions of another Presidential candidate who uses television commercials to inform the American people that the President is only attempting to distract them from his sexual misconduct. Additionally, the Central Intelligence Agency is suspicious of Brean and attempts to quell his plans. Through manipulative persuasion, Brean outwits the President’s electoral competition, the CIA, and most importantly, the American public in order to win the President’s re-election.

There are two routes to influencing the opinions of others, central and peripheral (Meyers, 2000). Central manipulative techniques present analytical, logical information to those who thoroughly process it before reaching a decision. Alternatively, peripheral techniques provide superficial cues that will make a message acceptable without intense investigation. Brean and Motss capitalize on America’s inclination to use heuristics and desire for simplicity by exploiting the elements of peripheral persuasion. Through adaptive and aggressive use of adroit communicators, simple yet potent messages, and an understanding of the characteristics of their target audience, Brean and Motss successfully disguise a lethal scandal with poignant and impressive ease.

The President requisitions the skills of Brean saying, “I want Conrad Brean.” Because the President requested him, Brean appears credible to White House staff members dealing with this issue. As a result of his perceived expertise, Brean effectively manipulates their behavior. Additionally, this group knows that Hollywood producer Motss has taken “the food of 40 years, hard lessons, mistakes, and call[ed] it wisdom.” Few would contend that his experiences have produced anything but a master. Because of their perceived credibility and expertise, this powerful duo has a work crew anxiously awaiting direction.

Even those people who require central cues to form an opinion may temporarily rely on peripheral heuristics such as the phrase “trust the experts” (Chaiken & Maheswaran, 1994). Motss, having established trust by reminding the group of his previous experiences, continually reassures the group that the problems they

encounter are trivial; “This is nothing.” When a problem arises, Motss is able to illustrate previous encounters that merely make the current situation appear immaterial. For example, when the White House staff, in a state of panic and despair, exclaims that there exists nothing that could cover a sexual misconduct controversy, Motss counters with an anecdote. When directing a film, the three main actors all died before the completion of the movie, yet Motss managed to finish the project without public suspicion. Likewise, when flooding the public with updates from the “Albanian warfront,” Motss relies on the trusted crafts of the White House newsroom. Americans would have little reason to doubt a report that war is underway when the information comes directly from the White House. Through his use of this reliable source, Motss sets a wildfire of propaganda that spreads throughout the public.

An effective persuader must speak in an informed, unhesitating manner. Both Motss and Brean consistently saturate members of the committee with ideas and plans to counter the opposition who is attempting to prove that the war is counterfeit. Motss spouts a continuous stream of tactical moves, fundamental contacts, and replacement strategies. Drawing upon his experienced wisdom, Motss consistently remains steps ahead of his opposition. Similarly, Brean’s quick wit and acute verbal abilities impress those with whom he is in contact. Presidential advisor Winifred Ames (Anne Heche) remarks in awe that Brean “could talk a dog off a meat truck.” However, the communicative capabilities of the persuader are used in vain if the motives appear self-promoting. The persuader must appear altruistic (Meyers, 2000). When explaining to the White House staff the motivation for his actions, Brean states that he is working for the President and for the committee by “taking [them] into the next term.” Therefore, by providing informed, unhesitating answers that appear in the best interest of the group, these persuaders effectively communicated their position.

Communicators must also consider other factors when determining the effectiveness of their campaign. Attractiveness of the presenter is an essential component for manipulating the opinions of others through peripheral cues. When appealing to the masses through emotional dramatization, beautiful people are more influential than the less attractive ones (Chaiken, 1979). One of Motss’ collaborators, the Fad King (Dennis Leary), comments on the importance of beauty. One of the President’s television commercials portrays an unappealing, elderly couple advising Americans that they “don’t change horses in mid-stream.” The Fad King remarks with disgust and contempt for the amateur producers, “I feel insulted

just having seen it.” Quickly, Motss and his group counter the crudely made commercial with a fabricated newsreel of a beautiful, young “Albanian” girl named Tracey. This terrified girl is escaping from her decimated village after hearing that her family was murdered. Of course, Tracey was selected from a list of models from an American national guild. The location was not Albania but a studio in California that added, through computer imagery, a war-stricken village, the “Anne Frank” sirens, and the poor white kitten that Tracey was trying to rescue. Motss capitalizes on Tracey’s elegant simplicity to tug at the hearts of the American audience. The movie illustrates that beauty can have a powerful control over perception and conviction.

Tracey’s appearance exemplifies the American ideal of beauty. Her innocent image is magnified by her long, blonde hair that outlines her round face and inviting eyes. Thus, her pleading gaze evokes empathy and great concern for her plight. Tracey’s beauty represents what Americans desire. Society is partial to those people whom they want to resemble (Van Knippenberg & Wilke, 1992). It is no surprise that Tracey’s appearance is classically Euro-American. In fact, people better attend to the messages that come from members of their own group. For example, Dembroski, Lasater, and Ramirez (1978) asked African-American students to listen to a message urging improved dental care. The results indicated that students’ dental hygiene improved only when the message was presented by African-American dentists. The perceived similarity of the communicator to the audience is an essential ingredient for persuasion.

After the image of the persuader is perfected, the message content must be appropriately regulated. The enigma stands: persuade through reason or emotion? Disinterested audiences rely upon the peripheral route and their intuitive reactions to the communicator (Chaiken, 1980). Specifically, interviews conducted prior to major elections suggest that the majority of Americans are uninvolved in the political arena. Instead of surveying opinions about pertinent issues, an election outcome is better predicted by emotional reactions to the candidates and which candidate made the public feel happy (Abelson, Kinder, Peters, & Fiske, 1982). Motss decided to cut through political jargon to immerse the public with images of the President acting in a benevolent manner. As if to report to Americans that the President is working towards peace, Motss concocts a scene showing a young Albanian girl and her grandmother standing in the pouring rain. The girl calls to the President and offers a cutting of the first sheath of grain from the Albanian harvest as a celebration. The President leaves the protection of

the secret service to protect the grandmother with his overcoat. Of course, the charitable actions of the President are documented on national news footage and spread throughout the population. By creating an emotional image of the powerful President extending seemingly altruistic generosity to the weak, the public gains respect for the President.

However, persuasion is also effective through the induction of fear. In fact, Leventhal (1970) and Robberson and Rogers (1988) documented that fright induces heightened responsiveness. Exploiting the debilitating effects of fear, Motss and Brean circulate the rumor that a small group of dissidents with nuclear power has planted a suitcase bomb on the Canadian/American border. Establishing Albanian intent, the news declares that the “Albanians want to destroy our way of life.” This terrorist group is unrecognizable but extremely powerful. As the wildfire spreads, newscasters question whether this uprising is connected to the premature release of the B3 bomber (conceived by Brean) and the Muslim/Serb conflict. In fact, a news reporter summarizes the actions of the population, “Fear is what is driving a lot of people.” As panic spreads, Americans look to the President to rectify the situation. Fear also results in acceptance of the President’s secrecy in disclosing information. That is, Americans allow the President to withhold details because he has told them it is essential for their safety. Collectively, people rally to support the protective efforts of the President. This fear creates a unifying bond among otherwise dissimilar people.

Even though Motss and Brean’s creations would be refuted, these two charlatans have distracted their audience through their credibility, emotional presentations, and fearful information. Consistent with the work of Festinger and Maccoby (1964), Motss and Brean are able to augment their verbal persuasion by distracting the public’s attention through the creation of a major distractor, war. The war is a grandiose, theatrical production—“show business” as Motss declares. A preoccupation with support efforts, slogans, songs, and advertising confounds people’s ability to analyze the information and prepare retorts.

When they uncover Motss’ plot, the CIA reports on national news programs that the war has ended. Faced with the possibility of defeat, Motss responds quickly. He conjures up the brave soldier shot down behind enemy lines. Having forgotten that every war needs a war hero, Motss proclaims that his oversight is “like sending a Christmas card but forgetting the fruitcake.” Thus, as the nation awaits the “triumphal homecoming of Sergeant

Robert Schumann (Old Shoe),” slogans are created and support is increased. The public hangs its old shoes over telephone wires and laundry lines. High school students throw their tennis shoes into mid-court during the last quarter of a basketball game. Plans for granite sculptures to commemorate the war efforts of “the fallen” are established. Burger King considers serving the “Shu-burger with cheese” and marketing it with the slogan, “behind the lines or anytime.” Willie Nelson joins the cause to compose songs inspired by “Good Old Shoe” that advocate for the preservation of democracy, freedom, and a plea to “guard the American dream.” Motss realizes that the American audience will not analyze the impossibility of Albanian terrorism but instead will be swept away with painful images and altruistic relief efforts.

Motss and Brean combine staged events with charged dialogue that sways the American public beyond reason through their emotions. Motss and Brean use their skills to disseminate information and transform public opinion. The images of war and the resulting “groundswell” of support for the President’s efforts are only a facade to cover a dangerous political scandal. A cynical view of the media’s influential persuasion creates uncertainty for actual American incidents. Who started the yellow ribbon campaign for the Gulf War? Who killed Kennedy? *Wag the Dog* demonstrates the amount of manipulation that could result from extravagant persuasion on a national level. Effective persuasion is accomplished through articulate, appealing, and altruistic communicators that support a position through a variety of sources. The public acquiesces to persuasive techniques by relying upon peripheral heuristics (Meyers, 2000).

In a discussion with Brean about nominating the President for a peace prize, Motss asserts, “Our guy did bring peace.” Brean counters, “Ya, but there was no war.” Finally, Motss confirms his confidence in the power of persuasion: “All the greater accomplishment.” Through robust, influential techniques, fantasy that fulfills desire for scandal becomes a reality.

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Group Dynamics in

The Lords of Discipline

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The Lords of Discipline is a suspenseful story about the consequences of defying the strict norms and internal operations of the military. Will McClean, the main character, violates conformity and obedience standards to do what is right. He stands up for his beliefs in an institution that administers repercussions for defying codes.

As the movie begins, McClean returns for his senior year (1964) at the Carolina Military Institute, which had its first African-American freshman cadet by the name of Pierce. Upon his arrival, McClean was sought out by the

Colonel, who privately appointed McClean to monitor Pierce. Though initially reluctant to do so, he complied with his superior's order.

During freshmen hazing practices, McClean discovered "The Ten," a secret group of cadets whose main goal was to eliminate from the Institute those they viewed as "unfit" — a duty they had successfully completed in the past. "The Ten" were after Pierce as well as Podede, one of Pierce's roommates, a chunkier cadet whom "The Ten" saw as weak and unable to fit in, keep up, and uphold his duties. "The Ten" singled out Pierce and Podede and relentlessly harassed, terrified, and bullied them. At night they kidnapped Podede from his room and forced him onto the roof ledge of the academy dorm building and made him stand there all evening. One night they told him that if he could jump from the top of the dorm building to the railing on the next building, they would stop harassing him and allow him to be a cadet. Podede attempted the jump but missed and fell to his death.

McClean witnessed this event and told Pierce to stay in contact with him and inform him of any wrongdoings. Pierce wrote to McClean about a variety of very cruel incidents, but "The Ten" intercepted all of the secret messages. McClean informed his three roommates (Trad, Dante, and Mark) about the situation and asked for help in establishing justice. Though they did not understand why McClean wanted to risk his reputation over a "Negro," they implied that he could count on them to honor their loyal friendship.

One night after Pierce was found missing, McClean searched for "The Ten." He found them torturing Pierce. He interrupted their activity and told them that he had seen what they had done and was aware of their objective. "The Ten" chased McClean, but his roommates appeared and helped him. Afraid that McClean and his friends would reveal their secret, "The Ten" took steps to get them removed from the academy. They set up Dante for stealing — a crime against the Code of Honor. The military took away his ring, a "sacred symbol of the Institute and its ideals," then expelled and shunned him. The administration unfairly punished the others with excessive demerits.

Eventually, McClean and Mark discovered that the General was part of the entire scheme and that his son, Trad, was one of "The Ten." With the backing of the Colonel, McClean confronted the General that he would expose the abuses unless he resigned, dissolved "The Ten," and reinstated Dante to the Institute. The General

agreed to the demands but only after McClean's life and identity were almost taken away.

At the end of the year, McClean did not attend his graduation and left behind his ring and uniform as they no longer represented the integrity the institution had taught him to uphold. *The Lords of Discipline* is a powerful movie with many overt and covert social and psychological undertones. In the following sections, I will review the concepts of ingroup versus outgroup, group-think, and conformity and obedience.

Ingroup versus Outgroup

The movie contained illustrations of ingroups and outgroups. "The Ten" separated itself from the rest of society. They used tactics such as hazing, deindividuation, breaking newcomers down to rebuild them according to a plan, and using group membership and uniformity to set themselves apart from the rest of the world. In some ways, the group had some cult characteristics described by Pratkanis and Aronson (1992). The military had successful communicators, distinct and impactful messages, and young audiences. Most cults consist of people under the age of 25 years, as are many military recruits. In addition, Myers (1994) pointed out that potential cult members are typically at a turning point in their lives. This condition is often the case with many men and women who wish to join the military. In addition, new military members, like new cult recruits, are often separated from their previous social support systems. The purpose of such separation is so the group can begin redefining recruits' personal and social realities and reshaping their views and behaviors (Myers, 1994).

Group leaders create their own social realities. They have established credibility and generate commitment through dissonance reduction (Gerard & Mathewson, 1966). Often members are recruited from the outside, but members are then distracted from occurrences that take place outside of the institution. To strengthen ingroup membership, authorities produce ingroup bias and lead their members to believe they are set apart from, and often above, other members of society. In the movie, the General made the statement that the Institute's ideals transcended human nature. The military preacher also stated that America was fat, sloppy, and immoral. He said, "One is either an honorable man, or one is not, and the Institute does not forgive...the rigors of the system produce a superior breed of men...and America needs Institute men." He informed the cadets that if they had the courage to remain, they would become men. Therefore, becoming true men means separating themselves from

the rest of America.

However, in this movie, a smaller ingroup existed within the larger one. This group, "The Ten," consisted of the 10 most outstanding cadets from each senior class. They were to uphold the honor of the Institute no matter what. They viewed themselves as more powerful than and intellectually superior to the rest of the military academy. The rest of the academy became the outgroup. Because "The Ten" was a smaller group within a larger one, they were even more conscious of group membership (Myers, 1994).

Groupthink

Intergroup conflict occurred when "The Ten" and "the core" (McClellan and his senior peers) began to disagree. When "The Ten" and the General were threatened, they greatly cornered and intimidated McClellan and his friends. "The Ten" displayed symptoms of groupthink (Janis, 1971). For example, they overestimated their might and right. They had the illusion of invulnerability and unquestioned belief in their group's morality. Because of these qualities, the group was very close-minded. They justified and rationalized their actions. They also had a stereotyped view about those they were resisting. The pressure of uniformity was strong. They were encouraged to conform, and they had mindguards. They also had the illusion of unanimity. Trad, McClellan's roommate and secret member of "The Ten," reflected the concept of self-censorship. He felt guilty for not telling McClellan who he was and what he knew about the group; yet because his membership in the group was so strong and their impact so powerful, he withheld his information and discounted the group's wrongdoings without speaking up (Myers, 1994).

Conformity and Obedience

Most likely, the majority of cadets came into the institution with socially-learned prejudiced attitudes. Because these attitudes were not discouraged or redefined, but instead fostered within the institution, they prompted cadets to adhere to those preconceived notions even more strongly. Such attitudes reaffirmed their superiority to Pierce and justified their behavior toward him. Cadets were following the norms of the academy. Even if

cadets did not agree with the majority, following the flow was easier than challenging their membership and well-being. Because of strong prejudice, even McClellan was initially reluctant to associate with and monitor Pierce. However, as he began to see "The Ten's" actions as severely unjust, he questioned the Institute's hypocritical teachings. His peers and the Institute viewed him as violating group norms. Going against the norm had its consequences. Because he was less conforming, he was viewed as failing to show patriotism. He began to question the Institute and became both angry and scared that "authorities" had lied. He told the Colonel that everything he learned was a joke if "The Ten" could take it upon themselves to change the rules without repercussions. He also questioned the honor of the institution, saying if what he saw was accurate, then what his ring represented was worthless.

Conclusion

There were several social and psychological themes depicted in this film. The movie was a reminder of just how devastating prejudice, racism, and discrimination can be and how we can be influenced by the power of prestige, authority, and norms. However, taking a stand for an internal, righteous belief, and knowing that a difference can be made can create positive change in attitudes and behavior.

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7th Heaven:

A Social Psychological Analysis

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On Monday nights in 1999, WB television network aired a family drama entitled *7th Heaven*, which illustrated moral lessons and strong families ties. The series also depicted social psychological concepts about personality and interpersonal relationships. One of the plots began with 13-year-old Simon informally socializing with his friends after school. Simon and his friends were doing what they called “guy things,” like burping and cussing, when Simon’s mother and principal caught him “flipping off” some of the other students.

The story continued with Simon’s 17-year-old sister, Mary. Mary was a senior on the basketball team. Because of the team’s unsatisfactory grades, the coach implemented a lockout and canceled practice for the entire team until their grades improved. Mary and the other team members decided that they could not allow the coach to cancel practice without a protest. They entered the gym in the middle of the night to vandalize it with spray paint and toilet paper. The girls spray painted the walls and bleachers, and streamed toilet paper from the ceiling and bleachers. A few girls even painted graffiti on the floor. Before the girls left, the police arrived and arrested them, and they spent the night in jail. As a result of their behavior, the girls were expelled from school, as well as from the basketball team. To avoid spending more time in jail, they enrolled in a juvenile diversion program that required them to perform community service, have private tutors, report to a parole officer, and write apologies to the school board. Using this episode, I will illustrate several uses of social psychological concepts including social cognition, cognitive dissonance, self-serving bias, the fundamental attribution error, conformity, aggression, and relative deprivation.

Examples of Social Cognition

According to Baron, Byrne, and Suls (1988), social cognition is how individuals think about, analyze, interpret, and remember information about their social world. Social cognition theory suggests that because most people cannot accurately explain why they do something they invent reasons that indicate a lack of self-understanding (Bem, 1972). An example in the program of not accurately describing one’s reasons for his or her actions occurs when Simon flips off other students. Instead of

attributing the action to his own conscious decision to feel like a “man” in front of his friends, Simon blames bad timing. He says he “got caught up in the frenzy of the moment.” His explanation for his behavior provides an example of one aspect of social cognition theory, cognitive dissonance. Cognitive dissonance occurs when people act contrary to their beliefs and justify their actions to create a balance in which their actions seem to reflect their beliefs. In the episode, Simon justified flipping off other students even though he knew such behavior was inappropriate. His justification was that he did not hurt anyone and no one, except the principal and his mother, saw him.

Another aspect of social cognition theory is the self-serving bias, whereby individuals explain their behavior in ways that make them look good to themselves (Snyder & Higgins, 1988). The basketball players tried to explain their behavior in a way that allows them to look good to themselves and minimize their low academic performance. If the girls had taken their low grades seriously, they would not have felt badly about themselves. The coach locked out Mary’s team from practice because of their low grades. Rather than realizing that they were responsible for that repercussion, the team blamed the lockout on the coach’s expectations. In the girls’ minds, the lockout was not justified because they thought their grades were satisfactory, and they did not drink, smoke, or steal. The team also believed that the lockout was wrong because they might not be able to finish the season, and they would lose their basketball scholarships to college. The girls also thought that they were treated unfairly because “no other team in the world has to put up with this.” Although the girls maintained the minimum GPA required to play sports, they did not understand that the coach held them to higher standards because they were capable of grades higher than the minimum. The girls failed to acknowledge that they were individually responsible for their low grades. Instead the team focused on their successes as a basketball team, thus employing the self-serving bias.

The program also depicted an example of the fundamental attribution error (Ross, 1977). The fundamental attribution error is the tendency of people to explain another person’s failure or weakness to their disposition (internal) and one’s own such behavior to the situation (external). In the episode, the girls attribute the coach’s behavior to what they perceived as his malicious disposition. He was mean, did not care, and was out to get them. However, they described their own behavior situationally. The girls thought they did not have time to study or improve their grades because they were investing that

time in practicing basketball. They did not understand that the coach wanted them to spend as much time on their courses as on basketball because he wanted them to be well-rounded, disciplined individuals. The girls' social cognition shaped their interpretation of the situation. Because the girls used cognitive dissonance and a self-serving bias, they adapted their thinking to protect themselves.

Conformity

When the girls were talking about how wrong the lockout was, one girl thought that vandalizing the gym would teach the coach a lesson. The girls bought the supplies, drove to the gym, and vandalized it together. Some of the girls had second thoughts about the plan, but prior commitment to the cause (the basketball team) was a major factor in their conformity (Rosnow & Suls, 1970). The importance of the team to these girls' identities and the cohesiveness among them were also important considerations. These girls practiced together for hours and sacrificed other activities (e.g., free time) for the team. They put invested hard work to win games and obtain scholarships. The girls' team was number one in its division; the group was very important to them. Because of that bond, they conformed to each other, albeit wrongly, and against the community, school, their families, and their own consciences.

Aggression

Myers (2000) describes aggression as the intent to harm someone or something by an action that is too extreme in proportion to the provocation (i.e., the action did not fit the situation). The girls intended to harm not only the gym, but also the principal, the coach, and their parents. Their reaction to the lockout was more extreme than the lockout. Vandalizing the gym was not justifiable in the eyes of the school and the community when all that really needed to happen was for the girls to spend more time studying and increase their grades. Their reaction also seemed more extreme because it was premeditated. The girls talked about it, planned it, and hurt people and the gym deliberately and maliciously.

One of the most probable factors in the team's aggression was the notion of relative deprivation. Aronson, Wilson, and Akert (1999) described three criteria that can lead to relative deprivation. The first is that people see that others have more than they do. The girls saw that the boy's team was not required to improve its grades, could practice, and did not have a lockout. The

second criteria is that people feel that they deserve more. The girls believed that they deserved more consideration because they were in first place, invested considerable work, had the minimum GPA required, and their scholarships were in jeopardy. Finally, people must have the opportunity to acquire more. Mary and the team believed that there was an opportunity for them to have more if they could start practicing again. Because of the presence of relative deprivation (i.e., the lockout was willful, unjustifiable to the girls, and avoidable), the girls became angry and instigated their aggression.

Conclusion

I was amazed at all the examples of social psychology theories while watching just one episode of this series. Superficially, the program seems to be about a "traditional" family in today's society. Some of the theories demonstrated by the characters on *7th Heaven* include social cognition, the self-serving bias, cognitive dissonance, the fundamental attribution error, conformity, aggression, and relative deprivation. Simon tried to rationalize his inappropriate behavior to his mother and the principal to maintain a balance between his beliefs and actions (i.e., cognitive dissonance). Mary and the rest of the basketball team plainly demonstrated the fundamental attribution error when they attributed the coach's behavior to his disposition and their behavior to the situation.

There was also an example of how the level of conformity to protect an organization is influenced by one's dedication to the cause, public declarations to the group, and the group's importance to an individual. Mary was very dedicated to the basketball team, and her prior commitment to the team helped her conform to their act of vandalism, something she probably would not have done by herself.

There was also an example of how relative deprivation (i.e., seeing that others have more, believing that you deserve more, and having the opportunity to have more) influences the girls' acts of aggression by vandalizing the gym. This television program can serve a variety of purposes, ranging from pure entertainment to sharing family morals and lessons to giving a deeper level of insights into interpersonal relationships.

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Promoting Sexism: The Harm of Pornography

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Much of the debate about pornography's adverse effects centers on the correlation between pornography viewing and real sexual violence (Donnerstein, Linz, & Penrod, 1987). However, showing that pornography exposure is harmful can be accomplished without appealing to statistics linking such exposure to sex crimes and without necessarily endorsing censorship of such material. Instead, the sexist content of pornography and the sexist culture that drives and is reinforced by the material should be indicted.

Anti-porn feminists have defined pornography apart from erotica in various ways. Dworkin (1985) defines pornography as "the graphic, sexually explicit subordination of women through pictures and/or words" (p. 25). Steinem (1993) calls it descriptions "of sex in which there is force, violence, or symbols of unequal power" (p. 31).

Longino (1980) goes a bit further, defining it as "material which represents or describes sexual behavior that is degrading or abusive to one or more of its participants *in such a way as to endorse the degradation*" (p. 43). These interpretations point to generally the same idea—sexually explicit material that implicitly or explicitly portrays abuse, usually toward women. Few people would mistake material so defined for erotica. If such material has negative effects, then pornography indeed can be harmful.

As noted earlier, a correlation between pornography viewing and the incidence of sexual violence does not have to be cited as evidence of pornography's harmful nature for several reasons. First, the common objection regarding any correlation is valid here—the direction of causation cannot be established, and there may be other factors influencing both variables. Second, the above point is actually rendered moot by the fact that there is no clear consensus about whether a positive correlation between pornography and sexual violence actually exists (Strossen, 1995). Third, one cannot ignore the cognitive steps between the exposure to pornography and a subse-

quent perpetration of a sexually violent act. The starting point for any potential harm would be the psychological effects of pornography's content.

Pornography implicitly or explicitly portrays abuse, usually toward women. In the case of sexual violence committed by a man toward a woman, the explicit portrayal of the sexual act strips the man and the woman of not only their clothing, but everything except their respective sex. Clearly, the man is sexually violating the woman, and the only reason is this male/female anatomical difference (Longino, 1980). The depiction is sexist. Moreover, because the material focuses on the physical act of intercourse for the purpose of arousal, if any implicit disapproval of sexual violation actually is communicated, at best the message is a mixed one. The graphic portrayal of the violator's reward of sexual conquest can condition individuals to become aroused by sexual violence, particularly when the victim is portrayed as becoming aroused (Donnerstein et al., 1987).

Perhaps the most compelling evidence for pornography's harmful effects is the impact of such portrayals on individuals' perceptions of rape. Exposure to pornographic depictions of women enjoying their violation can result in a greater acceptance of rape myths. In two separate studies (Malamuth & Check, 1980; Malamuth, Haber, & Feshbach, 1980), male participants were presented with either sexually explicit rape stories in which the female victim became aroused, sexually explicit rape stories in which the victim abhorred the violation, or sexually explicit consensual stories. Next, all participants were presented with a different rape depiction in which there was no indication that the female was aroused. In both experiments, compared to other participants, those participants exposed to the rape scene in which the victim became aroused rated the victim of the second depiction as suffering less.

In a similar experiment, Malamuth and Check (1985) had male participants report their own likelihood to rape (LR) if they knew they would not be caught and punished. A 6-point scale was used, with a response of 0 or 1 (*low LR*) and a response of 2 (*some likelihood to rape*) or 3 and above (*high LR*). In Phase 1 of the study, each participant listened to one of several sexually explicit stories involving a man and a woman. The stories varied on the dimensions of the woman's consent versus nonconsent, pain versus no pain, and arousal versus disgust. In Phase 2, participants listened to a different rape story. Afterwards, all participants responded to a questionnaire assessing their perceptions of the second story and their acceptance of rape myths. Participants who were exposed

to a rape-arousal story in Phase 1 attributed more pleasure to the victim in the second rape depiction and reported greater acceptance of rape myths compared to other participants. With regard to rape myths, the high LR participants in the rape-arousal group were more affected—37% of these high LR participants said that women would enjoy rape, and 39% said that women would enjoy being forced into sex. That low LR participants were not significantly affected might be of consolation if society were largely free of the kind of attitudes present in high LR individuals, who incidentally constituted 41% of all participants.

In the United States, where the 19th Amendment was necessary for women to obtain the right to vote, wage inequalities and other forms of discrimination still pose a significant barrier to women's careers, and sexism pervades much of popular culture and media (Strossen, 1995). Anything that reinforces ideas of female inferiority cannot be easily dismissed as innocuous. However, pornography can go further than that; it can associate inferiority with sexual arousal and thus can render these ideas sexually stimulating. For a society in which early sex education is sporadic and often insufficient, depicting violence as a component of sex can perpetuate or exacerbate this already sexist concept.

Thus, pornography is harmful because of its capability to foster and reinforce sexist attitudes, which is especially dangerous when these attitudes are already prevalent. Material that explicitly depicts sexual relations between participants, usually reduced to classification as simply men and women, maligns women's role in sexuality and women in general when it consistently portrays women as subordinate to men and men's desires (Longino, 1980).

The task of countering the themes of pornography can be accomplished by asserting the same rights that protect pornography. In several studies (e.g., Check & Malamuth, 1984; Donnerstein & Berkowitz, 1981; Malamuth & Check, 1984), subsequent debriefing offset the effects of experimental exposure to pornographic material to the extent that participants' attitudes toward women actually became less negative than before the experiment. Therefore, the answer to pornography may

be to place it in a perspective in which it definitely tells the truth—an example of sexism instead of sex.

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Pornography: The Lack of Harmful Effects

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Although great strides have been made in obtaining equal rights for women in Western society, much remains to be done. Gender inequality and violence against women continue to plague us, and pornography becomes a convenient scapegoat for these problems. The temptation to assign this blame to pornography stems from America's fundamentally conservative view of sexuality. Because pornography makes us uncomfortable, why not argue that it harms women and rid it from our culture? Some authorities, such as Dworkin (1989), have made the argument and have asserted that pornography harms us by inducing violence in its patrons and by demeaning women. This essay will examine each of these assertions and present the conclusion that research indicates no correlation between pornography and such harmful effects.

Some writers are tempted to point an accusatory finger at pornography for many of society's ills, but such problems are not that simple. The roots for gender inequality can be traced to the beginnings of human civilization. Dawkins (1976) suggested that these inequities arose in the very beginnings of plant and animal life when male and female gametes evolved to become different sizes.

Discussing the correlation between viewing pornography and violence, which is the foundation for the argument that pornography is harmful, is a worthwhile starting point. Koop (1987) declared that pornography was responsible for most rape crimes and other forms of sexual aggression. Unfortunately, he failed to cite evidence for those assertions but rather presented them as merely common sense. Part of the problem lies in the relative rarity of *violent* pornography, which can be defined as pornography containing acts of verbal or physical aggression toward one or more of its participants (Slade, 1984). The distinction between violent and nonviolent pornography is an important one because it weakens any argument that suggests pornography causes harm by modeling violence. By definition, nonviolent pornography cannot model violence. Malamuth and Check (1981) confirmed this line of reasoning when they demonstrated that sexually *non-explicit* depictions of violence have a more pro-

nounced effect on male aggression against women than does pornography. Even so, if we can show that pornography contains abundant violence, we should still condemn it as harmful. Slade (1984), however, reported that violent forms of pornography have traditionally comprised only five percent of all pornography between 1915 and 1972, and Palys (1986) reported that these levels have not increased since then. Furthermore, aggression or violence within a sexual context only occurs in one page of every 1000 pages of pornographic literature (Scott and Cuvelier, 1993). These levels of violent pornography are minute, and one does not have to look past mainstream feature films to find media that features violence levels far beyond that produced in pornographic material (Slade, 1984). All types of movies, including those rated G and PG, have a higher frequency of violent acts than X-rated films, according to Leyshon (1981). If violent pornography serves as a model for violent behavior, other forms of media could serve as even better models for violence. Attempts to eliminate pornographic material based on violence is not only difficult and wasteful but also woefully inadequate. Efforts might be better spent curbing the rampant violence contained in mainstream media because there are much greater levels of aggression in those areas than in pornography. Much more than censorship will be needed to reduce violence in America.

In spite of the rarity of aggression and violence in sexual literature and media, political conservatives continue to assert that pornography increases the levels of sex crimes and causes societal deterioration in general. To examine this alleged phenomenon, one should examine communities in which the circulation of pornography is high, as well as communities in which attitudes toward pornography and sexuality are liberal. If the relationship between sexually explicit media and sex crimes exists, then we would find such levels in those locales. Kutchinsky (1991) investigated the level of rape in the United States, Denmark, West Germany, and Sweden between 1964 and 1984. These nations witnessed an explosive increase in the availability and consumption of pornography during that time, yet per capita sexual assault did not increase during that period. Although Denmark, Sweden, and West Germany noticed a marked increase in "hard-core" visual pornography, including aggressive material, there was no increase in rape statistics that could not be plausibly explained by improved reporting methods. Furthermore, Winick and Evans (1996) discovered that the arrest levels for sex offenses in four states that relaxed restrictions on pornography between 1973 and 1986 (North Carolina, Maine, Pennsylvania, and Washington) remained consistent in

arrest levels for generic crimes. If there was a correlation between increased usage of pornography and increased sexual aggression, then one would find such increases in those locations. Those results lead one to conclude that pornography does not cause specific harm.

In short, conclusions regarding the correlation between pornography and violence are mixed, at best. Fisher and Grenier (1994) report that 86 percent of men exposed to pornographic violence in an experimental setting displayed non-aggressive behavior to a female confederate. In addition, the 14% who were aggressive had displayed tendencies prior to the study, and that finding led the researchers to believe that those individuals would have acted aggressively regardless of the independent variable. These findings indicate that violent pornography does not induce a reliable effect of violence or aggression.

Even in situations where violent pornography is correlated with aggression, the finding is simply a correlation (Kutchinsky, 1991). Causality cannot be concluded from those studies. Because one cannot exclude the influence of a third variable, there is a possibility that individuals who viewed pornography and committed sex crimes had an underlying psychological disorder that predisposed them to commit crime and consume pornographic material. Sex crimes are an extremely sad reality, but in this circumstance eliminating the pornography does nothing to prevent the crime, because one has neglected other psychological variables influencing behavior. Thus, the conservative's argument has serious weaknesses. Societies are not degraded *because* of pornography.

Perhaps because the argument that pornography causes violence is weak, those who lead the crusade against pornography rally around a second assertion, which is that pornography results in the degradation of women. On the surface, this is a common sense statement that pornography often portrays women as sexual objects, but the connection is not so simple.

The results from several studies (Baron, 1990; Bollinger, 1986; Demare, Briere, & Lips, 1988; and Linz, Donnerstein, & Penrod, 1988) directly contradict that assertion. Demare et al. (1988) found that use of non-violent pornography (i.e., pornography that does not contain acts of verbal or physical aggression) and sexist attitudes, defined as antiwoman thoughts (Fisher and Grenier, 1994), were not correlated. Moreover, they found that the consumption of pornography and negative attitudes toward women as a whole were unrelated. Baron (1990) observed that higher levels of pornography circu-

lation in southern American states were correlated with cultural environments favorable to gender equality, and Bollinger (1986) offered an explanation for this surprising fact. Societies that tolerate traditionally disfavored forms of speech are also more likely to favor gender equality because the tolerance creates a cultural atmosphere that promotes tolerance in general. Additionally, Linz, et al. (1988) discovered that exposure to typical pornography was not related to the tendency to regard women as sexual objects. Thus, the conservative position on this matter is not supported by the data.

Instead of judging the censorship of pornography by the imaginary benefits of ending sexist attitudes, we could instead judge it by the possible negatives of impairing free speech. The censorship of pornography with the specific intent of protecting women is in itself degrading because it assumes that women are a group in special need of protection. Perhaps the 1986 Commission was cognizant of this reality because the group of 11 members split on a 9 to 2 vote (Money, 1986). The two dissenters were women, representing half of the four women appointed to the commission. The dissenters realized that censoring pornography subjugated women to an inferior role and that pornography pales in comparison to other social institutions that demean women and promote gender inequality. With these issues in mind, the censorship of pornography is a larger travesty than pornography itself, and one cannot criticize it as demeaning women.

There are many problems in society, including gender inequality and sex crimes such as rape. Although these issues are ones that we must face, we cannot fall victim to the naïve belief that pornography is responsible for these social ills. Not only have researchers failed to establish a causal link between pornography and sexual aggression, but even studies that tried to correlate the two have found inconsistent results. The same observation holds true for the relationship between pornography and sexist attitudes. We cannot, therefore, censor pornography on the grounds that it harms society. Furthermore, even if we were to attempt censorship, any action that one might desire to take against pornography is impeded by the highly subjective nature of its definition. An individual's evaluation of sexually explicit material is directly determined by one's feelings toward sex in general. In the famous *Jacobellis v. Ohio* case, Justice Potter Stewart remarked that he could not define pornography but that he knew it when he saw it (Friedman, 1970). The impossibility of applying objective standards to pornography becomes apparent when the only way to define it is by resorting to personal standards. Therefore, not restricting pornography is crucial.

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A Conversation with Richard M. Suinn: Research, Ethnic, Cross-Cultural, and Professional Issues

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Richard M. Suinn, the 1999 President of the American Psychological Association, is the first Asian-American and the third ethnic minority to hold this position. His bachelor's degree in psychology is from Ohio State University, and his masters and PhD degrees are in clinical psychology from Stanford University. Suinn served as team psychologist for four Olympic teams. He has authored eight books, five tests, and more than 150 book chapters and articles on such topics as sport psychology, peak performance, anxiety management, and innovative therapies.

Suinn is an emeritus professor and former chair of the Department of Psychology at Colorado State University. He received the APA Career Contribution to Education Award (American Psychological Association, 1994) and is a Fellow of six APA divisions.

Suinn was at Nebraska Wesleyan University (NWU) in Lincoln, NE during November of 1999 as the keynote speaker for the Fawl Lecture Series in Psychology. Two NWU psychology majors, Sara Schmidt and Megan Littrell, conducted the interview. Dr. Clifford Fawl, senior professor of psychology at NWU, was in attendance, as was Dr. Mark Ware, professor of psychology at Creighton University in Omaha, NE, along with Creighton psychology students Gino Peluso and Allison Pfaff. Dr. Richard Miller, professor of psychology at the University of Nebraska at Kearney, attended the interview with Kearney student Kylie Cole.

Background and Research Interests

Littrell: When you were an undergraduate student, what motivated you to get involved in scholarship and research?

Suinn: Well, I actually didn't do anything [in the way of scholarship and research] as an undergraduate. I was at the University of Hawaii for two years and went to Ohio State for my last two years. Both undergraduate environments were such that we didn't know our faculty, and they didn't know us. As an undergraduate, I was not engaged in a single project that would be considered research.

I do remember that one of the social psychology faculty was looking for participants in a research project. I was curious enough to volunteer, and I went through a card sorting experiment. [The instructions were to] sort [adjectives] into piles that belong together as they describe various groups of people. At the end, I remember asking, "So what does this all mean?" Maybe that question was a glimmer of my involvement in research in graduate school, that is, asking questions that needed answers!

The first article I published was in my first year of graduate school. I was on an assignment at the Veterans Administration (VA), and the VA had always used a very brief version of a scale to estimate verbal IQ. There was no question about its use until somebody challenged me. This person said, "You can't do that. You can't use that scale (called the Shipley-Hartford Scale) as an estimate of verbal intelligence. You have to use real intelligence tests." I decided not to argue but to go back to files of patients who had taken both the Shipley-Hartford and the Wechsler Verbal IQ tests. I was able to do a correlational analysis and demonstrate that the Shipley-Hartford was highly correlated with Wechsler IQ scores and, therefore, could be used as an estimate of verbal intelligence. That was actually the first research I did [see Suinn, 1961]. I was trying to find whether something could be confirmed. And that is how it's been the rest of my life!

I should tell you that I was within a hair's breadth of not getting admitted to Stanford University. Upon applying, I was required to complete a form that said: "Talk about what you see yourself doing when you grow up." What I wrote was, "I'm interested in becoming a clinical psychologist engaged in practice. I have no desire to do research." Shortly thereafter, I received a letter from the departmental chair, a very well known psychologist, who said,

We understand that you are not interested in research. You might wish to know that at Stanford University we expect our students to learn about

Editorial additions by the authors appear in brackets. We would like to thank Dick Suinn for his comments on a previous draft on the article.

research because we think it is an important process. If you still feel like this is a place that you are willing to come, we are admitting you.

I then realized how close I was to being rejected.

My first year at Stanford was a good year because I was a research assistant to a person who was very supportive and who was deeply engaged in research. He made research as a very simple activity: “There’s something we’re wondering about. Do you think there is some way we can find out the information? What do you think about this?” What he did was to demystify research for me.

When I thought about why I answered the way I did on the application, I realized I did not know what research was all about. I thought it was this complex, very unusual scholarly exercise. I think that is the reason why I said what I did. I was fortunate to have the opportunity to attend Stanford, in spite of myself, and to be assigned to a mentor who opened my eyes about research.

Littrell: How did you involve undergraduates in research?

Suinn: My first job was at Whitman College (800-900 undergraduates, about 50 faculty; three of us were in psychology), which is similar to your school [Nebraska Wesleyan University]. We knew all of our majors personally, and I knew all of the faculty. We had much more of a collegial/peer relationship than the experiences I had as an undergraduate.

I actually did research with my undergraduates. I think we probably completed around a half dozen studies, and a couple of them were published. One of those studies was one of the few articles published in the Hall and Lindzey book of readings in personality theory [see Suinn, Osborn, & Winfree, 1965]. I was excited to have that happen! In those early years, the undergraduates were colleagues.

... involvement of undergraduates in research was a natural outcome, ...

I taught personality theories, testing, and motivation. We examined a topic and started asking questions. Then I would say, “Why don’t we collect data for it?” That’s how that process developed. For me,

the involvement of undergraduates in research was a natural outcome, and an enterprise that I think any faculty person who’s interested in finding out answers to questions should take. And for any student who has questions, this process is how to get answers.

Schmidt: Do you remember what kind of research was being done when you started, and how research evolved over time?

Suinn: Describing the kind of research that was going on will date me! At that time, LSD [an hallucinogenic drug] was being examined as a possible intervention for psychotic patients. Sensory deprivation was being researched as an experience that could lead to understanding psychosis. There was no behavior therapy. There were a few courses that were starting to examine how learning theory applied to psychotherapy. There was conceptualizing that maybe psychotherapy was like a learning process, but there were no intervention programs that today we would call behavior therapy.

It’s easier to talk about what wasn’t occurring. Consider coping behavior. Today, when we talk about stress management, we can see its application to experiences other than severe psychopathology. We can talk about the importance of stress or anger management for the everyday person. We encourage everyone to learn “coping skills.” In my day, stress or coping were topics restricted to discussions about psychopathology and its treatment.

The importance of cultural variables and their influence on human behavior was minimally discussed. That’s how I wrote the first edition of my textbook on abnormal psychology [Suinn, 1970]. I had been at Whitman College. A book representative said, “This is a good school from which to write a textbook. It’s got a good reputation and you really ought to write a book. And we would like to publish it.” But initially I didn’t have anything to say. I liked the books that were available, and the content seemed reasonable. Finally it dawned on me that what those books didn’t do was to talk about sources other than psychological contributions to psychopathology, such as family, culture, and to some degree genetics.

Littrell: What made you decide that you no longer wanted to focus on being a clinician but that you wanted to be an academician?

Suinn: Well, my identity is as a faculty person. I have never entertained the idea that I would be other than an educator. I have always been in a teaching environment of some sort.

I started with Whitman College. I went to work at Stanford, but it was at the Medical School not in a hospital setting. I was at the University of Hawaii, and from the University of Hawaii, I moved to Colorado State University. For 20 years I was head of the psychology department at CSU and not teaching faculty. But I've always known that I wanted to be a faculty person and certainly my initial years at Whitman College, with my teaching function, just simply confirmed that choice.

Part of the question is really, "Why didn't I become a practicing clinician as opposed to being an educator?" Part of the answer relates to my undergraduate years. I picked Ohio State after I chose my major. Because I hadn't selected a major and because I perceived my family as poor, I didn't want to go somewhere on the mainland that would cost them a lot of money, until I knew my major. Once I made that decision, I picked Ohio State because it offered a variety of psychology courses that would enable me to get a feel for what this career was all about.

Fortunately, I took a course, Introduction to Clinical Psychology, that made psychology for me. I think it's partly because clinical had something to do with people, so there's a people content. Clinical also involved using my head, conceptualizing in diagnostics, and what to do through intervention. My choice had something to do with science and maybe associated with medical science. You have to keep in mind that I was the first in my family to go beyond high school, and coming from an Asian-American family, there was probably the expectation of becoming, "My son the doctor."

Becoming an educator was eventually simply an over-riding goal. I believe that I'm a good clinician, and I have, over the years, seen patients and clients as a successful practitioner. However, my true strengths are in the classroom in a university setting.

To some degree a full-time practice would worry me. I don't think, personally and emotionally, I could live up to the responsibilities of seeing a variety of patients day in and day out, feeling personally responsible for each client. I understand that you [the clinician] have to get beyond such emotions. Besides, I'm much more interested, and much better

in, short-term interventions. Much of my writing focuses on brief interventions.

... I've always wanted to be an educator.

It's the best job in the world.

So, what I really want to emphasize is that I've always wanted to be an educator. It's the best job in the world. My last column in the *APA Monitor* as APA President says that I'm leaving the very best job in the world as I retire from the university [Suinn, 1999]!

Advantages of Undergraduate Research

Schmidt: Would you explain some of the advantages you see of doing research as an undergraduate?

Suinn: I think there are several advantages for undergraduates getting involved in research. One is that you learn firsthand to think scientifically and in a real-life circumstance. You do not simply read something and practice an exercise. You actually learn about the methodology, and you see how it relates with something that is real. Whether you go into future work in psychology as a graduate student, or as a career, that skill of thinking scientifically is a life skill.

Research allows you to make observations, rather than jumping impulsively at a conclusion. It allows you to ask, "Is there some documentation for this conclusion?" Research allows you to think through an issue, for example when getting bombarded by all this marketing on TV, and it helps you to ask, "Well, if I were to want to test the significance of what they are telling me, how would I go about doing that? Have they given me reason to believe in them?"

Another reason is that research satisfies your curiosity. There is no better way to find out answers than to find out in a systematic way.

Plus, research involvement makes you a colleague. You're no longer a student. You become a person who is working with someone on a common project, and you are making contributions to the project.

There are other reasons. If you're preparing for graduate school, research experience is helpful.

Ethnic Minority Issues

Littrell: When you started in the field of psychology, what observations did you make about the number of minorities studying psychology, and were issues involving minorities the topic of study?

Suinn: I date to a time in which there were very few ethnics who were interested in psychology. And that's still true to some degree; but at least we have more in the pipeline, and there are more ethnic minority psychologists who are highly visible in terms of their research accomplishments. The APA has recently developed a new journal, *Cultural Diversity and Ethnic Minority Psychology*. The topic of minorities has arrived, but it didn't exist during my earlier career.

You might think about attention to minority issues as a type of a social movement. The attention to fitness is an example of a social movement. Today, you hear many people talking about doing something to take care of their health, or exercising to stay healthy. The topic is a common source of conversation and, of course, a common source of marketing, but it did not exist when I was in school. Nor was there any focus on minority issues. During my early training, being an ethnic minority was not relevant.

The only time [being an ethnic minority] became apparent to me was when I began as an intern at the VA hospital, and they had an Asian patient who did not speak English. Without thinking, they called on me [because of my Chinese ancestry], making the assumption that I could speak to him in Chinese. There are several reasons why that was a problem. One is that the person could have been Japanese, and not Chinese. The person could have been Korean. Second, even if I spoke Chinese, there are several different dialects. But the real issue was that I'm not bilingual! My supervisors assumed I could speak Chinese merely because I am Chinese. I was asked, "Will you go and speak to this person who speaks no English and do an assessment?" And I said, "I'll get it done, but give me some time while I find somebody who speaks Chinese, and who speaks the Cantonese dialect. I can't do either."

Schmidt: Did you face adversity because of being an ethnic minority?

I've had a few racist experiences throughout my career.

Suinn: I've had a few racist experiences throughout my career. In one of my articles that was somewhat autobiographical [see Suinn, 1992], I described an experience at Whitman College. I was in my fifth year when I had an awful encounter. A faculty person joined Whitman after me and in another discipline. I had no previous encounters with the person. One day we were in the hallway. When nobody was around, he said, "I'm going to do everything I can to demolish your career." Fortunately, I had already resigned. I had accepted a position at Stanford, and I didn't have to deal with this person, except to store the experience as a bad memory.

When I talk to ethnic minority students, one of the things I will share is the following: I may seem as though I'm always comfortable in new settings. I've been elected to several APA boards. In spite of what may seem like a successful career, I still had personal difficulties when joining a board to which I was recently elected. There are nine people on a board. When I enter the room, I would think, "Everybody else in that room is closely connected. I'm the only person that the other people will be wondering, 'How good are you?'"

I finally managed to handle my discomfort by thinking, "I will wait until there's a discussion to which I feel I can contribute. Then, I make my contribution. After a while people will judge me for what I am and no longer question my competency." Later, I added another step by realizing that there should be two other people who are new, because elections bring three new members each time. My ultimate, best strategy was to stop worrying about how people react, and to accept that I would not have been elected if others didn't view me as capable. Now, I simply take the initiative to introduce myself to whomever I first meet in the group and get on with it!

There is another occasion in which I am uncomfortable. When I have gone to social gatherings, say, at a small conference's social hour, I see clusters of people, and I don't feel part of this cluster. Those feelings come, a little bit, from my personal shyness,

but also from my status as an ethnic in a majority environment. You look different; you know you're different; you can't help it. I look the way I look.

I've developed a behavior strategy with new groups. I find one person whom I talk to, and I introduce myself and that is an icebreaker. And the next year, I now know at least one person with whom I can talk.

Littrell: What are some current issues in cross-cultural, or minority, counseling?

Suinn: Keep in mind that even as a white person you are yourself in a cross-cultural environment. The United States is a culture, and we have characteristics as Americans that influence us. Moreover within American society, ethnic minorities are now more identified and set apart.

*... there are several developing issues
[in minority counseling].*

Currently, there are several developing issues. One of the topics within the ethnic minority area is about delivery of services. If you examine recent history, you'll see that the original question was very simple. Are mental health services for ethnic minorities adequate? The research examined how many ethnic minorities were in psychotherapy. The data showed very few minorities receiving psychotherapy. There was another way to determine whether services for minorities were adequate. If minorities got into psychotherapy, did they terminate early? If there were high numbers of terminations, we concluded that there was something wrong with the delivery system. That's how the earlier studies were done, and the usual conclusion was that mental health service delivery was inadequate for reaching ethnics.

The next logical question was, "What can we do to improve on the service delivery?" One hypothesis was that services could be improved by matching the ethnicity of the therapist to the client. For example, you match an Asian-American clinician with an Asian-American client. Results showed that matching client and therapist reduced early termination.

Knowing that there was lesser termination was interesting, but did that mean the clients were getting

anything out of it? So the next question was, "Does the intervention make a difference?" This issue was studied, and the answer was that the mental health of ethnic clients did improve when therapists saw clients whose ethnicity matched theirs. What I am sharing is an example of how research progresses. You start with one question, learn something, then a new question evolves, and soon you have a whole program of research to answer important questions in life.

Last year, one of my students extended the research with one more refinement. We know that matching is important, but under what conditions would you find that matching was not necessary? What are the variables that make matching important? Our first hypothesis was that level of acculturation makes a difference.

Let me use myself as an example. If I am seeking help, and you place me with a person who is a traditional Asian person and say, "This is the person who is going to be your counselor." I'm going to be very uncomfortable because I'm too Westernized, too acculturated. I don't require the services of someone experienced in culturally appropriate methodologies. On the other hand, for a non-acculturated client who has strong Asian values, being matched with an Asian counselor might be most helpful for the therapeutic relationship to progress.

The second hypothesis we considered was whether the type of presenting problem made a difference. Suppose I'm an Asian client with a simple problem, such as I have lousy study habits, my grades are poor, and I only need help in how to improve studying, note taking, and so forth. With this type of problem, it doesn't matter if I see a person who understands Asians versus a person who doesn't understand Asians. I need somebody who understands study habits! On the other hand if the problem is relatively personal, and I'm embarrassed about it, or I'm ashamed about it, or I feel like my parents are going to be embarrassed about it, then I may need somebody who would understand Asian families and culture.

I think that's the direction that minority research is headed—becoming more and more refined by starting with one broad question and obtaining straightforward data, then using that finding to pursue the next logical question. In a sense, that's the history of

research. You start somewhere, you get a simple answer, you keep going, going, going, and there are more interesting questions.

Cross-Cultural Psychology

Schmidt: What is your perspective about psychology on a global level?

Suinn: I've been in a variety of cultures. I've been in South America, Mexico, Japan, China, and Portugal. There are differences in psychology among countries. Psychology in the U.S., in some respects, has become the leader. We're far ahead in several ways—in technology and in our development of interventions and understanding.

There are some areas in which other countries may be a little stronger than we are. I think South America may be more involved with community service and understanding the role of the community and the importance of communities.

There are other areas in which other countries are doing things that we're not. In Japan, I remember seeing a regular elementary school, and it had autistic children mainstreamed into the class. And the interesting thing was that all the rest of the kids were part of the treatment. All the rest of the kids were helping one another and helping the autistic kids. A long time ago there was something called a "therapeutic environment," meaning that it wasn't just the therapist who provided care, but it was everybody with whom the patient came in contact. Japan seemed to be applying this approach to helping autistic children.

There is an interesting difference in psychology and psychiatry in China. I was at a hospital, and the psychiatrist in charge was excited about his preparation to hire his first clinical psychologist. I asked, "Why?" And he said, "Well, this person is going to be able to do things we psychiatrists can't do." So I said, "What is it?" He says, "Well, we cannot do individual psychotherapy. Clinical psychologists can!" I'm thinking, "Whoa! We ought to import those psychiatrists and their attitude to the U.S.!"

There are some other topics that might be valuable for psychologists. One topic that occurs to me is the study of forms of language. I just came back from Japan and was hosted in a teahouse by the president of the board of governors of the university. We had a

mild interaction. He says, "How old are you?" Now how often would any of us think to ask a person's age within five minutes of meeting the person?

It turns out that age influences individuals' attitudes toward one another in Japan. If I am older than the board president, then he has to defer to me, to show respect, because age over-rides his status level; the elderly in Japan are still considered persons to be respected.

Another area [for psychology on a global level] is conflict resolution. There's a shooting in Seattle. And I noticed there was a shooting just before that in Hawaii, and of course Columbine in Colorado, and a variety of other places. We also have various international incidents involving major conflicts, miniature wars, and violence. So in terms of global concerns, certainly conflict resolution is an area that psychologists ought to be investigating.

Entry to Graduate School

Ware: What would you say to students who are struggling with issues of whether to go to graduate school immediately following graduation or to take time off before going to graduate school?

Suinn: Well, one observation is that there are many people who return as older students. Many are women who have raised families, completed that responsibility, and now have decided to return for a new career. At CSU, such a circumstance is not uncommon.

There are some advantages. One advantage is that when you're in the real world for a while you get something more concrete. I think that people who take time off might broaden their life experience. Then, when somebody says, "These types of dysfunctional families..." or "This kind of employment setting..." or "This kind of...whatever," the example takes on more meaning than it had before.

[Another advantage] is that the motivational level tends to be higher. You work harder because you know that graduate education is a goal that you just can not forget.

One disadvantage is the comparison issue. If you can cope with the comparison issue you're okay. For example, an older person returns to school and says, "Holy cow! Look at all these people who know more

than I do, and they're brighter than I." One way of coping is to think, "I have some strengths. I wouldn't be here if I didn't have them. So the fact that I've been away for a while doesn't mean that I'm less bright!" But sometimes there's that feeling that competition is hard to handle.

Also after being away, sometimes the issue is a feeling of being out of touch with the content. The reality is probably dependent on how long ago you were in school, or how well your training was as an undergraduate, and whether you are up to par with the knowledge base. I think those are some of the disadvantages.

Just make sure that you've worked through the decision so that whatever you're doing you are fully satisfied that it's the right decision for you. Also figure out ways to cope with the disadvantages. You plan for the coping, you plan ahead.

I'll give you an example that shows both sides. I'm one of those individuals at whom people get mad. I finished my dissertation, internship, and course work in four years. I didn't realize I was unique until I was done. I thought it was a long time! And I told myself, "I gotta get out of here! I'm ready for the real world. I have to get a job!" And I did.

One of my peers said, "I'm going to stay on another year. 'Why?' Well, there's a faculty member, Dr. Leon Festinger in social psychology, who is on sabbatical and is coming back next year, and I want to take a course from him." He stayed, and I went to work, and I did what I wanted to do.

Interestingly enough my friend started his career in clinical psychology but changed to social psychology and become very well known in social psychology. My friend made a very important decision to stay a year and satisfy his interest in social psychology. As his career developed, it became clear that the earlier commitment was right for him and helped him to be what he is. That choice was obviously right for him. I don't think it would have been right for me.

Health Maintenance Organizations

Peluso: With the rise of Health Maintenance Organizations, what advice would you give an individual pursuing private practice in counseling or clinical psychology?

Suinn: That's another good question. It's our best guess that managed care, or something like managed care, will continue because the original intention of managed care was to reduce unnecessary costs, primarily in medical care. The abuses have been having the dollar figures drive everything instead of looking at issues such as quality of care.

There will be some changes in the structure of managed care. The reason we know is because the major television newscasters and the major national magazines have been attacking managed care. And they are giving example after example of abuses. The issue is a national one. There are some law suits, and one of these days somebody's going to win one of those suits. There's a proposal in Congress called "The Patient's Bill of Rights," and if that passes, it will allow patients to sue a managed care company. So something is going to change, but managed care won't completely go away.

I've talked to many clinicians. There are several things are happening. People who have been very well established have said, "It hasn't affected me. I've been working so long that I have a referral system." There's another cluster of people who have said, "I can't make it anymore. I'm not getting enough income to make a living, and I'm quitting."

There are also people who talk about how to answer your question. One strategy is to go into group practice. Don't try to make it alone at the start. Go into a group that has an established practice. Go into a group that offers what's called "one-stop-shopping." That expression means that you may have somebody with expertise in child and adolescence, you have somebody with good family skills, and you have somebody who has skills working with adults or the elderly. You have someone with primary health care skills. Such a practice does not require patients to go to several different offices, and they are known for providing a variety of experts.

A second strategy is to diversify while you're in training. Diversification can include looking at the field and assessing what kind of services are in demand. The growth of specific divisions of APA indicates which services are in demand such as neuropsychological assessment, working with families, working with children. If you have an interest, forensic psychology is a big area. I think diversification also means looking at areas such as primary health

care. For example, some family care physicians want to hire psychologists. Additionally, there are priority populations (e.g., the elderly). You do not have to do all of these things, but the more you can diversify, the better off you'll be.

Look at certain kinds of additional skills. Consultation is going to be extremely valuable. I occasionally do consultation outside of my immediate area. I apply what I know in my area to somebody else's area. For example, I did a presentation for realtors. I don't know about real estate sales, but I do know about stress management, so I find out about their stresses, and I talk to them about calendar management.

To survive managed care, what you do is diversity what you have to offer. That makes you marketable and more marketable than someone else.

The Benefits of Undergraduate Research

Littell: Does anyone else have questions for Dr. Suinn?

Suinn: Having read McKeachie's interview [Miller & Ware, 1999], I noticed a question at the end that asked, "What is your final statement?" I have a final statement about your emphasis on undergraduates doing research. There are a variety of benefits for continuing to involve undergraduates in research activities.

One, there's a benefit for the faculty. The faculty get the benefit of seeing a question pursued on which the faculty want to get a scientific answer, and you can't always do that yourself. So that's a benefit for the faculty. The faculty get the benefit of seeing one of their students engaged in a real challenge and standing back and saying, "Look! I've laid the foundation for you. Now let's see what you can accomplish."

Two, from the student's perspective, there are some payoffs. The student, as I said earlier, becomes a peer with the faculty person, because now you are working together. And you also have the satisfaction of going through a series of questions, designing something, finding out the answer, and experiencing the satisfaction of saying "I did that in a systematic

fashion." Even if the research doesn't lead to a final answer, it might lead you to a new direction.

Three, for the discipline of psychology, [research with undergraduates] may bring a new perspective. Having looked at an issue of the *Journal of Psychological Inquiry*, I read an interesting article by an undergraduate about whether the first impression of a faculty person is a lasting impression despite negative data to the contrary [see Cooper, Bott, & Wallace, 1999]. I think that's an interesting question that someone else might never have raised. So, for psychology as a discipline, undergraduates doing research can provide a different perspective and, therefore, new information and new conclusions.

Finally, there is a benefit for society. Because you do the research and learn the scientific method, you acquire more sophisticated thinking skills. As you become members of your neighborhood, or society, or community, you are now a better person in that environment.

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Invitation to Contribute to the Special Features Section—I

Undergraduate students are invited to work in pairs and contribute to the Special Features section of the next issues of the *Journal of Psychological Inquiry*. The topic is:

Evaluating Controversial Issues

This topic gives two students an opportunity to work together on different facets of the same issue. Select a controversial issue relevant to an area of psychology (e.g., Does violence on television have harmful effects on children?—developmental psychology; Is homosexuality incompatible with the military?—human sexuality; Are repressed memories real?—cognitive psychology). Each student should take one side of the issue and address current empirical research. Each paper should make a persuasive case for one side of the argument.

Submit 3-5 page manuscripts. If accepted, the manuscripts will be published in tandem in the journal. The Special Features section of the current issue (pp. 70-74) contains an example of the type of evaluation students may submit.

Note to Faculty: This task would work especially well in courses in which instructors have students debate controversial issues. Faculty are in an ideal position to identify good papers on each side of the issue and contact students about submitting their papers.

Procedures:

1. The postmarked deadline for submission to this Special Features section is November 1, 2000.
2. All manuscripts should be formatted in accordance with the APA manual (latest edition).
3. Provide the following information:
 - (a) Names, current addresses, and phone numbers of all authors. Specify what address should be used in correspondence about your submission,
 - (b) Name and address of your school,
 - (c) Name, phone number and address of your faculty sponsor, and
 - (d) Permanent address and phone number (if different from the current one) of the primary author.
4. Include a self-addressed stamped postcard and a self-addressed stamped envelope. On the reverse side of the postcard, write the name of the author and the title of the essay.
5. Send three (3) copies of the a 3-5 page manuscript in near letter quality condition using 12 point font.
6. Include a sponsoring statement from a faculty supervisor. (Supervisor: Read and critique papers on content, method, APA style, grammar, and overall presentation.) The sponsoring statement should indicate that the supervisor has read and critiqued the manuscript and that the writing of the essay represents primarily the work of the undergraduate student.

Send submissions to:

Dr. R. L. Miller
Department of Psychology
University of Nebraska at Kearney
Kearney, NE 68849

Invitation to Contribute to the Special Features Section—II

Undergraduate students are invited to contribute to the Special Features section of the next issue of the *Journal of Psychological Inquiry*. The topic is:

Conducting Psychological Analyses

Submit a 3-5 page manuscript that contains a psychological analysis of a television program or movie. The Special Features section of the current issue (pp. 43-69) contains several examples of the types of psychological analysis students may submit.

Option 1—Television Program:

Select an episode from a popular, 30-60 min television program, describe the salient behaviors, activities, and/or interactions, and interpret that scene using psychological concepts and principles. The presentation should identify the title of the program and the name of the television network. Describe the episode and paraphrase the dialogue. Finally, interpret behavior using appropriate concepts and/or principles that refer to the research literature. Citing references is optional.

Option 2—Movie Analysis:

Analyze a feature film, available at a local video store, for its psychological content. Discuss the major themes but try to concentrate on applying some of the more obscure psychological terms, theories, or concepts. For example, the film *Guess Who's Coming to Dinner?* deals with prejudice and stereotypes, but less obviously, there is material related to attribution theory, person perception, attitude change, impression formation, and nonverbal communication. Briefly describe the plot and then select key scenes that illustrate one or more psychological principles. Describe how the principle is illustrated in the movie and provide a critical analysis of the illustration that refers to the research literature. Citing references is optional.

Procedures:

1. The postmarked deadline for submission to this Special Features section is November 1, 2000.
2. All manuscripts should be formatted in accordance with the APA manual (latest edition).
3. Provide the following information:
 - (a) Names, current addresses, and phone numbers of all authors. Specify what address should be used in correspondence about your submission,
 - (b) Name and address of your school,
 - (c) Name, phone number and address of your faculty sponsor, and
 - (d) Permanent address and phone number (if different from the current one) of the primary author.
4. Include a self-addressed stamped postcard and a self-addressed stamped envelope. On the reverse side of the postcard, write the name of the author and the title of the essay.
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