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Contents

Acknowledgement - Reviewers75
Acknowledgement - Institutions and Organizations76
Acknowledgement - Psychology Students .....	.77
Instructions for Contributors .....	.78

Articles

Discrimination of Visual and Olfactory Cues in Laboratory Rat Pups (<i>Rattus norvegicus</i>) Jessica Baker and Lynaya Palmer .....	.79
Spousal Intimacy and Identity: An Investigation of Ani DiFranco's Song Lyrics Michelle R. Schaffner .....	.82
Emotional Intelligence: Concepts and Implications in Relation to Children's Development and Socialization Jacqueline D. Troutman .....	.89
Is Anorexia Nervosa a Culture-Bound Syndrome? Elizabeth J. McDonald .....	.94
Subscription Form .....	.104

Special Features

Controversial Issues

To Treat or Not to Treat: That is the Question Claudia Potts .....	.105
Should We Live by the Golden Rule or Seek Justice? Elizabeth Heideman .....	.107
Psychologists and Child Custody Evaluations: Who is Best Qualified to Decide? Michael S. Odeh .....	.109
Is it in the Best Interest of the Child? Valerie M. Gonsalves and Divya Bala .....	.112

(continued on next page)

Recent Success in Treating Sex Offenders
Billy Frederick115

Sex Offender Treatment: A Controversial Issue
Jessica Sapp117

Conducting Psychological Analyses – Dramatic

Girl, Interrupted: A Diagnostic Evaluation of Mental Disorders
Brooke A. Smith and Sumner J. Sydeman120

Psychologically Speaking

An Interview With Robin Anderson
Starlyn Isaacson, Lisa Susnjar, Roxanne L. Sullivan, and Mark E. Ware123

An Invitation to Contribute to the Special Features Section
I—Evaluating Controversial Issues133
II—Conducting Psychological Analyses – Dramatic134
III—Conducting Psychological Analyses – Current Events135

Subscription Form136

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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

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Discrimination of Visual and Olfactory Cues in Laboratory Rat Pups (*Rattus norvegicus*)

Jessica Baker and Lynaya Palmer

University of Nebraska at Kearney

The present study examined olfactory and visual cues in rat pups. At age 16 days, rat pups chose between the sight of the mother and the sight and smell of the home nest. Experimenters situated the testing arena in such a way that the mother, who was held in a nonglare cage, and home nest shavings were adjacent to each other. Experimenters then placed rat pups at the mid-point between the mother and the nest. Rat pups displayed a decided preference for the smell of their home nest over the sight of their mother. This preference may be because of the dominance of olfactory cues in rats associated with their nocturnal habits.

Previous studies on rat behavior and olfactory preferences have shown varying results with regard to effects of maternal odor on pup behavior. For example, Schapiro and Salas (1970) found that the presence of the mother's maternal odor inhibited rat pup activity. These researchers concluded that areas in the central nervous system could alter activity in response to appropriate odors, for example, maternal odors. In a study on the development of olfactory-guided behavior, Gregory and Pfaff (1970) sought to describe the time course of development of a behavioral response by rat pups to odors from nest shavings. They studied rat pups from Day 1 to Day 18 and found that by Day 9 rat pups had a clear preference for the home nest.

Studies have continued to build upon previous work on olfactory cues. For example, Polan and Hofer (1998) showed that rat pups have the ability to discriminate between one of two prominent sources of odors within their natural rearing environment. The authors hypothesized that infant rat pups would prefer their mothers' odor to their home nest shavings. After being deprived of contact with their mother overnight, each pup chose between its own mother and its own home nest shavings. Results revealed that compared to nondeprived rat pups, deprived rat pups preferred their mother's odor significantly more.

Clegg and Williams (1983) did extensive work on maternal pheromones—chemical compounds, produced and secreted by an animal that influence the behavior and development of other members of the same species of rats. In their first study, these researchers examined the attraction of rat pups to their own lactating mother versus

a virgin female and their lactating mother versus a male rat of the same strain. Results failed to show significant indication of preference of the pups for their lactating mother versus a virgin female. However, rat pups exhibited a marginally significant preference for the adult male rat. Clegg and Williams gave no clear reason why rat pups chose the male rat over their own mother.

Clegg and Williams (1983) also examined the attraction of rat pups to fecal boli from both their lactating mothers and a virgin female, however their results failed to show a significant preference for maternal excrement. Finally, Clegg and Williams examined diet manipulation as a variable to determine if olfactory cues were associated with different diets. The pups chose between the excrement of either their mother, who consumed one diet, or a virgin female, who consumed a different diet. Pups showed a preference for the fecal boli of the rat that had received a diet including sunflower seeds regardless of the relation between the rat and the rat pup. These results strongly suggest that different diets may be associated with olfactory identification.

Rat pups seem to rely initially on tactile and thermal properties to initiate and maintain huddling behaviors in the nest. Kenny and Turkewitz (1986) suggested that a transition occurs between 10 and 15 days at which time rat pups tend to rely more on olfactory characteristics. Kenny and Turkewitz reported a decline in nest homing behaviors after Day 15, which may be related to the onset of visual functioning. This decline may reflect a greater preference for the visual stimulus of the mother versus the olfactory stimulus of the nest materials.

The present study examined whether rat pups prefer the olfactory cues emitted by home nest shaving versus the sight of their mother. Although Gregory and Pfaff (1970) showed that rat pups have a clear preference for the odor of their nest shavings, Polan and Hofer (1998) showed that rat pups preferred the odor of their mother to that of the nest shavings. In our experiment, rat pups chose between the sight and odor of the nest and the sight of the mother. We hypothesized that rat pups would posi-

Joe Benz from the University of Nebraska at Kearney was faculty sponsor for this research project..

tion themselves closer to the home nest than to their mother. The reasoning for this hypothesis is that rats rely on the sense of smell more heavily than sight (Zhang & Firestein, 2002). Therefore, the olfactory stimulus emitted from the home nest shavings should override the visual stimulus of the mothers.

Method

Participants

Three litters (n 's = 11, 12, & 16, $N = 39$) of Sprague-Dawley hooded rats were used in this study. Testing occurred at age 16 days (Day 1 = birth) to allow time for their eyes to open for the opportunity of sight discrimination of their mother and of their home nest shavings. At age 16 days, rat pups are also quite mobile, allowing them to freely choose between stimuli.

Materials and Apparatus

Before testing, the rat pups and their mothers resided in an enclosed 46 x 61 cm container. The rat pups and mother were confined to the container since the birth of the pups. We did not change the home nest shavings during the study. The testing arena, constructed from wood, measured 69 x 69 cm and was sectioned into 36 equal squares measuring 11.5 x 11.5 cm (see Figure 1).

A nonglare plastic cage, which had a wire cover to prevent escape, contained the mother during testing trials; this cage measured 28 x 18 x 12 cm. Food and water were not available to the mother or to the pups during the time of testing. Home nest shavings situated across the arena from the mother's holding cage were spread over a 28 x 18 cm area.

Mother's Container

M1	M2	M3	M3	M2	M1
M1	M2	M2	M2	M2	M1
M1	M1	M1	M1	M1	M1
N1	N1	N1	N1	N1	N1
N1	N2	N2	N2	N2	N1
N1	N2	N3	N3	N2	N1

Home Nest

Figure 1. Diagram representing testing apparatus used to test rat pups. Each square was 11.5 x 11.5 cm. A rat was scored as being in the square if its snout was in the square.

Procedure

Experimenters placed the mother in the clear holding cage at the beginning of each trial and also placed clean shavings in the cage to ensure that urinary and fecal matter were absorbed. In addition, we placed a clear container at one end of the testing arena, and we also placed shavings across the arena from the mother (see Figure 1). Experimenters cleaned the testing arena after every trial with a one-part vinegar and a one-part water solution. The testing arena was also thoroughly cleaned with this solution before new litters were introduced to the testing box.

Experimenters placed rat pups one at a time at the mid-line of the testing arena, facing neither the mother nor the nest, and trials began at that time. Trials lasted 3 min for each pup, with the location of the pup recorded at 10 s intervals, resulting in 666 pieces of data (37 pups x 18 observations) for the entire sample. Experimenters recorded the pup's number, litter number, trial number, and the pup's position in the testing device throughout each trial. Experimenters considered the pups inside a specific section when their snout crossed the dividing line. After each trial had ended, the experimenters removed the rat pup from the testing box and placed it into its home nest. Testing continued, with each litter's mother remaining in the clear box, until we tested all her pups.

Results

To conduct chi-square analyses, researchers divided the testing arena into six sections, as shown in Figure 1. Sections M3 and N3 were directly adjacent to the mother and nest areas, respectively. Sections M2 and N2 were adjacent to sections M3 and N3. Finally, sections M1 and N1 were adjacent to M2 and N2.

Chi-square analyses demonstrated that the pups were located significantly more frequently in section N3 (observed frequency = 392) than in section M3 (observed frequency = 47), $X^2(1, N = 37) = 271.13, p < .001$. Experimenters conducted an additional chi-square analysis to compare sections M2 and M3 to N2 and N3. Results of this analysis revealed that pups were situated closer to the nest (observed frequency = 420) more than their mother (observed frequency = 57), $X^2(1, N = 37) = 276.25, p < .001$. Experimenters conducted a final X^2 analysis comparing M1, M2, and M3 with N1, N2, and N3. This analysis showed that rat pups were still situated closer to their nest ($f_o = 495$) more than their mother

(observed frequency = 171), $X^2(1, N = 37) = 157.62$. Based on those observations, rat pups had a definite preference for the scent of the home nest over the sight of their mother.

Discussion

This study examined whether rat pups preferred the olfactory cues emitted by their home nest to the sight of their mother. We hypothesized that rat pups would position themselves closer to the home nest than to their mother. Consistent with our hypothesis, rat pups chose the shavings from their home nest over the sight of their mother. These results support previous research showing rat pups' olfactory preferences for the home nest (Gregory & Pfaff, 1970). These results, however, are not consistent with the findings of Polan and Hofer (1998) who reported that rat pups preferred the odor of their mother to the odor of their home nest shavings. Our sample, as a whole, preferred the odor of the nest ($fo = 495$) to the sight and order of their mother ($fo = 171$). The results of this study support those results of Zhang and Firestein (2002) who showed that a reliance on olfactory cues is inherent in rodents. If visual stimuli are guiding rat pups more than olfactory stimuli after Day 15, as Kenny and Turkewitz (1986) suggested, it does not appear evident on Day 16.

As a result of evolution, rats may have the tendency to use olfactory cues for identification of their nest, mother, and siblings. This development may be because young rat pups cannot use visual cues to discriminate reliably between their own mother and other adults of the same breed (Clegg & Williams, 1983). The nest provides an indication of the mother's current or future presence, food, and safety; discriminating between and relying on olfactory versus visual cues in their environment would be more advantageous for rat pups. Also, because rats are nocturnal animals and most of their activity occurs during the night when there is little light, they are at a visual disadvantage, but their olfactory abilities are advantageous. This adaptation ensures higher fitness of the individual organism and ensures greater reproductive success.

As convincing as these results are, there were limitations to this experiment. The area of the nest shavings was close to the wall. Valle (1970) demonstrated that Sprague-Dawley hooded rats are thigmotaxic—the tendency to stay close to or in contact with walls or objects and to avoid open areas—animals. The pups in this study may have found comfort in this somewhat enclosed area. Experimenters allowed rat pups access to their home nest shavings, however, experimenters did not allow rat pups access to their mothers. Future experimenters may want to restrict rat pups from their home nest while still allowing for visual and olfactory stimuli.

Investigators may want to address olfactory and visual discrimination more aggressively. We need additional clarification about rat pups' visual and olfactory abilities and their development of these abilities. Researchers need to redefine this adaptation process to determine, with precision, when developmental differences occur.

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Spousal Intimacy and Identity: An Investigation of Ani DiFranco's Song Lyrics

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For women, in particular, the marriage union creates a new aspect of identity, which has not been studied extensively, especially in regard to non-heterosexuality. Transformation from bisexuality towards a self-concept that includes spousal identification was investigated by coding Ani DiFranco's song lyrics. The hypothesis was that heterosexuality references would increase and non-heterosexuality references would decrease after DiFranco's marriage. Blind coders used a system based on 4 dimensions of sexual orientation to code 51 songs. Results supported the hypothesis that non-heterosexual references would decrease after marriage; there were no differences for heterosexual references. Future studies should examine variety in song content, placement of life-relevant transitional points, and the distinction among components of sexual orientation.

The continuum of sexual orientation varies from heterosexual to non-heterosexual identities. These terms reference behaviors that range from straight to gay, lesbian, or bisexual classifications. Although bisexuality has a place within this continuum, there can be confusion because bisexuality inherently involves both types of sexual inclinations. There may be further misconstrual of bisexuality when considered within the confines of marriage within Western society. Because of heterosexual-focused ideology that predominates mainstream Western society, professional and lay persons often assess sexual orientation by its difference from the societal norm, heterosexuality (Jung & Smith, 1993; Nakayama, 1998). Frequently, definitions of non-heterosexuality contain these antithetical components. This article will attempt to examine the types of sexual identification indirectly expressed by one person who has both legally wed as well as publicly proclaimed her bisexuality.

According to Garber (1995), the social custom of marriage is one way that promotes heterosexism. We expect a marriage to involve a heterosexual couple, taking on the role of husband and wife. Husbands and wives incorporate the new labels and social roles into their self-perceptions when they marry (Grunebaum, 1990). In this way, the marriage role expands one's identity so that it is more multifaceted.

Because of legal implications and the emotional and economic dependencies that the marriage bond incorporates, a sense of permanence and seriousness is inherent to the marriage union (Grunebaum, 1990; Zolot, 2000). Upon completion of a marriage ceremony, social and personal expectations reinforce the spousal role, although evidence indicates that this identification is stronger for wives (Eyster, 2000). Additional evidence has shown that sexuality and family roles have greater significance within identities formed by women versus men (Kroger, 1997). Marriage fosters (a) identity commitment in which partners attempt to act out the role of spouse and (b) identity centrality in which one's affect is related to the success of his/her identity as a spouse (Schneider, 1996). Individual self-interests are juxtaposed with a desire to nurture the relationship in order to obtain mutuality within the marriage. In addition, repetitive patterns of interaction develop and reinforce this new identity of spouse (Scharff & Scharff, 1991). For example, a new husband may spend less time in a desired activity, such as fishing, in order to shop with his wife for new items for the home. Eventually, the expectation may arise in which he always accompany her shopping, resulting in even less frequent fishing trips.

Just as the marriage itself may produce changes in individual identity, the influence of Western society may also affect certain identity inclinations. Heterosexual identifications encouraged through marriage are related to societal expectations. Erikson's psychosocial stage theory posits that a person's sense of identity is based upon societal expectations (Eagle, 1997). A heterosexist society leads people to form identities by personally considering degrees of variance from the heterosexual norm. As a result, non-heterosexual people must base their self-identification on their sexual orientation (Nakayama, 1998).

Heterosexual-focused societies encourage people to pass through Erikson's intimacy stage in a heterosexual manner—legal marriage. According to Erikson, people desire resolution of the intimacy stage to avoid emotional isolation (Eagle, 1997). Marriage can be permanent

Tim Kasser from Knox College was the faculty sponsor for this research project.

way to address the issue of intimacy in Western society (Surra, Hughes, & Jacquet, 1999). According to feminist theory, women go through Erikson's identity and intimacy stages simultaneously, rather than sequentially, such that intimate connections are central identity components for women (Josselson, 1987).

As discussed, studies have documented the connection between intimacy and identity for women, finding these stages inseparable. Fahlsing (1999) investigated heterosexual marriages in which the wife is homosexual, finding that these wives were likely to be disillusioned and concerned with sexual orientation and sexual identity formation. Additional research (Robbins, 1998) has studied the transition from heterosexuality to homosexuality in women (i.e., the process of coming out). However, few studies have investigated the transition of sexual orientation in the direction of non-heterosexuality to heterosexual identification. Moreover, research concerning bisexuality within heterosexual marriages is also limited in scope. The present case study attempts to investigate the change from non-heterosexual identification to that of a heterosexual spouse by analyzing the song lyrics of singer/songwriter Ani DiFranco.

The Case of Ani DiFranco

Ani DiFranco began her career as an underground solo artist, eventually writing, performing, and producing songs, while founding an independent record label. She is a self-identified feminist of bisexual persuasion (Ankeny, 1998; Reardon, 2002). The content of her songs is largely political, including her views regarding sexism, poverty, sexuality, gun control, racism, and corporate greed (Fuentez, 2001). She began a heterosexual relationship in 1996, at age 26 years, which led to her marriage to Andrew Gilchrist, her sound engineer, in May of 1998 (Ankeny, 1998; Fuentez, 2001; Reaney, 1999). In response to her heterosexual relationship, DiFranco received criticism from non-heterosexual fans who had found solace from the heterosexual-focused aspects of society within her songs. In a live compilation, DiFranco replied to these critiques by explaining that her new heterosexual relationship was absorbing the majority of her attention (DiFranco, 1997). DiFranco's relationship with Gilchrist seems to have prompted a change within her music.

Changes in DiFranco's music could be examined via an investigation of her lyrics. Studies have shown that song lyrics are indicative of self-expression on behalf of the songwriter (Edgerton, 1990; Lindberg, 1995). An analysis of DiFranco's song lyrics might highlight her

attempt at self-expression. This case study investigates whether DiFranco incorporated more heterosexual self-references and less non-heterosexual self-references in her songs after her marriage to Gilchrist. The expected change in references is rooted in studies that focus on women's identity within marriage and feminist theories of identity and intimacy. As noted, research findings have indicated that women form a new identity for themselves based on their role as spouses (Eyster, 2000). Furthermore, a hypothesis was that women dealt with Erikson's stages of identity and intimacy simultaneously (Josselson, 1987). Because DiFranco's identity is somewhat dependent upon her heterosexual marriage, she might be less likely to acknowledge bisexual inclinations. Given the connection between sexuality and identity, DiFranco's continued focus on non-heterosexuality would serve as a barrier in realizing her identity as a heterosexually married woman. To commit to her marriage, and subsequently, to her spousal identification, DiFranco would likely increase acknowledgment of her heterosexual aspects, while decreasing emphasis of her non-heterosexuality.

Method

Participants

A before/after methodology was implemented to measure whether DiFranco's heterosexual self-references increased and her non-heterosexual self-references decreased after marriage. Lyrics in albums released before and after May 1998 were coded for frequency of heterosexual and non-heterosexual self-referents. Of the 12 albums used in this study, 8 albums were produced prior to May 1998 and 4 albums were produced after May 1998 (see Appendix A). Excluded albums contained remixed or live versions of songs already accounted for on other albums.

The 12 albums contained a total of 153 songs. There were 100 songs from before May 1998 and 53 songs afterward. To create equal sample sizes, every fourth song was sampled from before the marriage and every second song from after May 1998. This standardizing process resulted in a final sample size of 51 songs.

Materials

Measuring both heterosexuality and non-heterosexuality individually allowed for greater content validity. Shively and DeCecco (as cited in Sell, 1997) proposed the use of separate scales for heterosexuality and homosexuality, so high scores in each could account for bisex-

uality, whereas low scores on each scale could account for asexuality. This study attempted to account for all aspects of sexual orientation by using separate scales for heterosexuality and non-heterosexuality.

The Klein Sexual Orientation Grid (KSOG) (Klein, Sepekoff, & Wolf, 1985) suggests there are seven dimensions of sexual orientation; dimensions are sexual attraction, sexual behavior, sexual fantasies, emotional preference, social preference, self-identification, and heterosexual/homosexual lifestyle. However, a factor analytic study (Weinrich, Snyder, Pillard, & Grant, 1993) of the KSOG revealed that emotional and social preference loaded on a second factor. The coding system used in this study was therefore based on the KSOG dimensions of sexual attraction, sexual behavior, sexual fantasies, and self-identification (see Table 1). The KSOG dimension of heterosexual/homosexual lifestyle was excluded for lack of comprehensiveness in regard to various types of non-heterosexual lifestyles.

Procedure

Coding was based on the assumption that the voice of each song was female. For example, heterosexual behavior was coded in the song "If It Isn't Her" for the line, "I told him I loved him" (DiFranco, 1992). Non-heterosexual behavior was coded in "Rockabye" for the

lines, "I left her at the epicenter/ We were trembling dutifully/ I left him too/ I left parts of me" (DiFranco, 1991). Non-heterosexual attraction was discerned in "In or Out" at the line, "I've got no criteria for sex or race" (DiFranco, 1992). Heterosexual fantasies were indicated in "Every Angle" when DiFranco writes, "I'm imagining your frame ... I'm imagining your smell ... and thoughts of no other man but you" (DiFranco, 1990).

Results

Inclusion of one female and one male coder sought to eliminate sex-based bias. Each coder was blind to the hypothesis of the study. Songs were presented to each coder on separate typed pages in a randomized order. Coders were trained with 10 of DiFranco's songs not included in this study (see Appendix B). The inter-rater correlation for the coding for heterosexual behavior was not highly consistent ($r = .32, p = .21$). Dunn (2001) reported that an r value below .70 should be interpreted as showing low consistencies in responses. The coding for non-heterosexual behavior ($r = .70, p \leq .01$) and for non-heterosexual fantasies ($r = .73, p \leq .01$) were indicative of consistent responding across coders. The correlations between the coder responses for non-heterosexual attraction ($r = .21, p = .14$) and for non-heterosexual self-identification ($r = .16, p = .26$) were both non-significant. Correlations for heterosexual attraction, heterosexual fantasies, and heterosexual self-identification could not be computed because at least one of the variables was constant because of a limited number of identified references within the songs (i.e., a coder scored them all as 0).

As anticipated, DiFranco's use of non-heterosexual self-references did increase after her marriage. A correlated t -test revealed that the difference between non-heterosexual self-references before and after the intervention was significant (before = .38, $SD = .32$ and after = .18, $SD = .22$), $t(27) = 2.55, p \leq 0.01$, two-tailed, effect size $r = .44$. According to Dunn (2001) "higher values of the effect size indicate that the independent variable had a stronger influence on the dependent measure" (p. 387). There was no significant difference between DiFranco's use of heterosexual self-references from before to after her marriage, $t(27) = .81, p = .42$, two-tailed.

Table 1

Coding for Sexual Orientation Self-References

Self-Reference

Heterosexual

- Attraction - Refer to or imply attraction to a male
- Behavior - Refer to or imply participation in sexual behavior with a male
- Fantasies - Refer to or imply desire for sexual behavior with a male
- Self-Identification - Stating or implying she is heterosexual, straight, mainstream, traditional, engaged, or married

Non-heterosexual

- Attraction - Refer to or imply attraction to a female or to both sexes
- Behavior - Refer to or imply participation in sexual behavior with a female or both sexes
- Fantasies - Refer to or imply desire for sexual behavior with a female or with both sexes
- Self-Identification - Stating or implying she is homosexual, bisexual, lesbian, dyke, butch, femme, queer, or gender free

Discussion

Results supported the hypothesis that DiFranco would decrease her non-heterosexual lyrics. This finding is consistent with aspects of feminist theory, which posit that women go through Erikson's psychosocial stages of identity and intimacy simultaneously (Josselson, 1987). Because her identity and intimacy are intertwined, DiFranco's sense of self is in part contingent upon the way in which she construes her sexual relationships. The intimate connection DiFranco has with her husband is central to her identity, impelling her to downplay attention she may have previously devoted to other relationships, including non-heterosexual connections.

DiFranco's decrease in non-heterosexual references is also consistent with studies about identity commitment with regard to marriage. Once married, DiFranco displayed the expected desire to act in the role of spouse (Eyster, 2000). In attempting to adhere to her own ideals of being a spouse, DiFranco chose to lessen her focus on sexual desires that run counter to achieving this ideal. As well, DiFranco's aspiration to obtain a degree of mutuality with her husband may have led to decreases in her non-heterosexual references (Schneider, 1996). To nurture her marriage relationship, DiFranco opted to diminish her personal non-heterosexual self-interests and, instead, prioritized their joint desire to further the success of their marriage relationship.

However, the data did not support the hypothesis that DiFranco would increase her heterosexual references. This discrepancy may be related to several factors. To begin with, the chosen coding system may have been based on a faulty theoretical foundation. Weinrich et al.'s (1993) analysis of the Klein Sexual Orientation Grid (KSOG) showed that heterosexual/homosexual lifestyle was a salient feature within the main factor loading. Perhaps exclusion of this dimension skewed the results. In trying to identify each aspect of the four dimensions that were included, coders may have come across a need to code for this fifth dimension, and having no outlet with which to code for it, unwittingly accounted for those references unsystematically across the other dimensions.

Further unsystematic coding might be apparent in the differing levels of significance for heterosexual and non-heterosexual types of behavior. Although heterosexuality in general was not coded in agreement to any significance, coding for behavioral aspects, regardless of sexual orientation, may be more salient to coders than the other dimensions examined. In addition, the two-dimensional account of sexual orientation was perhaps a third

limitation of the coding system used. Measuring heterosexuality and non-heterosexuality individually may have overlooked any potential to feel simultaneously bisexual, while currently expressing heterosexual facets of one's identity. Regardless, finding that the means for heterosexuality were near zero both before and after the marriage indicates there were either few references to heterosexual elements in DiFranco's songs, or they were not adequately coded.

Another possibility is that the commencement of DiFranco's heterosexual relationship, rather than her commitment to marriage, would be the turning point for her sexual orientation self-references. Societal expectation for her participation in an exclusive heterosexual coupling may have led DiFranco to identify with this aspect of her sexuality more immediately (Nakayama, 1998). Considering the beginning of her relationship as transformational would necessitate shifting two of her albums currently in the before section to the after section. Movement of albums could have resulted in an increase of heterosexual references after the new focal point, the start of DiFranco and Gilchrist's relationship. Such a change would indicate that one's identity within sexual relationships is secured at the beginning, rather than at legal junctures, such as marriage. Likewise, the time period in which she conceptualized her lyrics may not coincide with the date of production for the songs. Perhaps future before/after analyses of song lyrics should include increased focus on the correct life-relevant placement of the transitional point.

If the coding system lacked applicability to DiFranco's songs, there is a greater likelihood that only one hypothesis would generate support. This outcome could have been the result of insufficient generalization in either the coding system or DiFranco's lyrics. In particular, the prevalence of sexual orientation references in her lyrics is not great enough when weighed against the other content included in her songs. Additionally, there was no control for other environmental factors (e.g., her mood while writing songs might have been affected by numerous other factors. Some observers have noted that the content of DiFranco's songs have focused primarily on political matters. The contemporaneous political climate may have held a more significant influence on her inclinations (Fuentez, 2001). Because there was a base rate of only 31 references to sexuality, as identified by the coders, the coding system may not have dealt accurately with the content validity of DiFranco's songs. Future studies may examine singer/songwriters that address sexuality as the predominant factor within their lyrics.

Another possibility for explaining the lack of support with regard to increased heterosexual references may be that heterosexuality and non-heterosexuality as concepts are more separate than previously considered. If so, a change in one would not necessitate a change in the other. Under those circumstances, there may need to be a greater focus on factors particular to bisexuality as its own entity. Perhaps DiFranco's songs are merely demonstrating the degree to which intimate connections are integral to identity formation for women (Josselson, 1987). For DiFranco, bisexuality may not necessitate a clear cut dichotomous existence between heterosexual and non-heterosexual expressions. Thus, DiFranco's non-heterosexuality references were decreased without affecting her level of heterosexual references. Perhaps future studies should investigate the degree to which these components of sexual orientation are separate or intertwined.

Future psychobiographical research may require additional exploration into what appears to be a change in one's sexual orientation. The references identified within DiFranco's lyrics are only an indication of a person's experience. Reviewing groups with similar experiences could help to mitigate some of the limitations implicit in this case study. Thus, other instances of switching from non-heterosexuality to a more heterosexual focus should be examined.

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Appendix A

<u>Before Marriage</u>		<u>Songs Used for Analysis</u>	<u>After Marriage</u>	
Albums	Song Titles		Albums	Song Titles
Self-Titled (1990)	Both Hands Work Your Way Out Rush Hour		Up Up Up Up Up Up (1999)	Virtue Jukebox Angry Anymore Out of Habit Up, Up, Up Trickle Down
Not So Soft (1991)	She Says Not So Soft The Whole Night		To The Teeth (1999)	To the Teeth Wish I May Going Once Back Back Back Carry You Around The Arrival's Gate I Know This Bar
Imperfectly (1992)	What If No One's Watching Circle of Light Coming Up Imperfectly		Revelling (2001)	O.K. Tamburitza Lingua Heartbreak Even What How When Where Why Who Kazoointoit Rock Paper Scissors
Puddle Dive 1993	Names and Dates and Times Egos Like Dairdos My I.Q		Reckoning (2001)	Your next bold move Reckoning So What Grey Subdivision Sick of Me School Night Revelling
Out of Range (1994)	Buildings and bridges How Have You Been You Dad Time			
Not A Pretty Girl (1995)	Tiptoe Light of Some Kind 32 Flavors			
Dilate (1996)	Dilate Done Wrong			
Little Plastic Castle 1998)	Little Plastic Castle Two Little Girls Swan Dive			

Appendix B

Coding Instructions

I would like you to read over 51 songs lyrics. These songs have all been written by Ani DiFranco. As you read each one, I would like you to keep in mind some aspects of sexuality. These aspects are sexual attraction, sexual behavior, sexual fantasies, and self-identification in regard to sexual orientation. After you read each song, I would like you to indicate the number of times, if any, you feel each of these aspects was represented in the song. For example, in one particular song, you might decide that there are no references to sexual attraction, 4 instances of sexual behavior, 1 instance of sexual fantasy, and no references to self-identification in regard to sexual orientation.

In addition, I would like you to indicate whether the references are of a heterosexual or non-heterosexual nature. You should assume that the voice of each song is female. For example, sexual orientation is heterosexual when referring to Ani and a male, and non-heterosexual when she includes references to herself and another female or both sexes simultaneously.

Sexual attraction should be coded for heterosexuality when the voice of the song refers to or implies an attraction to a male, and for non-heterosexuality when the voice of the song refers to or implies an attraction to a female or to both sexes simultaneously. Sexual behavior should be coded for heterosexuality when the voice of the song refers to or implies engagement of sexual behavior with a male, and for non-heterosexuality when the voice of the song refers to or implies engagement of sexual behavior with a female or with both sexes simultaneously. Sexual fantasies should be coded for heterosexuality when the voice of the song refers to or implies the desire for sexual behavior with a male, and for non-heterosexuality when the voice of the song refers to or implies the desire for sexual behavior with a female or both sexes simultaneously. Self-identification should be coded for heterosexuality when the voice of the song states or implies that she is heterosexual, straight, mainstream, traditional, engaged or married, and for non-heterosexuality when the voice of the song states or implies that she is homosexual, bisexual, lesbian, dyke, butch, femme, queer, or gender-free.

Emotional Intelligence: Concepts and Implications in Relation to Children's Development and Socialization

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Research on the topic of emotional intelligence has become increasingly prevalent during the last 20 to 30 years. Emerging theories and discoveries depict the role of emotion in everyday thoughts, activities, and interpersonal relations. The distinction between academic intelligence and social and emotional intelligence has become more evident. Related research has shown correlations between aspects of emotion understanding, expressivity, utilization, and regulation, and the effects of these characteristics on children's overall development, socialization, and behavior. This article reviewed literature on these constructs and their relevance to children's behavioral and social competencies. Furthermore, the article examined the origins of the topic, physiological emotion formation, behavioral implications, and steps to deter disruptive behaviors and to encourage positive adjustment.

The study of emotions and emotional intelligence is relatively young and growing. However, interest in different aspects of intelligence dates to the 1920s and 1930s when Thorndike proposed the theory of "social intelligence." Thorndike defined this concept as "the ability to understand others and 'act wisely in human relations'" (as cited in Goleman, 1995, p. 42). At the time, few psychologists adhered to Thorndike's theory of social intelligence, and many of them disregarded it as "useless." However, research findings by Yale psychologist, Robert Sternberg, supported Thorndike's proposition that social and academic intelligence were two separate constructs (Goleman). Howard Gardner's Theory of Multiple Intelligences further emphasized and popularized Sternberg's conclusion.

Mayer and Geher (1996) described Thorndike's model of intelligences as having three classes. The first class consists of abstract, analytic, and verbal intelligence as commonly tested through academic intelligence aptitude testing. The second class includes mechanical, performance, visual-spatial, and synthetic intelligence. The third class consists of social and practical intelligence. This third class, which has the least amount of study, may also include both motivational (understanding individual motivational forces such as affiliation, power, and the need for achievement) and emotional intelligences (Mayer & Geher, 1996).

Mayer and Salovey (1993) introduced and Goleman (1995) further examined the concept of emotional intelligence. This concept involves the recognition and understanding of emotion and emotional concepts in one's self and others. It includes the ability to process emotional information, monitor one's emotions, discriminate between various emotions and their origins, reason with and through emotional situations, motivate one's self, and the ability to use all of these characteristics to guide general thinking, problem-solving, and actions (Goleman; Mayer & Geher, 1996; Richburg & Fletcher, 2002). Goleman further refined this concept into five distinct domains: (a) knowing one's emotions (self-awareness), (b) managing emotions (handling one's feelings appropriately), (c) motivating oneself (channeling one's emotions toward a goal), (d) recognizing emotions in others (empathy), and (e) handling relationships (social competence). Numerous studies of emotional intelligence have found that skill and ability within the concept's construct have significant effects on children's social and academic functioning (Eisenberg et al., 1995; Eisenberg et al., 2003; Izard et al., 2001), moral sensibility (Dunn, Brown & Maguire, 1995), development of disruptive behaviors and psychopathology of externalizing and internalizing behavior (Eisenberg et al., 2003), and overall development and success in life (Gottman, 1997).

The remainder of this article will discuss (a) the evolutionary and physiological aspects of emotion and emotion formation, (b) the effects on the development of children who possess or fail to possess emotional intelligence, socialization, and parenting, (c) strategies for improving a child's emotional intelligence, and (d) measures to deter disruptive or psychopathological behavior.

Evolution and Physiology in Emotion

According to Goleman (1995), the brain has an "emotional/rational dichotomy" in which we virtually have two minds—one that thinks, and one that feels—each mind works independently, and the two work together. The two minds form a gradient on which the

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ratio of thinking and feeling differs in relation to the situation and the individual. When the feeling component is intense, the thinking component is less effective, and vice versa. Generally, the two minds form a balance in which emotions lead to rational operations, and rational thought refines or excuses emotional information.

From an evolutionary perspective, the brain has developed from the “bottom up.” For example, the brainstem, the most primitive part of the brain, guides basic life functions such as breathing and reactive survival behavior. From this root, the amygdala and the hippocampus, the emotional centers of the brain, evolved. The neocortex, or thinking structures of the brain, did not develop until millions of years later (Goleman, 1995).

Research has shown that all emotions are regulated through the amygdala and the nearby cingulate gyrus. Without these structures, individuals lose all interest in human contact (Goleman, 1995; Segal, 1997). When a stimulus elicits a strong emotion such as fear, love, passion, or excitement, the stimulus activates these more primitive structures first, releasing chemicals that initiate the fight-or-flight response. This response activates the body and places it in a state of alert. The response occurs before the stimulus can reach the brain’s cortical areas that determine whether or not the feeling or situation actually entails this charged response. This nonconscious response is also known as the “low road” (thalamoamygdala pathway) to emotion (Goleman; Izard, 2002).

In infants and children, this “low road” or primitive reaction is prevalent because the rest of the brain is still developing. At this early stage, therefore, parents and caretakers must incorporate skills and applications for emotional understanding and regulation to teach children the effective and efficient use of both the rational and emotional minds. Researchers believe that a child’s first two or three years of life might provide a sensitive period in which neurological development in favor of positive emotionality is most pertinent. Within this time frame, researchers think that positive interactions more effectively influence the growth of neural circuits involved in emotional understanding and regulation (Goleman, 1995; Greenspan, 1999; Izard, 2002; Zeidner, Matthews, Roberts & MacCann, 2003).

Emotional Intelligence, Development, and Socialization

Zeidner et al. (2003) proposed a multi-level “investment model” that predicts and conceptualizes the various

aspects and competencies of emotional development in children. The researchers examined both implicit and learned behavior, arguing that the “more primitive forms of emotional regulation do not depend on explicit understanding” (p. 73). They listed three levels of emotional functioning: (a) biological bases for emotionality, (b) learned rule-based skills for emotion regulation, and (c) self-aware emotion regulation. Zeidner et al. also stated that these levels of emotional functioning do not constitute stages, because they are apparent at and throughout all stages of development and often influence one another throughout life.

Zeidner et al. (2003) described the first level of emotional development from a biological perspective, emphasizing temperament at birth, heritability of specific traits, and predisposition. Within their second level of development, the researchers stressed early socialization and the direct contribution of parenting style to the development of a child’s social competence. They emphasized the importance of adaptability and verbal-skills development, as well as the effects of reinforcement by parents and other caregivers on emotional expressivity or suppression, modeling, and observation. The final level of development is dependent on the individual child’s level of emotional understanding, ability to consciously self-regulate, his or her awareness of “strategies for emotional adaptation,” and the child’s feelings of self-efficacy. Zeidner et al. stated that children begin to learn about socially acceptable emotion expressivity and coping behaviors by age six or seven years. Thus, the interaction of all three levels—biological, social-learning, and self-regulation—together with academic learning, feedback, social influences, culture, and various interactions, leads to the formation of a highly integrated model of emotional learning and development (Zeidner et al.).

Parents and other caregivers are the primary instructors for children’s emotional growth, understanding, regulation, and development. Through parental modeling, reinforcement, and familial talk, discussion and reflection about emotions, their origins, implications, and ways to manage them, children learn valuable skills for later social interaction and competent behaviors (Gottman, 1997; Zeidner et al., 2003).

Research findings have shown that children who receive parental socialization in emotion knowledge and understanding through warmth, maternal positive mediation of family disputes (Dunn et al., 1995), maternal expressivity (Eisenberg et al., 2003), and parental support, control, and structure (Zeidner et al., 2003), exhibit higher levels of adaptive and appropriate social behavior

and academic competence, positive emotional regulation (Eisenberg et al., 1995; Eisenberg et al., 2003; Izard et al., 2001), and higher levels of moral sensibility (Dunn et al.). Research findings also indicate that lack of such parental socialization is negatively related to disruptive behaviors (Izard et al.) as well as to nonconstructive coping skills, aggression, impulsivity, and internalizing and externalizing problem behaviors (Eisenberg et al., 1995; Eisenberg et al., 2003).

Improving Children's Emotional

Intelligence and Preventative Strategies

Improving parental emotional intelligence

The first step to nurture intelligence in children is for parents to have a strong sense of emotion knowledge and understanding. Because children learn from parental modeling and socialization, parents must be emotionally aware. Segal (1997) proposed three steps to building one's "emotional muscle." She argued that to understand emotion and its origins, people must first be physically and emotionally in tune with their own bodies. Such awareness encourages willingness and the ability to feel physically where a particular emotion resides and to label the emotion and feel comfortable experiencing it.

Segal's (1997) second step involves accepting and embracing the emotion as the person experiences it. The purpose of this step is for an individual to understand the depth of an emotion and what causes it. The experience of the current emotion may trace to early experiences and ancient, built-up emotions. The individual must then fully accept and realize the emotion, whether he or she experiences it as negative or positive. This step acts as a preparatory measure for coping daily with incoming emotions.

Finally, Segal (1997) discussed what she called "active emotional awareness." This concept involves the continual use of recognition, acceptance, and emotional sensitivity, for every incoming emotion. This step includes recognizing when certain emotions are being disconnected or dismissed, recognizing emotions in others, deciphering between feeling personal emotions and those of others (sympathy versus empathy), and developing empathic relations with family, friends, coworkers, and those with whom we interact daily.

Improving children's emotional intelligence

The next step, improving children's emotional intelligence, involves what Gottman (1997) termed "emotion coaching." Emotion coaching is a parenting style in which they raise children in an emotionally accepting and positive environment. Parents teach their children about emotions as they encounter them, help the children accept and process their emotions, and guide them toward positive coping mechanisms. Gottman (1997) listed five steps to emotion coaching: (a) becoming aware of the child's emotion, (b) recognizing the emotion as an opportunity for intimacy and teaching, (c) listening empathetically and validating the child's feelings, (d) helping the child find words to label the emotion he or she is feeling, and (e) setting limits while exploring strategies to solve the problem.

Gottman (1997) also discussed strategies for effective emotion coaching, such as avoiding criticism, humiliation, mocking, and making derogatory comments toward children. He emphasized the use of scaffolding, positive reinforcement, praise, empowerment with choices, sharing in dreams and fantasies, openness, honesty, patience, understanding, and belief in the "positive nature of human development." Gottman encouraged parents to ignore their "parental agendas" in trying to raise children to be and act a certain way. He argued that parents should accept their children's differences and opinions as individuals, and he urged that parents not comment on misbehavior as a character trait but as a specific act that can be corrected.

Gottman (1997) challenged parents to create a mental map of their children's daily activities, friends, and teachers, to think about their children's experiences in terms of similar adult situations, and to listen to their children's frustrations with compassion rather than "siding with the enemy." He also believed that parents should not impose solutions on their children but allow the children to create their own ideas, try them out, and make mistakes. This approach allows children to build a sense of autonomy.

Gottman (1997) also discussed the impact of marital relations and divorce on a child's emotional health, the crucial relationship between a child and his or her father, and the importance of reading to and playing with children, even into adolescence. Goleman (1995) expressed similar concerns, as did Greenspan (1999), who devoted the majority of his book to recognizing different needs in each child. These differences reflect variation in sensory sensitivity, individual temperament, relationship styles,

and specific goals for relating to children in each stage of their emotional development.

Greenspan (1999) described six stages of development: (a) becoming calm, attentive, and interested in the world (birth to 3 months of age), (b) falling in love (engaging in intimate relationships with mom and dad, 3 to 6 months of age), (c) becoming a two-way communicator (exchanging gestures, expressions, etc., 6 to 12 months of age), (d) solving problems and forming a sense of self (social problem solving, 12 to 18 months of age), (e) discovering a world of ideas (exploring creativity), and (f) building bridges between ideas (logical and analytical thinking).

Preventative Strategies

Despite research on the importance of emotional intelligence in children's development, many children still do not receive an adequate level of emotion coaching, positive interaction, warmth, and emotional teaching at home. This shortcoming is partly caused by inconsistent parenting techniques, time constraints, parents with emotional deficiencies, lack of the care, skill, and motivation to impart valuable emotional lessons, socioeconomic factors, neglect, and maltreatment, to name a few. To deter the development of disruptive and negative social behaviors, psychologists are developing a variety of primary preventative programs in schools and development facilities.

Pioneering efforts to develop such programs began as early as the 1960s by the late Emory Cowen (as cited in Izard, 2002). Goleman (1995) described in detail a program known as Self Science, and Izard (2002) compared aspects of Promoting Alternative Thinking Strategies and the Child Development Project.

Izard (2002) also presented seven principles for the development of primary preventative interventions. These principles include activating, then utilizing the positive emotions interest and joy to motivate learning, exploration, and the development of social bonding and interaction, and using negative emotions such as sadness, guilt, and emotional pain to encourage children to develop empathy, sympathy, and prosocial feelings. Achievement of this strategy occurs through role-playing and social interaction, which encourages children to consider the victim's perspective to make connections between emotion states and socially responsible behavior.

Izard's (2002) third principle involves teaching children to control or modulate the expression of negative emotions and to use these emotions toward more adaptive behaviors. The fourth and fifth principles involve understanding the differentiation between cognitive and non-conscious processes, the effects of trait versus state characteristics of emotion, and the idea that emotions generally elicit themselves in patterns rather than individually. Therefore, in teaching children to manage certain emotions, we should teach them to manage the other emotion or emotions that are generally expressed congruently. The final two principles of Izard's model involve understanding the effects of emotional deprivation in early childhood, as well as ways to regain and rebuild emotional understanding and regulation in maltreated children and those from dysfunctional backgrounds. The model also includes the effects of modular and independent development of cognitive and emotional systems.

Conclusions

This article described literature on emotional intelligence and the importance of emotional knowledge, understanding, and regulation to the development and socialization of children. This article also outlined the physiological and evolutionary factors involved in emotion formation and described studies showing the significance of positive relations, interaction, and teaching through parenting, education, and preventative programs in the development of social competence, emotional regulation, and coping skills. These characteristics are also effective in the deterrence of disruptive and negative behaviors and in the prevention of psychopathology in children.

As Goleman (1995) emphasized, signs of emotional deficiency are apparent every day in news headlines and broadcasts. Teen violence, pregnancy, depression, and suicide are just a few implications of a lack of emotional intelligence. Nationwide studies show that basic emotional skills are steadily declining and disruptive behavior, disobedience, irritability, impulsivity, moodiness, and loneliness are rising.

However, there are ways to prevent these behaviors through the practice of emotional understanding, regulation, positive coping skills, and empathy. Fortunately, parents, teachers, and professionals can teach emotional intelligence at any stage of life. If teaching does not occur in the home, it can be implemented through social interaction or education. Zeidner et al. (2003) stated that the development of emotional education programs in schools

may “provide the medium by which educational reform can and finally will reach its full potential, across primary, secondary, and tertiary levels...” (p. 71).

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Is Anorexia Nervosa a Culture-Bound Syndrome?

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Anorexia nervosa is a debilitating and sometimes fatal eating disorder. The purpose of this literature review was to discuss cross-cultural research on anorexia. Specifically, this article explored why anorexia may not be a culture-bound syndrome, as some authorities originally proposed. In addition to providing a brief history of anorexia, the article cast doubt on one of the diagnostic criteria used for anorexia and on the extent of the impact westernization has had on the emergence of anorexia in other cultures. Finally, the article suggested directions for future research.

The fourth edition of the American Psychiatric Association's (1994) *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* classifies anorexia nervosa as a syndrome. Its symptoms include: (a) refusal to maintain body weight at or above a minimally normal weight for age and height; (b) an intense fear of gaining weight or becoming fat, even though underweight; (c) a disturbance in the way in which one's body weight or shape is experienced; (d) undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight; and (e) in postmenarchal females, amenorrhea. (pp. 544-545).

In 1985, both Prince and Swartz published articles describing anorexia as a culture-bound syndrome. To this day, the general population image of anorexia sufferers tends to be that of white, affluent females striving to reach the Western ideal of thinness. However, over the last decade, cross-cultural researchers have challenged this stereotypical view of anorexia, suggesting that we should question many of its traditional assumptions. For example, researchers have reported cases of anorexia in countries such as India (Sjostedt, Schumaker, & Nathawat, 1998), South Africa (le Grange, Telch, & Tibbs, 1998), Pakistan (Mumford, Whitehouse, & Choudry, 1992), Iran (Abdollahi & Mann, 2001), China (Lee, 1995), Japan (Nagata et al., 2001), Korea (Ryu, Lyle, Galer-Unti, & Black, 1999), and some Latin American nations (Brumberg, 2000).

Furthermore, doubt exists about both the diagnostic criteria used for anorexia and on the extent of the impact westernization has had on the emergence of anorexia in other cultures. Cross-cultural research may help disentangle environmental factors from biological components

involved in the development of eating disorders. Perhaps more importantly, the study of anorexia in non-westernized nations may lead researchers to be more flexible in their definition and understanding of anorexia and in their explanation of documented cases that appear contradictory to the explanations focused on westernized ideals. The present article aims to summarize the cross-cultural research on anorexia and to suggest that anorexia may not be a culture-bound syndrome. In particular, this article will present arguments against including "an intense fear of becoming fat" in the diagnostic criteria for anorexia, and it will discuss the degree to which westernization contributes to cases of anorexia in non-Western cultures.

History

Anorexia nervosa has existed far longer than the Western ideal of thinness. Historians have documented cases of anorexia during the Middle Ages, particularly among religious figures, which authorities named the "holy anorexics" (Bell, 1985). Bynum's (1987) account of Catherine of Siena, a 14th century ascetic mystic illustrates such a case. Catherine became emaciated from extreme fasting while viewing her suffering as a kind of salvation, as a way to escape her flesh, which she viewed as a "dung heap" (Bynum, p.175). Not all authorities agree that the holy anorexics were genuine cases of anorexia. For example, Van't Hof (1994) argues that these saintly fasters of the Middle Ages should not be compared to contemporary patients with anorexia. He claims that because the context is different, the motivation and meaning of each form of food restriction is qualitatively different. Yet Bynam hypothesizes a parallel between the two groups, noting that anorexia may function as a way to shape and control lives, as a way to cope with cultural ambiguities.

Similarly, Brumberg (2000) suggests that contemporary anorexia may be "a secular addiction to a new kind of perfectionism" (p. 10). Furthermore, there could be an argument that Van't Hof made an unwarranted leap in assuming that because the context is different, the motivations are different. The overt motivations may be different, yet there is no way to know if there were underlying

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ing and hidden motivations in the holy anorexics. Van't Hof (1994) himself may have unknowingly posited one such latent motive when he wrote that the "holy anorexics" needed a larger audience than just their families. Similar to some contemporary patients with anorexia, the holy anorexics perhaps felt unfulfilled in their social relationships and thus fasted as a way to cope with this emptiness. Because of the widespread public attention given to the holy anorexics, a person could argue that their fasting was a successful method for gaining an identity, which is a common motive cited in contemporary research on anorexia. Finally, there remains a strong element of morality in the motives of many contemporary patients with anorexia. Foods are frequently labeled "good" or "bad" and fat is often equated with being lazy, overindulgent, and selfish (MacSween, 1995).

Although there is considerable debate about whether the holy anorexics truly had anorexia, most writers would agree that by the late 17th century, cases of what contemporary authorities classify as anorexia were apparent. In a classic article titled "Of a Nervous Consumption, Morton" (1694/1985) described a peculiar illness in which he could not find any medical reason to explain his patient's emaciation. He concluded that the illness resulted from "violent passions of the mind" (p. 11), and that the condition almost always resulted from sadness and anxiety. He also wrote that the illness "flatters and deceives the patient" (p. 11) in its early stages. Writers could use such a description even today.

Anorexia nervosa was not officially identified until years later in the 1870s when Gull coined the term anorexia nervosa and Lasègue wrote *On Hysterical Anorexia* (Hepworth, 1999; Rieger, Touyz, Swain, & Beumont, 2001). Whereas Gull (1874/1985) focused on willful physical starvation as the central component of anorexia, Lasègue (1873/1985) added a sociocultural element to the description of anorexia, often focusing on the patients' families. Lasègue described patients with anorexia as believing that eating would be physically harmful, and he noted that as the illness progressed, its role in the patients' lives grew until it becomes the only object of importance.

Interestingly professional first identified anorexia as a medical entity in the 1870s. During that time, there was no emphasis on dieting and thinness; by contrast, society equated heavier weights with beauty, as is evident in Renoir's paintings of voluptuous women (Mumford et al., 1992). Thus there is a high likelihood that the women

Gull (1874/1985) and Lasègue (1873/1985) described with anorexia developed their illness for some reason other than a cultural emphasis on thinness. Additionally, Lasègue's definition of anorexia focused on the egosyntonic characteristics of anorexia sufferers, on the value they placed on their weight loss, rather than on fear of becoming fat (Lasègue). This characteristic is in stark contrast to the *DSM-IV*'s (1994) description of anorexia, one that attributes a patient's food avoidance to "an intense fear of gaining weight or becoming fat, even though underweight" (p. 544).

For approximately a century after Gull and Lasègue's work, psychiatrists' and psychologists' awareness of eating disorders was low (as cited in Gordon, 1998). However, in 1973 Hilde Bruch's publication on *Eating Disorders: Obesity, Anorexia and the Person Within* created a surge of interest and research (Gordon). Bruch's work is largely responsible for the considerable attention writers have given to the drive for thinness component of anorexia. Yet Gordon suggests that Bruch's emphasis on the importance of the drive for thinness component may have been distorted or exaggerated, claiming that

In seeking symptom definitions that could be operationally defined, [the authors of the *DSM*] may have subtly discounted the broader psychocultural context delineated by Bruch.... In particular, Bruch saw the pursuit of thinness as a concrete manifestation of the anorexic's failed quest for autonomy.... By placing the exclusive emphasis on the fear of weight gain and body image issues, the *DSM* approach may have discounted such issues, which may ultimately be more fundamental. (p. 9)

By largely ignoring Bruch's emphasis on the immense pressures women were encountering from the quickly changing female role, the authors of the *DSM-IV* (1994) may have been remiss in looking for confounding variables. That is, the surge of anorexia cases may not have been solely because of the increasing emphasis placed on thinness, but rather, it may have been a result of the women's attempts to cope with the changes of the time. If the only factor that had changed between Lasègue's time and Bruch's time was the ideal image of the female body, then we might be able to conclude that this change in view caused the rise in anorexia cases. Of course, many other variables also changed.

Fat Phobia

Denying that fat phobia—an intense fear of becoming overweight or obese—is a central feature in many anorexia cases is difficult. The presence of fat phobia in patients with anorexia is often measured with the Eating Disorder Inventory (EDI), the most widely used instrument in Western populations (Lee, Lee, & Leung, 1998). The EDI consists of 64 items designed to assess the cognitive-behavioral symptoms that researchers assume underlie eating disorders. Of the measures eight subscales, one is Drive for Thinness (DT); this subscale assesses the patient's level of fat phobia (Lee et al.). Initially, investigators assumed that all patients with anorexia would score high on the DT subscale; however cross-cultural studies revealed that some patients with anorexia were non-fat phobic, and even within Western cultures, there have been reports of anorexia in its non-fat phobic form (Ramacciotti et al., 2002). As early as 1983, Garfinkel, Kaplan, Garner, and Darby reported the existence of a group of non-fat phobic, "atypical" patients, and a significant number of patients with anorexia in Asian cultures display this non-fat phobic version of anorexia. In a Hong Kong study of Chinese patients, 59% were non-fat phobic and in a Japanese study, 26.6% were non-fat phobic (Lee, 1995). Furthermore, in a study comparing patients with anorexia in former East and West Berlin, the East Berlin patients scored significantly lower than their western counterparts on the DT scale (Steinhausen, Neumarker, Vollrath, Dudeck, & Neumarker, 1992). More recently, Ramacciotti and colleagues (2002) reported that 17% of Canadian patients and 18.5% of Italian patients with an eating disorder lacked a drive for thinness. Because of these findings, researchers have suggested that DT is a culture-bound dimension of eating disorders (Ramacciotti et al., 2002). Steiger (1995) warned that conceptualizing anorexia as a fat phobia, one fueled by a Western preoccupation with thinness, risks being ethnocentric.

The argument that fat phobia is not always present in patients with anorexia does not mean to imply that weight concerns are not a component of anorexia. A patient may have weight concerns without being fat-phobic. For example, Lee (1995) suggests that some Chinese patients with anorexia view their weight loss as a valuable tool for communication. That is, they are concerned about their weight because their low weight enables them to communicate feelings of anger or distrust in a way that is non-confrontational. Perhaps a universal characteristic of anorexia sufferers is that they experience their emaciation egosyntonicly; fat phobia is one of many possible manifestations of this egosyntonic weight loss (Reiger et al.,

2001). The relatively recent emergence of fat phobia as a prominent feature in many patients with anorexia may point to the ability of culture to mold anorexia's symptomatology, even though its core may remain constant (Gordon, 1998).

Similar to Gordon's (1998) suggestion that the psychopathological manifestations of anorexia change across culture and time, Banks (1992) writes that the central meanings of anorexia may change over time. That is, different cultural contexts may give rise to different explanations for the symptoms of anorexia, yet the symptoms themselves remain the same. Furthermore, the rationales given by patients with anorexia for their food refusal may be dependent on cultural contexts. For example, Chinese patients with anorexia often justify their food refusal with complaints of gastric bloating (Lee, 1995). Lee explains that in China, where there is an "absence of a permeative cultural fear of fatness, biosocial constraints may prescribe that patients' explanations of non-eating should fall back on their gastric and appetitive functions" (p. 31). In Western cultures, however, patients with anorexia may find greater acceptability (or even an expectation) to express fat phobia in defense of their food refusal. However, even within Western cultures, different food refusal rationales have emerged. For example, in the Minneapolis-Saint Paul area of Minnesota there is a group of patients with anorexia who label their food refusal as a form of religious piety. In discussing this group, Banks (1992) suggests that whereas these women defended their food refusal by asserting that they were fasting for religious purposes, women who were not particularly religious may "secularize" their explanation for food refusal; rather than fasting, they claim to be dieting. Thus although both groups restrict food intake, the explanation for why they do seems to vary according to the social context.

Not only do food refusal rationales differ between individuals, but they also sometimes differ within a single individual. There have been several documented cases in which patients have changed from one food rationale to another. For example, in a study conducted by Lee, Lee, Ngai, Lee, & Wing (2001), 19% of the patients who initially used fat phobic rationales for food refusal switched to non-fat phobic rationales (e.g., gastric complaints). Clearly, contextual factors play a role in the justifications patients with anorexia use for their food refusal.

Theoretical Models of Anorexia Nervosa

Reflecting the complexity of the etiology of anorexia, a few theories have emerged to explain the disorder's origin. Psychoanalytic models view anorexia as a "form of conversion hysteria and the symbolic repudiation of sexuality" (Banks, 1992, p. 871). Family systems models often attribute at least part of the cause of anorexia to the failure of early parent-child interactions or to the parents' interference with the child's development of an autonomous self (Banks). According to this view, the patient's control of her food intake and body weight may serve as a mechanism for gaining a sense of identity. Yet another model depicts anorexia as a disordered outgrowth of religious asceticism, though this model applies only to a subset of patients with anorexia (Banks). Finally, feminists tend to focus on patriarchy (MacSween, 1995), arguing that anorexia sufferers may feel powerless, believing that as a result of being female, their identity is largely derived through their appearance.

The fact that the prevalence of anorexia seemed to rise in the United States during an era when women gained increasing equality at first seems to contradict the feminist model of anorexia. Yet Gordon (1998) points out that "the demand that women 'reduce' their body size could be a response of a still male-dominated and misogynist culture to the assertion of women of their rights to equal status in society" (p. 14). Silverstein and Perlick (1995) built upon this feminist view with their observation that past increases in the prevalence of anorexia (i.e., during the late medieval period, the last half of the 19th century, and the late 20th century) have coincided with periods in which changing gender roles have created high levels of adolescent stress. Thus there is the possibility that periodic increases in anorexia may be, in part, because of stresses brought about by female role destabilization, rather than solely by changes in the image of the ideal female body.

Overlying these social and psychological models are biological models. Many professionals believe that anorexia sufferers have a biological predisposition for developing an eating disorder and do so when faced with environmental triggers (Rosen, 1996; Tozzi & Bulik, 2003). Although genetic research on anorexia is relatively young, family and twin studies have pointed to the heritability of anorexia. Researchers have estimated that if a child's sibling or parent has or once had anorexia, the child has from a 33% to 84% chance of developing the disorder himself or herself (Tozzi & Bulik). Some biological models suggest that the innate temperament of patients with anorexia may play a role in the etiology of

their illness. For example, traits of harm avoidance, low novelty seeking, and high reward dependence are common among patients with anorexia (Strober, 1991).

Other biological models have suggested that anorexia is related to and perhaps even caused by abnormalities in mechanisms regulating hormone output, often focusing on neurotransmitters such as dopamine and serotonin (Tozzi & Bulik). Bailer & Kaye (2003) pointed out that interactions between neuropeptide, neuroendocrine, and neurotransmitter pathways may be partly responsible for the high comorbidity of anorexia and other psychological disorders. Researchers have interpreted these findings with caution, however, because investigators have not determined whether such imbalances cause anorexia or whether the starvation itself causes the imbalances (Bailer & Kaye). Yet Barbarich, Kaye, & Jimerson (2003) remain confident that biological factors play a significant role in eating disorders, explaining that support for the possibility of some biological vulnerability for the disorder comes from anorexia's relatively stereotypic clinical presentation, sex distribution, and age of onset.

Very likely, all of these theories apply to at least some anorexia sufferers and in most cases, multiple theories apply. Also likely, these theories apply cross-culturally. Anderson (1985) claims that in every society there are a baseline number of patients with anorexia. As various sociocultural forces (such as an emphasis on slimness) increase, other predisposed individuals join the baseline group. Thus, both biological and sociocultural factors influence prevalence rates; professionals cannot explain anorexia solely by one or the other theory.

Rosen's (1996) proposal of using a transactional model grounded in developmental psychopathology reflects the belief that anorexia has multiple determinants, both direct and indirect. A prime example of this assertion is evident in Lee's (1995) case study of "Miss W," a Chinese patient suffering from anorexia. He writes:

Miss W's loss of interest in eating symbolized a loss of voice in a social world perceived to be solely oppressive.... It permitted her to avoid and simultaneously confront a punitive father at the dining table.... This was a profound act of communication by not communicating, and a non-confrontational style of expressing intrafamilial hostility which did not clash with Confucian values on demure female behavior. (p. 31)

In this case, a person could use the family systems model, psychoanalytic model, and feminist patriarchy model to explain the emergence of Miss W's eating dis-

order. Food plays a central role in Chinese culture, and this value may make eating a particularly effective tool for Miss W to express psychological concerns (Reiger et al., 2001). That is, Miss W's eating disorder may act as a coping mechanism, one that aids her in social interactions and relationships and buffers her from pressures at work. Furthermore, her disciplined food refusal is harmonious with Confucian values of demure female behavior (Lee, 1995) as well as Confucian family dynamics that discourage autonomy and overt confrontation with authority figures (Ross, 2003; Wikipedia, 2003). A final possibility is that Miss W was biologically predisposed to developing an eating disorder. Moreover Lee (1995) stressed that Miss W never expressed any symptoms of fat phobia; he believed that inclusion of the construct of fat phobia in the her diagnosis and treatment was neither necessary nor helpful.

Impact of Westernization

In addition to the assumption that fat phobia is a core component of anorexia, another common assumption is that westernization is responsible for the emergence of anorexia in non-Western cultures (Osvold & Sodowsky, 1993). There is established support for this assertion. For example, Gunewardene, Huon, and Zheng (2001) found that among Chinese women who were living in China and Australia, the degree of westernization was a powerful predictor of dieting. However, researchers are becoming increasingly aware that this assumption should not be applied blindly to all patients, and they are realizing that the impact of Western cultural influences on eating disorders may not be as strong as previously thought (Abdollahi & Mann, 2001). Two studies are particularly effective at illustrating this conclusion.

The first study (Mumford et al., 1992) surveyed a group of schoolgirls (aged 14 to 16 years) in Lahore, Pakistan. The researchers gathered data on the girls' Western orientations, their attitudes towards eating, their views towards their body shapes, and both their own and their mothers' histories of dieting. Results were compared with a previous study (Mumford et al.) of Pakistani schoolgirls living in Bradford, Great Britain. Researchers found that the Pakistani girls in Bradford, who were at greatest risk for having or developing an eating disorder, were those from the most traditional families, rather than those from the more westernized families. Yet among the Pakistani girls living in Lahore, their degree of westernization was a powerful predictor. To explain these seemingly counter-intuitive findings, the researchers suggested a multifactorial model of eating disorder etiology, one that includes the risk factors of personal and intra-famil-

ial stresses, rather than focusing solely on the deleterious impact of westernization. Possibly the Pakistani schoolgirls from traditional families living in Bradford experienced greater stresses than their westernized counterparts. Without discounting the impact that Western ideals of thinness can have on the emergence of eating disorders, Mumford et al. demonstrated that other risk factors may be more salient for certain groups.

The second study (Abdollahi & Mann, 2001) compared college-aged Iranian women living in Tehran with those living in Los Angeles. That the government banned Western media in Iran since the 1978 Islamic Revolution allowed Abdollahi and Mann to assume safely that the women living in Tehran had little to no exposure to Western culture. Furthermore, women living in Tehran were required by law to wear a full body covering (hejab) in public, making observation of the size and shape of women's bodies very difficult. In accordance with the belief that westernization is responsible for the emergence of anorexia in non-Western cultures, the researchers hypothesized that (a) the Iranian American women, who were exposed to Western media, would exhibit more symptoms of eating disorders or body dissatisfaction than the women living in Tehran, and (b), the mandatory hejab would reduce the emphasis on body shape and weight among the women living in Tehran, and thus the hejab could act as a protective factor against eating disorders.

Directly challenging the "westernization assumption," Abdollahi and Mann (2000) found no support for their hypotheses. Women in Tehran did not have fewer symptoms of eating disorders than the Iranian American women in Los Angeles, and the degree of westernization of the Iranian Americans was not associated with more symptoms of eating disorders or higher levels of body dissatisfaction. These findings and those of Mumford et al. (1992) demonstrate the fallibility of the westernization assumption. More importantly, these two studies highlight the importance of cultural sensitivity and serve as reminders for researchers and clinicians to be aware of their ethnocentric tendencies.

Ethnocentrism

Ethnocentrism occurs when people interpret others' behaviors through their own cultural filters; it occurs when people cannot separate themselves from their own cultural backgrounds and filter everything through their own expectations and stereotypes (Matsumoto, 1994). Although all people are ethnocentric at times, researchers need to be aware of their own ethnocentric inclinations

(Matsumoto, 1994). Unfortunately, in the medical field, "fashions in diagnosis" (Brumberg, 2000, p.16) often occur, and several researchers have pointed out possible ethnocentric-based problems in eating disorder studies.

Some researchers have criticized the *DSM-IV's* (1994) definition of anorexia and the instruments routinely used to diagnose the disorder. For example, Lee (1995) argued that the Eating Disorder Inventory (EDI), the Eating Disorder Examination (EDE), and the structured clinical interview for making *DSM-IV* diagnoses are not suitable for non-fat phobic Chinese patients. He claimed that they are contextually invalid, that their parochial view of anorexia often produces misdiagnoses and may even jeopardize treatment. In addition to the possible invalidity of the fat phobic dimension for Chinese patients, there is a possibility that two of the other dimensions - perfectionism and maturity fears - may lack validity (Lee et al., 1998). Because China is a collectivistic culture, one that values moderation and humility, measures of perfectionism may not have the same discriminant validity as they do in more individualistic cultures (Lee et al.). Furthermore, because collectivist cultures stress interdependency, measures of maturity fears may not have the same predictive validity as they do in more individualistic cultures. In light of these concerns about the cross-cultural validity of the EDI and other diagnostic instruments, Lee and et al. suggest that screening for anorexia be more comprehensive and culturally sensitive. Such approaches may reduce the likelihood of misdiagnoses and increase confidence in the accuracy of epidemiological studies examining the prevalence of anorexia.

Researchers concerned about the accuracy of epidemiological studies have suggested that selective perception may impact estimates of prevalence rates of anorexia. In a study to test whether racial stereotypes influenced eating disorder recognition, Gordon, Perez, and Joiner (2002) found that participants recognized eating disorder symptomatology more when the woman was Caucasian than when she was Hispanic or African American. Although evidence supports the belief that ethnic minorities have much lower levels of eating disorders than Caucasians (for review, see Crago, Shisslak, & Estes, 1996), other studies have reported similar prevalence levels (Gordon et al.). Problems in diagnosing anorexia may be particularly problematic with non-fat phobic patients. Lee (1995) explains how such a diagnostic bias may snowball:

In the assessment of non-fat phobic anorexia patients, biomedically trained practitioners are obliged to filter

their narratives through their familiar 'academic' explanatory models and may be eager to see that their theories are consistently confirmed. In this process of selective perception, they may often unknowingly exaggerate what is posited to be universal in anorexia, at the expense of deemphasizing the culturally particular...interpretation turns into reality, which thereafter organizes clinical transactions. (pp. 31-32)

Kleinman (1987) echoes this concern of exaggerating supposed universals that are in reality culture-specific. He points out that when professionals use inflexible diagnostic criteria, the result is a biased clinical sample - meaning that atypical patients are not even included in the research.

To address these problems of bias and ethnocentrism, Lee (1995) suggested that the paradigm for conceptualizing anorexia be broadened, that a multifaceted approach be used, as opposed to relying on a single, universal diagnostic system. Similar to Banks (1992), Lee stressed the importance of incorporating the patient's subjective experience and understanding of her eating disorder. He also calls for a revision of the *DSM-IV's* Axis-I diagnostic criteria for anorexia. Among his suggestions are that the *DSM-IV's* (1994) fat phobic criterion be expanded to include other rationales for weight loss, such as gastric complaints, thus acknowledging the existence of non-fat phobic anorexia sufferers. While agreeing with Lee's suggestions, Reiger and colleagues are concerned that such an approach may mistakenly lead to anorexia diagnoses when the patient is actually suffering from another illness, such as depression. To address this concern, Reiger and colleagues (2001) built upon Lee's polythetic diagnostic approach by incorporating the egosyntonic aspect of anorexia. That is, they suggest that a distinguishing characteristic of anorexia from other illnesses that share the symptom of weight loss is that patients with anorexia either deny that there is a problem or view their weight loss in a positive light.

Conclusions and

Directions for Future Research

Anorexia is a prime example of equifinality - numerous pathways can lead to the same result. With regard to the etiology of anorexia, there is both variation between cultures and within cultures. The root causes for anorexia (e.g., a patient's feelings of inadequacy interacting with her genetic predisposition for high anxiety levels) may be universal, but the manifestations of the disorder may differ across time and cultures. For example, expo-

sure to the Western ideal of thinness may be reflected in the presence of fat phobia; exposure to Christian religious ideology may be reflected in ascetic fasting; and exposure to Confucianism may be reflected in gastric complaints. But despite these very different manifestations in symptomatology, the underlying class of causes may be universal. Thus one anorexic sufferer dealing with academic pressures may express a fat phobia, whereas a Chinese anorexia sufferer dealing with similar academic pressures may express abdominal discomfort. Lee and colleagues' (1998) finding that fat phobic and non-fat phobic patients with anorexia differ only on the DT subscale of the EDI supports this argument. In discussing fat phobic and non-fat phobic patients, the researchers hypothesize that when the two anorexia groups' levels of general psychopathological form are compared, they may actually be analogous illnesses that differ only on a few superficial symptoms.

Given the possibility that the non-fat phobic and fat phobic forms of anorexia may be analogous entities and Lee et al.'s (2001) findings that a significant percentage of fat phobic patients switched to non-fat phobic rationales, examining whether this switch in rationales ever occurs in the opposite direction (i.e. whether the intensity of the fat phobia increases with the progression of the illness) would be a relevant investigation. Does the malnourishment itself and the ensuing obsessive-compulsive-like behavior fuel the fat phobia, or is the intensity of the fat phobia relatively stable (or decreasing) from the onset of the disorder? If researchers discover the former, this evidence would further support the argument that the current emphasis on the fat-phobic component of anorexia is unwarranted. The presence of fat phobia may be exaggerated by the different cognitive thinking patterns that arise from the biochemical changes in the malnourished brain. Thus, although Western culture certainly fosters the emergence of a fat phobia, the intensity of the fat phobia may be a byproduct of malnourishment.

Another possibility is that some patients who present themselves as having classic cases of anorexia may have become fat phobic only after the emergence of the disorder. For example, a girl living in the United States may start down the path toward anorexia for similar reasons to a non-Western girl (e.g., she may feel overwhelmed by the physical and social changes of puberty). At this time, she may not be fat phobic. As she becomes more invested in her illness, however, she may turn to the media to garner ideas and methods for dieting. In doing so, her awareness of the Western ideal of thinness may be heightened (and her weight loss success reinforced), and at this point, the fat phobia may emerge. By the time she under-

goes diagnostic testing, her drive for thinness is high despite the fact that the drive was not one of the primary causes for her descent into anorexia.

Thus, there is a need for researchers to disentangle the symptoms of anorexia psychopathology from symptoms of starvation. Until investigators make this separation clearer, there will be difficulty determining whether a seemingly culture-specific symptom is a cause of anorexia, or whether the symptom is really a cognitive byproduct of starvation - one that is molded by the cultural context .

Another potentially enlightening direction for future research would be studies aimed at examining whether the mean age of onset for anorexia is similar across cultures. If differences exist, researchers should try to determine whether they can identify differing developmental transition periods that correlate with the emergence of anorexia. One of these studies could focus on puberty. Reportedly girls who mature early tend to be at higher risk for developing eating disorders (Shisslak, Crago, Estes, & Gray, 1996; Smolak & Levine, 1996). These early-maturers may not have had time to build coping skills to help them navigate through the developmental transition of puberty. In addition, puberty involves a rise in estrogen levels. Because scientists think that estrogen controls neurotransmitter receptors whose expressions are tied to behaviors such as obsessiveness (Barbarich et al., 2003; Connan & Treasure, 1998), an argument exists that early-maturers do not have the coping skills in place to manage this obsessiveness.

If researchers find differences in the median ages of puberty onset between cultures, and these differences are correlated to the differing levels of eating disorder prevalence between the cultures, investigators could make an interesting argument that explanations for the differing prevalence levels of anorexia between cultures place too much emphasis on the impact that the Western ideal of thinness has on the disorder's etiology and too little emphasis on other environmental and biological variables. Perhaps cultures with lower levels of anorexia differ from cultures with higher levels of anorexia in the mean age of puberty onset. In these cultures, girls enter puberty at older ages and thus are better equipped with coping mechanisms to deal with the stresses brought about by developmental transitions.

Another interesting investigation would be a study of different cultural views of puberty. Unlike some cultures, there are few rites of passage that signify the end of childhood in the United States. This failure might make

the transition from one life phase to another unclear and confusing. Do cultures that have specific rituals indicating when children officially make the transition into adulthood have lower levels of eating disorders? If so, then these rites of passage reduce the likelihood that women experience puberty as a difficult and stressful time.

Although beyond the scope of this literature review, research on the impact of culture on anorexia would be incomplete without examining anorexia in men. Gender is a critical part of an individual's culture. Examining cases of anorexia in men might enhance work seeking to determine the cultural and biological components of anorexia. For example, what percentages of men with anorexia exhibit a drive for thinness? Is there any evidence that westernization has increased the prevalence of anorexia in men?

Finally, for both men and women, research on cultural universals and differences in recovery from anorexia is lacking. Do recovery levels vary from one culture to another? Is a period of binge eating during recovery common across cultures as a natural response to a prolonged period of starvation? Are treatments more effective in some cultures than in others?

Incorporating culture as an independent variable in eating disorder studies will not only make treatments more sensitive to specific cultural groups, but it may shed light on underlying causes of eating disorders. By disentangling emic "truths" (those that are not necessarily true for people of every culture) from etic truths (those that are universal and absolute), our understanding of eating disorders will surely improve.

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Psychology*, 29, 151-154.**

Special Features

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In this volume, the Special Features section provides a forum for three types of essays that should be of considerable interest to students and faculty. As in past volumes, students have presented research that supports opposing positions about a controversial issue. Students have also written psychological analyses about popular drama.

Controversial Issues

Claudia Potts and Elizabeth Heideman examine alternative approaches for handling perpetrators of domestic violence. Potts advocates treatment for perpetrators and their families, whereas Heideman recommends incarceration and treatment of perpetrators. Michael Odeh argues that psychologists are best qualified to assist in child custody decisions by conducting professional evaluations. By contrast, Valerie Gonsalves and Divya Bala identify several reasons why psychologists should not perform such evaluations and advocate a multi-method, multi-source approach developed jointly by psychologists and the legal system. Billy Frederick and Jessica Sapp debate the treatment of sexual offenders; Frederick supports treatment for offenders, but Sapp proposes imprisonment of offenders because professionals cannot guarantee against recidivism.

Psychological Analyses – Dramatic

*Brooke Smith and Sumner Sydeman evaluate and diagnose two main characters in the film, *Girl, Interrupted*. The authors conclude that the characters Susanna and Lisa exhibit symptoms consistent with *Borderline Personality Disorder* and *Antisocial Personality Disorder*, respectively.*

Note: There are a variety of issues that students can address for the next issues of the *Journal's* Special Features section. At the end of this issue, you can read about three topical issues; Evaluating Controversial Issues, Conducting Psychological Analyses—Dramatic, and Conducting Psychological Analyses—Current Events.

Controversial Issues

To Treat or Not to Treat: That is the Question

Claudia Potts

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“Love the sinner, hate the sin” is an adage that suggests we should care for all people, regardless of their actions. The goal in dealing with perpetrators of domestic violence should be to view them as people who need psychological help, not as criminals who should simply be thrown in jail. Although domestic violence perpetrators have committed a crime, simply incarcerating and releasing them into society without treatment will not reduce the likelihood of future violence (Babcock, 1999). Treatment of domestic violence perpetrators, rather than using only a legal approach, is a more effective way to lower recidivism (Gondolf & Jones, 2001). In addition, legal sanctions such as mandatory arrest and restraining orders have proven less successful than treatment (Feldbau-Kohn, O’Leary, & Schumacher, 2000). Perpetrators who receive treatment are less likely to repeat their abuse than those who simply have legal action taken against them.

Domestic violence is as any type of violence, whether it is physical, emotional, or psychological, on a spouse or intimate partner (Feldbau-Kohn, et al., 2000). In many cases, domestic violence perpetrators see themselves as the victim because they blame their violence on their partner, the actual victim. They also blame other external factors, such as alcohol, for the frequency and severity of the violence. In addition, offenders minimize the severity of their violence, underreport it, and sometimes deny it (Feldbau-Kohn et al.). As a result, perpetrators usually do not seek treatment on their own because

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they lack the motivation to do so and do not think that they need treatment. However, these characteristics are the reasons that perpetrators should receive treatment.

Personality characteristics of offenders are important considerations to reduce violence (Simon, 1995). Perpetrators tend to have “histories of mental illness, histories of childhood exposure to violence, attachment deficits, extreme fluctuations in mood, suicidal ideation, alcohol abuse, low self-esteem, chronic hostility or anger, extreme jealousy, need for control, and distortions of social cues and in information processing” (Simon, p. 46). The characteristics of perpetrators are psychological in nature and, therefore, should be treated with psychological intervention.

Treatment of domestic violence can consist of several different approaches. These methods include counseling that focuses on either the perpetrator or the victim, in a group or individual situation. For the perpetrator, treatment often focuses on cognitive-behavioral work and sometimes includes pharmacological treatment. Cognitive-behavioral interventions include aggression cessation techniques, which work on controlling anger during potential conflicts. Other research offers treatment options that include group therapy from a psycho-educational perspective that focuses on control issues, communication between partners, and specific ways to cope (Babcock, 1999).

The most common form of treatment for perpetrators uses the Duluth model. This psycho-educational model focuses on the power and control that men traditionally have exhibited in our society. The Duluth model gives perpetrators examples of other ways to express their desire for power and control, and teaches them how to deal with their partners more appropriately (Jackson, 2003).

In terms of pharmacological treatment, researchers have investigated the use of specific biochemical interventions to reduce aggression in men, especially toward their partners. Feldbau-Kohn, et al. (2000) found that some SSRI's (selective serotonin reuptake inhibitors) can reduce a man's aggression toward his partner.

Evidence supports the claim that treatment reduces recidivism, and additional evidence indicates that treatment completion further reduces recidivism, compared to treatment non-completion and incarceration (Babcock, 1999). Although treatment completion is ideal and has the lowest levels of recidivism, the distinction is important because it suggests that even perpetrators who do not

complete treatment can have lower recidivism than incarcerated perpetrators. Research has found that only “eight percent of treatment completers committed another domestic violence re-offense, as compared to twenty-three percent of non-completers, and sixty-two percent of incarcerated offenders” (Babcock, p. 51). Correlational research also illustrates that as the number of treatment sessions a perpetrator attends increases, the number of post-treatment arrests decreases. Therefore, treatment of domestic violence offenders can contribute to reduced recidivism even after attending only a few sessions. In addition, after controlling for demographic and criminal information, Babcock reported that offenders who went to jail had higher levels of recidivism than those who received treatment, even if they did not complete the treatment.

Other research found that completion of treatment programs can lower recidivism. One study found that men who completed a perpetrator program were 44-64% less likely to re-assault their partners than men who did not complete a program (Gondolf & Jones, 2001). That study also reported that the length of the treatment program did not influence recidivism. As long as the perpetrator complied with treatment, regardless of the duration, recidivism was lower than if the perpetrator did not complete any treatment. Furthermore, a meta-analysis by Babcock, Green, and Robie (2003) suggests that 42,000 women each year are spared from assault because of the effectiveness of domestic violence programs.

Even if some authorities question the effectiveness of treatment, legal remedies alone are not the best solution. The law, in addition to its support of incarceration for perpetrators, has many policies that can contribute to recidivism of offenders rather than to protection of victims.

Mandatory arrest laws have been used in domestic violence cases. Although these laws can sometimes be beneficial for victims, they also can increase violence. Research conducted in Milwaukee found that mandatory arrest is beneficial for a short-term reduction in violence but can actually increase long term violence. This investigation was a multi-city study that also found that domestic violence was related to unemployment and that any positive effects from the mandatory arrest law were only short term (Schmidt & Sherman, 1993).

Restraining orders are another legal policy often used in domestic violence cases. The rationale is that if a woman is granted a restraining order, her abusive partner will have to stay away from her, thereby ending the

abuse. However, there are many problems with this approach. One study found that of 350 restraining orders on domestic violence perpetrators, 29% were violated with a re-offense (Feldbau-Kohn, et al., 2000). Another problem with restraining orders is that some of them have limits on protection and do not allow victims to get out of the violent setting. In addition, police cannot constantly monitor the actions of the perpetrator, and they must rely on the victim to contact the police if the perpetrator violates the restraining order. Under those circumstances, the victim may resist calling the police because of fear (Feldbau-Kohn, et al.). Moreover, police reports of domestic violence are not consistently accurate. Police may not report domestic violence that takes place outside a certain jurisdiction. In cases of previous domestic violence, only one in five victims reports subsequent cases (Babcock, et al., 2003).

Although domestic violence is illegal and highly offensive to our sense of right and wrong, society should recognize that the perpetrators of domestic violence have serious psychological problems. They are violent based on their past experiences, current psychological states, cultural expectations, and individual choices. For these reasons, authorities should treat domestic violence perpetrators with stern respect but as individuals who need treatment to help them and their families. Providing perpetrators with treatment opportunities is essential to reducing recidivism.

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Should We Live by the Golden Rule or Seek Justice?

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From a young age, parents and others have taught us to live by the golden rule; "Love thy neighbor as thyself." However, upholding this rule is difficult when you share an intimate relationship with someone who is violently assaulting you. Domestic violence is a significant problem in our society, and authorities highly debate its remedy. One third of all married or cohabitating women experience some form of aggression by their partners (Feldbau-Kohn, O'Leary, & Schumacher, 2000). Even more staggering is that research findings have shown that more women are killed by their significant other than by any other group of people (Feldbau-Kohn et al.). Many individuals want to see these types of offenders punished for their crimes, however, there are others who believe that treatment is the best option. Many people live by the basic rule that if you commit a crime you must be prepared to do the time. Although many authorities believe that treatment is appropriate for domestic violence offenders, treatment is often ineffective and potentially counter productive. At times, treatment can increase the likelihood that offenders assault their victims (Babcock, Green, & Robie, 2003). Research findings have shown that treatment fails to reduce recidivism under all circumstances, and many offenders do not complete treatment programs (Babcock & Steiner, 1999). Because of the ineffectiveness of treatment, society needs to take a new stance on how to deal with this problem.

Although some offenders have specific psychiatric diagnoses, domestic violence itself is a crime, not a mental illness. The American Psychiatric Association's *Diagnostic and Statistical Manual-IV-R (DSM-IV TR, 2000)* does not include domestic violence perpetration as an official diagnosis. When people think about an individual who committed murder, burglary, or assault, they do not look to treatment as the best option. There has

been a long history of rehabilitation failure for general offenders. Evidence indicates that intervention efforts with prison populations has had no effect and in some cases has even increased recidivism (Wormith & Oliver, 2002).

Society has demanded swift and severe punishment for violent offenders. The same standard should hold for domestic violence offenders. Offenders are criminals, and need prison time, not treatment because they need to experience consequences for their actions.

There are many benefits to imposing legal remedies rather than treating domestic violence offenders. For example, incarceration allows officials to remove offenders from the contextual variables that cause them to recidivate. By taking offenders out of the context, victims are no longer available for offenders to assault (Simon, 1995). Because offenders cannot have access to their victims while incarcerated, we can ensure victims' safety and allow those victims to seek needed help. With treatment, perpetrators often times have access to their victims, and access may cause an escalation of violence. Removing offenders from a potentially volatile situations gives them time to cool down, and the removal allows victims time to think and relocate if that is the best option (Simon

Mandatory arrest laws are one example of the effectiveness of removing a batterer from the context. In many states, new laws require an arrest after a victim makes a domestic dispute complaint. These laws are beneficial for several reasons. By arresting the offender, police make clear that the offender has committed a crime and must take responsibility for his or her actions (Simon, 1995). With such official action, officials can receive blame for the arrest of domestic violence offenders rather than the victim. This action reduces the likelihood that the perpetrator will use the arrest as further ammunition for abuse (Mills, 1998). Mills's research also found that three hour arrests reduced the chances that a victim would be beaten from 7% to 2% when the perpetrator returned from jail. This findings clearly emphasizes the benefits of mandatory arrest laws and punishment for domestic violence offenders.

Restraining orders are another legal remedy that can be beneficial for victims of domestic violence. These documents are legal injunctions that require a batterer to stop threatening and harming their victims. Restraining orders are helpful for victims because they allow victims immediate relief from a violent situation. These orders can be used in conjunction with other sanctions such as

jail time or prosecution to help protect victims even further (Simon, 1995).

There are many reasons why treatment is ineffective. One study (Babcock & Steiner, 1999) found that only 14% of batterers completed treatment, and this outcome was only after the court enforced legal consequences, specifically, after at least one warrant for their arrest was issued. Offenders were unlikely to complete treatment unless legal sanctions were enforced, holding offenders accountable for their actions. There is little likelihood of effective treatment if the majority of offenders do not complete the program (Hamberger, Lohr & Gottlieb, 2000). Other studies have found mixed and unpromising results of treatment on reducing recidivism. Babcock & Steiner (1999) found questionable the clinical significance of treatment for reducing recidivism and that many of the differences could be attributed to demographics rather than the treatment itself. A meta-analysis by Babcock et al. (2003) found only a 5% decrease in violence after receiving treatment—about one tenth of a standard deviation. This finding is statistically insignificant. In contrast, a study reported by Schmidt and Sherman (1993) found that the application of criminal sanctions had a small and consistent effect on reducing recidivism. Therefore, men who battered were best deterred if they believed that their penalties were certain and severe.

Babcock et al. (2003) analyzed the effectiveness of different modes of therapeutic interventions and found that they were ineffective. A startling finding was not only that some of these programs were ineffective but also that certain programs such as couples therapy were actually more harmful to the victim. Couples therapy attempts to include spouses in the therapy to empower them and allow them to learn better ways to confront the violence. The reason couples therapy might increase the likelihood for future violence is because it requires women to disclose information about the abuser and the abuse (Babcock et al.). These disclosures may lead partners to seek retribution. Another disadvantage with this therapy is that it may imply that women were somewhat to blame for the abuse.

There are circumstances when treatment can be effective (i.e., when perpetrators are willing participants), however most of the time, perpetrators are not willing. Courts mandate much of the domestic violence treatment is court mandated, and therefore the offenders are often unwilling participants (Babcock & Steiner, 1999). Many participants drop out of treatment whereas others only complete the program because of the threat of criminal sanctions. Often, these programs provide a false sense of

security for victims. Women believe that if their partners have undergone treatment, they will not recidivate (Weisz, 2002).

There is a need for effective interventions because the effects of domestic violence are often severe, and the problem is widespread. Offenders need to understand that what they are doing is illegal, and they must take responsibility for their actions. With the inconsistent results of treatment, inclusion of incarceration in the process of punishing offenders is important. Offenders may complete treatment during incarceration, however, they must receive legal sanctions for their actions to hold them accountable for what they have done. Domestic violence is a crime, and society needs to treat it as such.

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Psychologists and Child Custody Evaluations: Who Is Best Qualified To Decide?

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As divorce becomes the norm, more children are drawn into court battles by their unhappy parents. The sensitive issues that arise in child custody hearings often steer the court toward the expertise of mental health professionals. Although there exists a discrepancy between the court's expectations and the abilities of the evaluators (Krauss & Sales, 2000), psychologists are the best suited to offer a helpful expert opinion. Furthermore, professionals have updated standards and guidelines; training is becoming more formal; research is growing in depth and breadth; and investigators are constructing specific psychological tests. Despite some shortcomings, psychologists are the best qualified to assist in child custody decisions.

Child custody evaluations take place in a heated legal context during an already emotionally unstable time. Such a context requires an evaluator to be proficient and responsive to sensitive issues. Although adoption of mandatory mediation has encouraged parents to find an acceptable solution through a neutral party, a substantial number of cases still proceed to litigation (Krauss & Sales, 1999). Ackerman (1995) described such cases as "adversarial divorces," which involve a legal battle with competitive attorneys and therefore tend to complicate already conflict-ridden cases.

The legal commotion can take a toll on children's well-being and adults' mental health. Research has demonstrated that the most important factors of post-divorce child adjustment are the parental psychological functioning, the quality of the parent-child relationship, and perhaps, most importantly, the degree of inter-parent conflict (Brown, 1995). In response to such extreme

familial turmoil, children can feel abandonment, rejection, anger, guilt, and insecurity, leading to regressive behavior, acting-out, repetitive behavior, or depression (Ackerman, 1995). Also during court proceedings, more issues can arise, such as alleged sexual and/or physical abuse, domestic violence, substance abuse, and the psychological fitness of the parents (Bow & Quinnell, 2001). Thus, evaluators must be proficient in child and adult development, child and adult psychopathology, family systems theory, the effects of divorce, the workings of the legal system, and special issues, such as substance abuse, sexual abuse, and domestic violence (Bow & Quinnell; Gindes, 1995). Compared to other likely professions, psychologists, especially forensic psychologists, have the clinical experience and the legal familiarity to tackle those issues.

In 10-15% of all child custody cases, judges are the ultimate decision makers (Krauss & Sales, 1999). However, with a high caseload, judges have little time to devote to the intricacies of each case and must turn to evaluators to offer insight. Furthermore, judges are most interested in the parents' mental stability, responsibility to the child, and value system. Judges often feel helpless to identify the truth because of the adversarial context of the courtroom. That is, each side presents contrasting realities to the court, and judges must rely on evaluators to find honest answers (Brown, 1995). Judges often consider evaluators' testimony as "hybrid testimony," a mix between science and clinical opinion, admissible under less strict standards than purely scientific testimony (e.g., *Daubert*) (Krauss & Sales). Judges also generally rely heavily on evaluators' testimony in making their final custody decisions (Gindes, 1995). The heavy reliance of judges on evaluations and psychological testimony helps strengthen the relationship psychology and law have in custody evaluations.

Critics have chastised some psychologists for performing custody evaluations because they lack expertise and thus cannot offer expert testimony in court (Krauss & Sales, 2000). In response, psychologists have focused their training to cover the relevant aspects of the evaluation process. For example, Gindes (1995) pointed out that custody evaluations are done in a legal context and require more than just clinical diagnostic techniques. Furthermore, evaluators must be competent, that is, they must know the limits of their knowledge and have a willingness to consult others if an issue falls beyond their own expertise (Gindes). Brown (1995) argued that psychologist-evaluators also serve as educators to the judges, lawyers, and parents, by supplying feedback about parenting styles and issues for future arrangements.

However, psychologists are not experts at choosing the best parent nor are they judges of moral character. Nonetheless, they are trained in the issues that surround custody evaluations. According to the American Psychological Association's (APA) (1994) child custody guidelines, evaluators are at their own discretion to provide recommendations to the court about final custody arrangements, but they are expected to offer their unbiased conclusions about the psychological well-being of the family as outlined by the judges' referral question.

Child custody evaluations are an evolving area for practicing psychologists (Kirkland & Kirkland, 2001). Standards and guidelines for evaluations have been in transition since the late 1970's. The courts initially created the best-interests-of-the-child standard (BICS) as a general guideline for custody evaluations. Following the Tender Years Doctrine under BICS, all children under seven years of age and all female children of any age were awarded to the mother. The Uniform Marriage and Divorce Act (UMDA) of 1979 (see Krauss & Sales, 2000) outlined the important factors that the court should take into account during a custody evaluation, including the child's wishes, the parent's wishes, interactions of the family, the child's adjustment, and the mental health of all parties (Brown, 1995). Consequently, the Psychological Parent Rule, which granted exclusive custody to the parent on the basis of psychological attachment, environmental stability, and support of emotional needs, replaced the Tender Years Doctrine, (Krauss & Sales). As legal scholars uncovered the underlying issues in divorce and custody disputes, the standard evolved to incorporate more psychological concepts.

With regard to the changing legal standards, the American Psychological Association (APA, 1994) created guidelines that built upon previous APA ethical principles and the BICS standard. Psychologists performing child custody evaluations must be competent, objective, impartial, and unbiased. The guidelines expect that psychologists will use the most appropriate, up-to-date, and relevant means of assessing parents and children, while keeping the well being of the children as the primary concern. The scope, or range, of any custody evaluation must focus on the best psychological interests of the child, and not the interests of the parents, who may use children to compete with one another. Although psychologist-evaluators frequently acted adversarially, such as being hired by one side in the 1980's (Kirkland & Kirkland, 2001), currently many authorities consider an adversarial psychologist-evaluator as an unethical position (Stahl, 1996).

The guidelines (APA, 1994) require that evaluators

gain specialized competency in the areas of children and adult development, psychopathology, family issues, and the legal standards; stay up-to-date on new developments in the field; and consult others when special issues arise. Therefore, as Bow and Quinnell (2001) pointed out, training of psychologist-evaluators is highly diversified. Few psychology graduate programs specifically offer custody evaluation training, but formalized programs are incorporating more custody evaluation techniques. In addition to graduate training, evaluators should attend seminars, experience hands-on supervision, participate in peer forums, and self-educate by staying up on new developments in the field to achieve specialized competency in the area (Gindes, 1995).

In a study of psychologist-evaluators, Bow and Quinnell (2001) found that most participants were proficiently trained in working with adults, children, and adolescents, and most received training through seminars, supervision, and graduate courses. Specific training for custody evaluators is becoming more ubiquitous and thorough.

Child custody evaluations should be conducted objectively and comprehensively (Wrightsmann, 2001), which means that each party should be fairly and equitably assessed. This approach applies to all aspects of the evaluation process, including interviews, behavioral observations, cognitive tests (e.g., intelligence, achievement, and learning tests) and personality tests (e.g., MMPI, Rorschach, and TAT) (Ackerman, 1995). In some studies, the most time-consuming procedures, psychosocial histories and clinical interviews with parents and children, were the most common (Bow & Quinnell, 2001; Gourley & Stolberg, 2000), but most evaluators also reviewed courts documents, previous custody reports, and in-office parent-child observations (Bow & Quinnell), using available sources of data.

Psychological testing helps encourage objectivity and reliability in custody evaluations by avoiding value-based testimony by psychologists (Otto, Edens, & Barcus, 2000). In regards to psychological testing, psychologists tested parents more often than children because of children's changes in maturation and development (Bow & Quinnell, 2001). The most common tests used with adults were the MMPI, Rorschach Inkblot, WAIS-R, MCMI, and Thematic Apperception Test. The most common tests used with children include intelligence tests, Children's Apperception Test, sentence completion, achievement tests, and Rorschach Inkblots (Hagen & Castagna, 2001). Although these psychological tests may be helpful to evaluators and be forensically rel-

evant, they were not specifically intended for use in child custody evaluations. Thus, psychologists have been attempting to develop specific custody evaluation, psychological tests. The most common of these tests, the Bricklin Perceptual Scales assesses children's perceptions of their parents. Other tests include the Perceptions of Relationship Test, Custody Quotient, Parent Awareness Skills Survey, and the Ackerman-Schondorf Scales for Parent Evaluation of Custody. Psychologists try to improve the reliability and the validity of these tests through replication and peer review, enhancing the objective nature of the evaluation (Otto, et al., 2000).

Evidence presented in this review indicate that psychologists are the best qualified to perform child custody evaluations. With the implementation of the APA Guidelines (APA, 1994) and continued development of educational opportunities, psychologists will be even better prepared to perform child custody evaluations. Psychologists are trained in all the clinical aspects of adults and children, while maintaining proficient knowledge of legal terms, regulations, and procedures. Furthermore, they are best suited to provide information that judges seek in making their decisions. Researchers in the field are creating new, objective, forensically designed tests, creating new avenues for further study and improvement. Despite some shortcomings, psychologists are still by far the best qualified to perform evaluations and should continue to do so.

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psychologists lack sufficient training to handle the variety of issues prevalent in child custody cases and therefore receive numerous ethical complaints, and (c) proper psychological measures have not been developed for child custody evaluations (Bowermaster; O'Donohue & Bradley, 1999). As a result, psychologists often lack the expertise necessary to determine the future of the children in custody cases. This conclusion suggests that performing child custody evaluations is outside the scope of practice for psychologists and that conducting additional research and providing training are necessary.

Critics have said that child custody evaluations are more value-laden than any other area of forensic practice and that psychologists require heightened ability to avoid personal biases, which may have an effect on the outcome (Wrightsmann, 2001; O'Donohue & Bradley, 1999). For example, a psychologist may face a father who acknowledges cross-dressing or a mother with multiple boyfriends. These facts may have no relevance in a custody hearing unless they are directly related to the father's or mother's parenting capabilities. Simply because a father cross-dresses or a mother has multiple boyfriends does not prove they are unfit parents (Gardener, 1986). Many authorities argue that applying white, middle-class parenting standards in evaluating a family of lower socio-economic status or from another cultural or ethnic group is inappropriate and that this practice happens frequently because psychologists are unaccustomed to dealing with various cultural groups (Gindes, 1995). There are many illustrations of psychologists being swayed by their own biases. For example, in the case of *Palmore v. Sidoti*, the court awarded custody to a Caucasian child's father because the mother married an African-American man (Wrightsmann, 2001).

Is it In the Best Interest of the Child?

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Parental divorce necessitates a reorganization of responsibilities to children. If parents can come to an agreement about raising the children, which is the case in 90% of divorce custody cases, there is no dispute for the court to decide (American Psychological Association (APA), 1994). However, if the parents are unable to reach such an agreement, the court, with the assistance of a psychologist, must determine the custody arrangement for the child. Yet, the debate rages about the appropriateness for psychologists to perform child custody evaluations (Bowermaster, 2002). This debate is based on several issues: (a) such cases are often value-laden making it possible for psychologists to lose their objectivity, (b)

In addition to the value-laden nature of these cases, psychologists often do not have a sufficient depth and breadth of training to handle the countless issues that are prevalent in child custody cases (Weithorn, 1987). In considering psychological factors affecting the best interest of the child, the psychologist must assess certain attributes, including the psychological and developmental needs of the child, the capability of the parents, and the functional ability of the parents to meet a child's needs (Gardener, 1986). Specific knowledge and training in the areas of child and family development, child psychopathology, divorce and child custody, relevant aspects of the legal system and forensic psychology, and the impact of divorce on children, help prepare a psychologist to participate competently in child custody evaluations (Gindes, 1995).

Bow and Quinnell (2001) conducted a study on the training of psychologists and found that the overwhelming majority, 86% of the 198 psychologists surveyed, derived their training from seminars instead of actual courses in graduate school. That statistic demonstrates that psychologists' currently performing child custody evaluations are ill equipped in their type and quality of training. Psychologists have had difficulty being accurate even in areas for which they were trained, such as predicting violence (Monahan, 1996). Psychologists would, therefore, struggle in an area for which they were not trained sufficiently. Psychologists may be able to make such decision regarding a child in rather extreme cases. However, they are unqualified to decide which of two seemingly fit parents would be the better one.

Psychologists are not trained to select the better parent; they are trained to assess and treat human behavior, and selection of the better parent is outside their general scope of practice (Wrightman, 2001). In spite of this condition, 94% of the participants in Bow and Quinnell's study (2001) reported that they make explicit recommendations in child custody cases. Despite a lack of training, many psychologists are answering the ultimate legal question, which is outside their scope of practice and deemed an unethical practice by many professionals (Melton, Petrilla, Poythress, & Slobogin, 1997).

Because most psychologists are not well trained in these areas, many ethical questions arise regarding the involvement of psychologists in child custody disputes. In 1998, child custody evaluations made up 11% of all categories of ethical violations and were the only forensic category that warranted a single, separate entity (Kirkland & Kirkland, 2001). Furthermore, Montgomery, Cupit, and Wimberly (1999) found that child custody cases were second only to sexual misconduct cases in terms of likelihood for occurrence among board complaints and malpractice actions. Glassman (1998) noted that between 7% and 10% of all new ethics violations compiled by that APA between 1990 and 1994 concerned child custody evaluations. These ethical questions often concerned the dual role that psychologists play, as both evaluator and therapist, and the misuse of a psychologists' influence. One of the ethical guidelines stated by the APA (1994) was that the psychologist must avoid multiple relationships. There are many cases, however, in which psychologists have rendered decisions simply because they serve as one parents' private therapist as well as the court appointed psychologist (Weithorn, 1987). The core of the problem is that judges, who are untrained to evaluate issues related to child custody, encourage psychologists to answer the ultimate question

and make conclusions about custody cases when this practice should be left to the trier of fact (Melton et al., 1997).

Many psychologists do not follow the recommended practice guidelines for child custody evaluations. For example, there is an ethical violation to conduct an evaluation when only one parent is interviewed, to overlook step-parents and other significant adults, to fail to assess the children themselves, or to observe the interaction between the child and significant adults (Nurcombe & Partlett, 1994). There are many custody cases in which shortcuts were adopted especially because few psychologists were fully trained in all areas necessary to conduct child custody evaluations. A survey of 201 mental health practitioners (Ackerman, 1997) revealed that in some custody cases the psychologists failed to administer relevant psychology or custody test to children, adults, or both. Furthermore, critics argued that the tests that are administered are not useful, stating that many of the tests, such as the MMPI, were intended for clinical, not forensic use (Bowermaster, 2002; O'Donohue & Bradley, 1999). Furthermore, tests like the MMPI are not directly relevant to child custody cases but instead assess overall pathology, not ones' ability to parent a child appropriately. If neither parent suffers from a mental illness, general measures of pathology tell the psychologist little if anything relevant to the court's question.

Not only do most general psychological measures lack direct application to child custody evaluations, but those measures designed specifically for child custody evaluations also lack empirical support (Otto, Edens, & Barcus, 2000.). For example, psychologists widely administer—in 66% of cases in which psychological instruments were used (Hagen & Castagna, 2001)—the Bricklin Perceptual Scales to measure children's perceptions of parental skills and competency (Otto et al.). However, this instrument lacks scale validity and consistency; the instructions for administration are unclear; there is no empirical support for its utility; and the scale may be biased towards mothers (Heinze & Grisso, 1996; Otto et al.).

The Perceptions of Relationships Test (PORT) is used in 64% of cases and tests psychological closeness with each parent (Hagen & Castagna, 2001; Heinze & Grisso, 1996). Critics point out that the PORT's poor organization, lack of evidence for inter-rater reliability, subjective scoring of some of the items, and lack of existing validity data (Otto et al., 2000). Another commonly used test, the Ackerman-Schoendorf Scale for Parent Evaluation of Custody measures the abilities of the per-

son to be an effective parent (Heinze & Grisso, 1996). Though the inter-rater reliability rate is high with an alpha coefficient of .96, this test falls short in several other areas such as the inclusion of some erroneous items that are not related to child custody, the normative sample was based almost entirely (97%) on Caucasian parents, and its Parental Custody Index score can be misinterpreted to suggest that one parent is superior to another (Heinze & Grisso; Otto et al.). Reviews have consistently concluded that even the measures designed to aid psychologists in child custody evaluation leave them ill-equipped (Heinze & Grisso; Otto et al.).

Overall, psychologists should avoid conducting child custody evaluations and practice only in the areas for which they are specifically and sufficiently trained. Psychologists are often incapable of providing the depth of evaluations needed in such cases because of time, personal values, and lack of training. They can be biased in their decisions and can be involved in unethical practices. Furthermore, the child custody field has not developed adequate assessment tools to assist practitioners. To solve this problem, psychology and the legal system should join together to adopt a multi-method, multi-source strategy that will serve as an impartial and standardized system to achieve children's best interests, until psychological knowledge progresses sufficiently to make evaluations more objective and empirical.

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Recent Success in Treating Sex Offenders

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When the media portray sexual offenses, the emphasis is usually on the victim. This depiction is understandable; being a victim of sexual assault is a tragedy that will likely affect victims for the rest of their lives (Nevid, Rathus, & Greene, 2000). Although tending to the psychological well being of the victim is important, treating the offender in order to prevent future assaults is equally vital (Priest & Smith, 1992). Historically, there has been little hope for rehabilitating sex offenders. Many methods proved to be largely ineffectual. Recent advances, as well as different approaches to treatment, have made it possible for sex offenders to reduce sexually inappropriate behaviors (Berlin, 2000). Therefore, the treatment of sex offenders has become a valid and reliable practice in the scientific community.

The traditional view of sex offenders suggests that they all possess severe mental illnesses and are a pathologically extreme group (Burdon & Gallagher, 2002). However, this condition is often not the case because many times sexual offenses arise out of situational contexts. For example, imagine an individual breaks into a house with the sole intention of theft. Imagine further that that the individual is on a drug that impairs his cognitive abilities and reduces his inhibitions. The individual, thinking that the owners of the house are away, surprisingly finds a woman asleep in the master bedroom. Upon seeing the woman, he chooses to rape her. The individual might not have made that decision if his mental capacity had not been impaired. Furthermore, the rapist in this case was not necessarily suffering from a mental illness, and committing the sexual offense was not the primary goal (Berlin, 2000). To group this individual with serial rapists or pedophiles and state that there is no hope for treatment would therefore be inappropriate.

A deviant sexual act is defined as one's affinity for abnormal sexual targets and/or abnormal sexual activity (Nevid, et al., 2000). Different types of sex offenders include rapists, pedophiles, exhibitionists, voyeurists, and frotteurists. Clearly, sex offenders are not a homogeneous population in terms of the stimuli that lead them to commit deviant sexual acts (Hanson & Brussiere, 1998). Understanding that not all sex offenders wish to act upon

their urges is important (Berlin, 2001). There are offenders who understand they are experiencing abnormal sexual desires and wish to correct their problem (Burdon & Gallagher, 2002). These individuals are the ones most likely to complete treatment programs, thereby enhancing their chances for living healthy, normal lives (Berlin).

There are many methods available to change the behavior of sex offenders. The goal of sex offender treatment is to help individuals control their behavior and to rid themselves of deviant sexual urges. The main challenge, however, is keeping the offender in treatment for its duration. Studies have shown that as little as 5% of sexual offenders are convicted of a repeat offense after successfully completing treatment. Of the individuals who dropped out of treatment, 25% were convicted again (Fisher & Thornton, 1993). Although offenders coerced into treatment by legal requirements are less enthusiastic about treatment than individuals voluntarily participating, they are still likely to experience a change in automatic thinking over time (Burdon & Gallagher, 2002). Therefore, these individuals can learn to halt their deviant sexual behaviors. Coercion, which usually occurs by way of incarceration, can serve as a gateway to future voluntary treatment participation. That offenders remain in treatment is essential, no matter its form.

Hanson & Brussiere (1998) found only a 13.4% level of recidivism for offenders who had successfully completed a coerced treatment program. Though this study monitored participants for only five years after the completion of treatment, that many offenders were affected by its outcome is evident. In studies with long term follow up periods, recidivism levels almost never exceed 40% (Hanson & Brussiere). Many sex offenders, therefore, can profit from treatment in a coerced setting.

There are four basic types of treatment currently available to sex offenders. Behavior therapy focuses on teaching an individual to become aroused by appropriate sexual stimuli. A specific form of therapy is behavior modification, which is administered during incarceration (Berlin, 2000). Behavior therapy, when accompanied with cognitive behavioral treatment, is especially effective in preventing an offender from recidivating (Burdon & Gallagher, 2002).

The cognitive-behavioral treatment method can provide insight into an offender's pattern of thought. Psychologists who employ this method encourage offenders to understand the basis for their deviant sexual interests and subsequently halt their deviant sexual behaviors because they understand the thoughts that pre-

cede them. Cognitive behavioral is the most frequently used treatment for sex offenders (Nevid, et al., 2000), helping individuals identify and correct maladaptive beliefs, automatic types of thinking, and self defeating attitudes. Cognitive behavioral treatment is commonly administered in the form of group therapy, in which offenders are able to openly share their cravings and desires within a supportive community (Berlin, 2000). Viewing others with similar problems helps offenders to remain in and complete treatment (Burdon & Gallagher, 2002).

McGrath, Hoke, & Vojtisek (1998) examined the effectiveness of cognitive-behavioral therapy when combined with program retention. That study, which examined 122 convicted sex offenders, grouped participants into three categories. Most of the participants ($n = 71$) were enrolled in the cognitive behavioral treatment regimen. In the second treatment group, participants ($n = 32$) agreed to enroll in non-specialized treatment. The third group of participants ($n = 19$) refused to take part in any kind of treatment.

The recidivism levels were viewed in terms of the amount of probation violations committed by participants. Results indicated that the offenders in the cognitive-behavioral treatment group exhibited a significantly lower levels of recidivism than those in the non-specialized treatment group and in the no treatment group. The participants in treatment, therefore, were less likely to recidivate than the individuals with no treatment.

Although researchers have demonstrated that psychological treatment is successful, sex offenders can also reduce or eliminate their sexual urges through biologically based treatments. Although many people argue that surgical castration is immoral, many offenders ask for this procedure (Burdon & Gallagher, 2002). Furthermore, the removal of men's testes does not eliminate their ability to perform sexually. A man without testes can still engage in sexual activities, but with the reduction of testosterone, his motivation to do so is reduced (Berlin, 2000). A castrated man can sexually satisfy his partner, even though his biological motivation to do is lessened.

Medication is another form of biological treatment for sex offenders. The main medication used to inhibit the cravings for sex offenders is methoxyprogesterone (Federoff, Wisner-Carlson, Dean & Berlin, 1992). This drug, similar to surgical castration in that it halts the production of testosterone, has become a welcome option to offenders wishing to stop their sexual urges. Of more

than 70 men treated with methoxyprogesterone at the John Hopkins Clinic, less than 10% relapsed into sexual deviant behaviors over a three-year period (Berlin, 2000).

Lumping all sex offenders into one category is unfair. There are too many variables, such as the circumstances that lead to their offense or their willingness to receive treatment, to take into account. Many sexual assaults are situational and not necessarily the product of habitually uncontrolled sexual urges. If an individual commits a sex offense, he or she should be punished, but to say that there is no hope for effective treatment is unfair and incorrect. There are many convicted sex offenders who want to eliminate their deviant behaviors and live a profitable, normal life in society. These people need treatment, and they can be treated successfully.

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Sex Offender Treatment: A Controversial Issue

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Somewhere in the United State today, an official either sentenced or arrested an offender for sexually assaulting a vulnerable woman or a young child. Somewhere else in America, an offender sexually assaulted a woman or child, and there was no report of the incident nor was there an arrest. Mish (1997) defined a sex offender as someone who “commits a rape, molestation, or sexual abuse either by coercion or illegal activity”. In 2000, a forcible rape occurred every 5.8 min according to the *Uniform Crime Reports* (2000). The number of sexual assaults in the country rises yearly. Statistics from the *Uniform Crime Reports* indicate that from 2001 to 2002, forcible rapes increased by 4.7%, following a 0.3% increase the previous year. Those findings aren't only frightening because of the increase in number of offenses, but also because the arrested offenders are often second or third time perpetrators.

Prentky, Lee, Knight, & Cerce (1997) found that recidivism for a one year period following incarceration was 14%. They also found that after five years, recidivism increased to 37%, and again to 75%, 25 years after release of the offender. The phrase “following incarceration” is important because the accompanying statistic is only for convicted sexual offenders.

Laws regarding sex offenders are based on the current information of treatment effectiveness. To date, the literature on sex offender treatment is inconsistent and the measures indicate a severe lack of coherence. Current treatment for sex offenders is not effective and should not be used to allow society and policy makers to decide ultimate laws based on the current idea that sex offender treatment is effective.

The inconsistencies found among different studies lead a person to believe that current sexual offender treatment programs are not effective and therefore not able to prevent future assaults. Even those who work in treatment settings with offenders are pessimistic about the effectiveness of treatment (Eisenmen, 1991). This view is because so many sex offenders, who are labeled as treated sex offenders, still chose to re-offend.

Lack of Agreement in a Definition of Treatment

Legal and psychological studies define sex offender treatment in as variety of ways. Generally, treatment is oriented toward preventing future occurrences of sexually inappropriate behavior (Marshall, Essles, & Barbaree, 1993). By this definition, treatment is anything that reduces an offender's likelihood of re-offending. Therefore, coerced group sessions and individual therapy sessions, civil commitment, and even forced chemical castration can be considered proper, effective forms of treatment. By contrast, the majority of treatment programs view simply completing a treatment program as treatment success. Ward & Stewart (2003) stated that the current approach to treatment, such as the treatment completion criteria, is limited and ineffective. Simply completing treatment does not guarantee that an offender has internally changed his desire to offend or that he will not re-offend. As a society, we need not accept an offender who simply completed his prison sentence as a treated sex offender.

In some instances, professionals give offenders the option of treatment in prison. Marshall, et al. (1993) found that some treatment programs are used as leverage for leniency in overall sentencing and to obtain favor with guards and the legal system. However, this coercion and false cooperation contribute to a lack of sincere internal motivation for change in behavior. Externally motivated, acceptable behavior only encourages offenders to display the fraudulent appearance of progressing towards goals, simply to secure these privileges (Marshall, et al.). Thus, these treatment programs lack efficacy to produce effective change in thoughts and behaviors.

Another common treatment method that relies on external motivators for outward change is chemical castration. This treatment requires offenders to take medication to prevent future sexual offenses. The offender does not change his beliefs or express a desire to stop perpetrating. Furthermore, with physical or chemical castration, actual sexual penetration may not occur, but other sex crimes are possible. The use of chemical castration may lower levels of testosterone, but it does not affect any psychological disorder or sexual orientation the offender may have (Berlin, 2000). Using this treatment method to prevent future sexual offenses is not effective because the offender is only externally motivated to change and not internally motivated to alter his behavior (Berlin).

Berlin (2000) also reported that some offenders, who had been castrated, still reported difficulty in controlling their sexual impulses even with the help of counseling. This finding supports the conclusion that if offenders are only motivated by external motives, they will revert to their offending behavior once those motivations for changes are gone.

The Heterogeneity of Sexual Offenses

One reason for the difficulty in treating sex offenders is the heterogeneity of offenders and the sexual offenses. Offenders in treatment are often treated with the same programs even though their actions (crimes) and motives for these actions were very diverse. The punishments for sex offenses are diverse because the crimes and offenders are diverse. However, research has largely examined offenders as a homogeneous group and skewed the effectiveness estimates for treatment. Marshall, et al. (1993) found that facilities ignored individual differences when designing overall treatment programs. Sex offenses include voyeurism, frotteurism, exhibitionism, child molestation, and rape (Berlin, 2000). Sex offender treatment programs need to be individualistic and fit the particular offender and the offense. Professionals should examine and treat offenders separately, but even more recent studies have yet to do so. Individualistic, effective treatment programs do not currently exist and cannot be established based on data that does not represent each type of offender.

Marques, Day, Nelson, and West (1994) found that along with the heterogeneity of sexual offenses and sexual offenders there were a variety of outcome measures. Having multiple measures creates a problem in determining the effectiveness of sex offender treatment because there is no agreed upon outcome criterion. The most widely used outcome criterion is recidivism. Researchers typically consider recidivism the actual level of re-offense as measured by a formal charge or conviction (Marques et al.). However, studies differ and some studies only define recidivism as a conviction for the same sex offense, other studies determine recidivism based on an offender committing any criminal offense, sexual or nonsexual. Groth, Longo, & McFadin (1982) found that offenders commit two to five times more sex crimes than arrests. Undetected recidivism occurs because offenses are only recorded when offenders are arrested or convicted of another sex crime.

Using Legal Charges and Conviction Levels as the Primary Outcome Measure

Lisak and Miller (2002) found that over half of rapists go unreported and repeat their offenses, along with other forms of violence, abuse, and child molestation. Another shocking finding was that officials estimated these unreported offenders committed approximately six rapes each (Lisak & Miller, 2002). Along with this lack of reporting, many sex offenders commit their first offense as juveniles. When these offenders re-offend as adults and because their juvenile records were sealed, the re-offenses are not legally considered re-offenses. Thus, there is an underestimation of number of sexual offenses by re-offenders.

Another distortion in the incidence of recidivism occurs when sex offenders commit re-offenses after they are released from parole or probation. If the offender was arrested for sexual assault after the completion of parole or probation, he may not be recorded as a re-offender because punishment, the requirement of probation, has ceased, and he is no longer monitored (Groth, et al., 1982). Therefore, there is an underestimation of recidivism.

Other distortions of recidivism occur when an offender attempts assault and is unsuccessful because the victim escapes or is rescued before the crime is committed. Current literature supports Groth, et al. (1982) in the consensus that using recidivism as the outcome criterion of a program's effectiveness in rehabilitating rapists and child molesters is not sufficiently reliable. If the main measurement of treatment effectiveness is unreliable, researchers and program coordinators cannot, and should not, be confident in the results of program effectiveness.

Although officials do not uniformly support treatment, it is used in monitored prisons and correctional facilities. This use is cause for concern because the majority of current levels of recidivism greatly underestimate the number of sexual offender perpetrations. One study (Hanson, Bloom, and Stephenson, 2004) used recidivism data and controlled for the aforementioned problems. That study, which has a high level of validity and reliability, found that recidivism levels for treated and non-treated sex offenders do not differ. Therefore, when investigators controlled for extraneous variables known to hinder validity, treatment was ineffective.

Lack of Consistency Between the Treatment Setting and the Societal Environment

Currently, professionals conduct treatment programs in controlled and supervised environments in which offenders do not have contact with the outside world. In this controlled environment, offenders are not exposed to vulnerable populations. Eisenman (1991) confirmed that often times during treatment, a change in behavior may be observed in the therapy setting. But, offenders cannot generalize their behavior outside the setting because the outside world is very situational and unpredictable (Eisenman). Offenders in prison do not have the opportunity to interact with those who have been victims and thus learn to think and act in appropriate ways (Burdon & Gallagher, 2002). Therefore, therapy lacks in providing real world experience and the crucial practice of self-help.

Ultimately in the real world, offenders choose whether or not to re-offend. If offenders do not establish an appreciation for the effects their actions have on others, they will not be able to lead a productive, non-offending life. There is no way to test accurately his empathy and remorse outside of the therapy setting. Therefore, because the therapy setting and the outside circumstances are so diverse and inconsistent, neither the public or professionals can assume that the actions in the therapy environment will generalize beyond the prison.

Treated and Non-treated Sex Offenders are not Significantly Different

A recent study has improved on the problems with other studies and treatment programs (Hanson, et al., 2004). This study found that the level of recidivism for treated sex offenders was 21.1%. This percentage is not significantly different than the 21.8% of non-treated sex offender who also repeat sexual offenses. The investigators also found that treated and non-treated sex offenders were similar in recidivism for violent and general offenses. This study is unique and valuable because during the 1980's Correctional Service of Canada began requiring all sex offenders to attend treatment session upon their release from prison. This circumstance allowed the study to compare an unselected treated group to an unselected non-treated group of sex offenders. The courts had sentenced all the men in this study to at least two years in prison for sex offenses. Once released, researchers

assigned the men to the treatment or non-treatment group based on their release date.

This study improved on other studies because it was relatively large, $N = 721$, and it specifically defined treatment as weekly treatment session for offenders. Treatment began following offenders' release, and this condition eliminated the desire to change for only external motivations. The study explicitly defined recidivism as a charge or conviction and then as a sexual, violent, or general offense. Offenders could be in the community as well as attend treatment sessions, thereby overcoming the differences between treatment in a monitored setting and the real world (Hanson, et al., 2004). Previously, Furby, Weinrott, and Blackshaw (1989) concluded that treatment alone was ineffective and therefore not acceptable. Lisak and Miller (2002) found that rapists, who had gone through treatment, still re-offended at a level of 39% and had a reconviction level of 20%. Treatment may reduce recidivism for a period of time, but, society should not accept a reduction in recidivism as evidence to allow sex offenders back into the community.

Conclusions

Society must punish offenders for committing the crime and prevent them from committing another crime. Because sexual offenders not only commit a crime against one person, but also poses a future threat to society, officials must incarcerate offenders, monitored them if they are released, and notify the neighborhood and surrounding area for societal protection. Marshall, et al. (1993) reported that sex offenders comprehend that their acts are criminal and therefore punishable by law. Limitations placed on sex offenders are part of punishment, and must be enforced.

Accumulated evidence indicates that sex offender treatment programs are ineffective. Moreover, for effective treatment of some offenders, they need merely complete a treatment program. Society does not want a man living next door who is considered a treated sex offender merely because he simply attended all mandated treatment programs. Guaranteeing that he will not re-offend is impossible. The only way to guarantee that an offender will not re-offend is to keep him away from circumstances that would permit another offense. The most obvious place for security is prison. Based on the depth of the literature, treated sex offenders will re-offend at the same level as non-treated sex offenders, and therefore treatment alone for sex offenders is not acceptable as a means to allow them back in society.

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Psychological Analyses – Dramatic

Girl, Interrupted: A Diagnostic Evaluation of Mental Disorders

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The movie *Girl, Interrupted* (Konrad & Mangold, 1999) is the story of an 18 year-old girl, Susanna Kaysen, played by Winona Ryder, who was admitted to Claymoore Psychiatric Hospital. The movie is based on the autobiographical book of the same title, and Angelina Jolie won an Oscar for best supporting actress for her portrayal of Lisa Row in the film. Susanna's experiences occurred at Mclean Hospital—the actual hospital in which she resided—in 1968. The purpose of this article was to evaluate and diagnose the two main characters in the film using the *Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV-TR)*. The *DSM-IV-TR* (2000) published by the American Psychiatric Association is the primary reference used in the United States to diagnose psychiatric or psychological disorders.

Accurate portrayal of mental illness in motion pictures is particularly important for two reasons: public education and for use in therapy as an adjunctive (out-of-session) assignment. The movie *Girl, Interrupted* provides a very accurate description of Borderline Personality Disorder (BPD) and Antisocial Personality Disorder (APD).

Hyler, Gabbard, and Schneider (1991) suggest that stigmatization of the mentally ill through movies and television has a very strong, and likely underestimated, influence on public perception. Creating realistic pictures of mental disorders is important to dispel false notions held by the public (e.g., all patients with mental disorders are dangerous). Second, movies such as *Girl, Interrupted* can also help clients in therapy. Research has shown that use of autobiographical works centered on mental health patients in psychotherapy can be helpful to recovery (Clifford, Norcross, & Sommer, 1999). In their review of such autobiographical works, these researchers found that therapists rated the novel *Girl, Interrupted* in the top

five of helpful resources in therapy. When such autobiographical works are available in video format, such as the motion picture version of *Girl, Interrupted*, the assignment of viewing such works would be a convenient way for patients in therapy to incorporate this assignment into their therapy. Thus, the current article focuses on describing the realistic portrayal of two of the major characters in the movie, Susanna Kaysen and Lisa Row.

Susanna

Susanna's symptoms are consistent with BPD. The *DSM-IV-TR* (2000) describes BPD as "a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity..." (p.706). The symptoms of BPD include frantic attempts to avoid abandonment (whether real or imagined); a history of intense yet unstable interpersonal relationships; unstable sense of self-image; potentially self-damaging impulsive behavior in at least 2 areas such as sex, substance abuse, or reckless driving; suicidal behavior such as self-mutilation or threats of suicide; emotional instability and markedly reactive mood; chronic feelings of boredom or emptiness; intense and inappropriate anger and outbursts of anger; and/or brief episodes of paranoid ideation or dissociation that are related to stress (APA).

In the movie, Susanna Kaysen displays many of the *DSM-IV-TR* diagnostic criteria for BPD. Susanna appears to have very intense and unstable intimate relationships with others including her boyfriend, a married professor with whom she had an affair and a Claymoore orderly. The sexual experiences with her boyfriend and the orderly happen within the same day, which also demonstrates potentially self-damaging, impulsive sexual behavior. Susanna's volatile friendship with Lisa, another patient at Claymoore, also illustrates her lack of stable relationships. At some times in the movie, Susanna and Lisa are inseparable and depend greatly on one another, and at other times, they seem to despise each other. Susanna's unstable self-image is portrayed throughout the movie in terms of her inconsistent thoughts and actions and lack of motivation and discipline. For example, she mentions her interest in becoming a writer but does no planning for a future as a writer, showing an inconsistency in what she wants and what she actually does. Further, in her meeting with her guidance counselor, Susanna states that she has no wish to go to college or plan for her future, again demonstrating instability in self-direction.

Susanna demonstrates potentially self-damaging impulsive behavior on several occasions. First, there are several impulsive sexual relationships with men. She has

sex with her boyfriend and an orderly on the same day. Second, she shows impulsive behavior in escaping and running away from Claymoore when she and Lisa hitch a ride with a van of hippies. Finally, she engages in another impulsive behavior, substance abuse, when she smokes marijuana after her escape from the hospital.

Susanna demonstrates recurrent suicidal ideation and attempts, affective instability, inappropriate anger, and emotional instability. At the onset of the movie, she overdoses on pills illustrating an attempt to take her own life. Further, she appears to have frequent thoughts of death, which she expresses to her boyfriend. Susanna also displays affective instability. While in the bathtub, she flies off the handle and viciously degrades a nurse in an episode of severe dysphoria. This outburst also provides evidence for the symptom of inappropriate and intense anger. Susanna also portrays emotional instability in her relationship with Lisa ranging from appearing quite happy when they are running away together to her severe depression and hatred of the world when Lisa is taken away. This episode also suggests that Susanna experiences significant feelings of abandonment when separated from Lisa. Thus, Winona Ryder's portrayal of Susanna Kaysen represents a very real depiction of a patient who meets clinical criteria for BPD.

Lisa

Lisa Row was a patient who befriended Susanna when Susanna felt lost and alone after her admission to Claymoore. Lisa repeatedly caused problems on the ward and appeared to enjoy causing problems for those around her. Lisa's symptoms are consistent with APD as described in the *DSM-IV-TR* (2000). There are seven symptoms associated with this personality disorder. They are: failure to conform to social norms dealing with unlawful behaviors, deceitfulness such as a tendency to lie or con others, impulsivity or failure to plan ahead, irritability and aggressiveness present through physical encounters or assaults and disregard for the safety of others, consistent irresponsibility, and lack of remorse evident through the rationalization of having to mistreat or hurt another.

Lisa exhibits many of these symptoms. She displays a failure to conform to social norms, unlawful and deceitful behavior, impulsivity, physical aggression, and manipulation and mistreatment of others. In a scene in which she confronts a character whose husband has previously slept with Susanna in an ice cream shop, Lisa refuses to conform to social norms by creating a very rowdy scene. Her unlawful behavior consists of stealing

and physically threatening several patients in the hospital. For example, she steals a post card addressed to Daisy, another patient in the hospital, beginning a chain of events that eventually lead to Daisy's suicide. She also shows deceitful behavior with Susanna, Daisy, and the ward nurses. An example of this deceitful behavior is reading Susanna's diary to the patients to punish Susanna for leaving the hospital.

Lisa shows impulsivity when she runs away from the hospital with no regard for herself or others and with no thought of consequences. Her physical aggression is apparent in many scenes, including her initial meeting with Susanna, in which she pins Susanna against the wall and proceeds to slap Georgina, another patient at Claymoore, across the face. Consistent irresponsibility is displayed in her daily actions, from her antagonizing behavior with the other girls in the hospital to the positions she puts others in, such as when she and Susanna escape from Claymoore to Daisy's house. Lisa has no remorse for her mistreatment of others, which is apparent when she drugs a nurse with no second thought.

Lisa shows a gross lack of sympathy near the end of the film when she comes upon Daisy's lifeless body after Daisy has committed suicide and takes money from Daisy's dead body. She repeatedly puts down others and manipulates them for her own gain as illustrated when she mocks Daisy about her addiction to pills and her disordered eating. The movie depicts her inflated sense of self-esteem when she expresses her unrealistic goal of running away from Claymoore to become Cinderella at Disney World, despite the fact that she has never held any meaningful employment. She displays a glib style toward some of the workers and other patients in the hospital when she tries to charm them to get what she wants. For example, she preoccupies the nurse by engaging in friendly conversation to keep her away from Susanna's room. These samples of Lisa's behavior are consistent with criteria for APD.

Summary and Conclusions

Girl, Interrupted takes a personal look into the minds of two troubled young women in the social context of the late 1960's. Susanna struggles with BPD, but with the help of therapy, she regains the ability to function normally and leaves Claymoore with the label of "recov-

ered" Borderline. In contrast, Lisa maintains her disregard for and violation of other people even with the introduction of drugs and therapy, and she shows no signs of present or future improvement. Lisa's lack of progress demonstrates that APD generally has a lifetime course (DSM-IV-TR, 2000).

The portrayal of these two characters accurately depicts complex psychiatric disorders, providing the opportunity for viewers to diagnose them. Further, the realistic portrayal of individuals with mental illness in the film serves to educate the public about the lives of people experiencing serious disorders. Such public education is important to remove or counteract the stigma associated with mental illness, a stigma that is perpetuated by some motion pictures that portray those with mental illness as homicidal maniacs (Hyler et al., 1991). Finally, the accurate portrayal of mental illness in motion pictures such as *Girl, Interrupted* also provides an opportunity for such movies to serve as adjunctive materials that may be helpful for clients in psychotherapy (Clifford et al., 1999).

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Psychologically Speaking: An Interview with Robin Anderson

Starlyn Isaacson, Lisa Susnjar, Roxanne L. Sullivan, and Mark E. Ware

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Dr. Robin A. Anderson received a bachelor's degree in psychology from Indiana University and her master's and doctoral degrees in social psychology/health and behavioral science from the University of Iowa. She is currently a professor of psychology at St. Ambrose University in Davenport, IA. St. Ambrose is a small liberal arts university serving both traditional and non-traditional students in a wide variety of disciplines at both the undergraduate and graduate levels. As with most institutions of its size, the focus at St. Ambrose is on teaching and faculty-student interaction.

During her tenure at St. Ambrose, Dr. Anderson has been an advocate for undergraduate research in psychology. Her students have carried out research projects on several social and health psychology topics, including helping behavior, attitudes towards HIV, and perceptions of the health of student athletes. Dr. Anderson's students have presented their research at the American Psychological Association (APA) Annual Meeting, the Midwest Psychological Association (MPA) Annual Meeting, the ILLOWA Student Psychology Conference, the Tri-State Undergraduate Research Conference, and the Nebraska Psychological Society Convention. Dr. Anderson has served as a reviewer for the Journal of Psychological Inquiry (JPI).

Dr. Anderson was the keynote speaker for the Tenth Annual Nebraska Psychological Society Convention at Bellevue University in Bellevue, NE in November 2003. Dr. Anderson was selected as the keynote speaker because of her dedication and support of student research, which is an important focus of the Nebraska Psychological Society. Her talk, "Empathy: Altruism, Biases, and the Brain," examined current psychological and neuropsychological research on empathy. During her presentation, she emphasized the influence of undergraduate research on addressing this issue and discussed research projects conducted by her students. Dr. Anderson was interviewed by Starlyn Isaacson of Bellevue University and Lisa Susnjar of Creighton University, as well as Dr. Roxanne L. Sullivan, Associate Professor of Psychology at Bellevue University, and Dr. Mark E. Ware, Professor of Psychology at Creighton University.

Isaacson: I would like to start with how you got involved in psychology. I'm really curious about your background. Did you go through many different majors? Were you curious and just fell into it? Was psychology something that you really looked toward when you were younger?

Anderson: Well, when I was younger I liked to play the psychologist. All my friends would tell me their problems, and I would solve them for them. I thought, "Oh, I am going to be a clinical psychologist. I am going to be like Freud. I am going to have people lying on the couch telling me their problems. Maybe I will work with kids and be a child psychologist." Then I took my first psychology class. I was at Indiana University, and intro psych was a two-semester course. My professors started talking about the brain and the nervous system and the structure of the eye, and I flipped. I thought, "This isn't psychology." I thought, "I'm not going to do this," and I switched my major to elementary education. And I thought about going into special ed, but I was still rather reckless, academically, and I really wasn't prepared for that. I had one more semester of student teaching, and I would have been done with my degree in education. I took an educational psychology course, and I discovered that this was where my heart was. I went back to psychology, but I was actively discouraged by an advisor who said, "You'll never get into a graduate program. Don't bother." I developed a reactance mode and thought, "I'll show you." I did very well in psych classes and got super involved because I realized that I was at a disadvantage. The nice thing about being at a big school was that I could work in many different labs. I worked in some clinical labs identifying and training children who were at risk, identifying parents who were at risk with their children, and assisted with studies examining alcohol and aggression in a clinical setting.

Ware: And this experience was while you were still an undergraduate?

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...I just didn't want to be a clinician. I found so-called "normal" people confusing and interesting enough...

Anderson: Yes. I was just working in every lab that I could get in. I had a checkered academic background so I really had to make up for lost time and build some credits in my favor. But it became clear to me that I just didn't want to be a clinician. I found so-called "normal" people confusing and interesting enough that I thought I didn't want to get into disordered behavior. So I started gravitating toward social psychology. I began doing some research in social psychology and while at Indiana did research that led to a *JPSP* publication. That surprised me. I remember picking social psychology while filling out graduate school applications. On applications, you had to choose a specialty, and I wasn't 100% sure. I thought everything is social in a way, and I could probably move in any direction I wanted if I chose social psychology.

I went to graduate school at Iowa in social psychology, and I started looking at stress from a social angle. They were starting to develop a new program in health and behavioral science. They asked if I wanted to be one of the first students in their new program. So I did a dual program in social psychology and health and behavioral science. Not health psychology from a clinical perspective but from a social side. So that was how I got there.

Influential Individuals

Susnjar: Were any of your professors in your undergrad career influential in getting you involved in research, and how did you come to being interested in that?

Anderson: That's such a great question. I had a professor in undergraduate school named Jerome Chertkoff. He was very much a traditional social psychologist in his focus on group dynamics and empirical research. I just loved classic social psychology. I thought that information was so neat. Because I had the class in the summertime, there were only 30 students in the class, and I got a little bit more attention. I made more of a connection with Dr. Chertkoff than with other professors because we were interested in similar topics. He presented that information for me in a way that I thought was very

interesting. The same summer that I took that class I would sit in this little window in my dormitory, which looked out over the campus quad. I would read something, and I would look out the window and say, "There it is!" And so that combination of things really sparked me. He was open to letting me work with him and develop my own ideas instead of just plugging into someone else's research. He would ask, "What are you interested in doing?"

I had another professor, Eliot Hearst, who taught a course in the history of psychology, and he was the kindest, most wonderful man. He was buddies with B. F. Skinner; they played chess together. He was really tough, but he was always there for you. He would sometimes come across as hard to approach, but he was the gentlest, nicest person. He was willing to do anything to help you. He was the first to say to me, "Did you ever think about graduate school?" and I just thought he was crazy. I thought nobody would ever accept me, and he said, "You have done great work in the last few years—all your work in research." He recognized I had a genuine interest for research in psychology. These two professors were really, really influential for me.

Isaacson: I was looking at the syllabi from some of your classes, and they gave me much information about you. Do you think that you took your teaching techniques from your teachers because I noticed that you are motivated and willing to work with students. Do you think that you got that from those professors?

Anderson: Well, that's an interesting question. Indiana University is a huge school. It was a wonderful school with great experience professionally, socially, everything. I loved it, but I fell through the cracks. They didn't really care because they knew there were more students where I came from. Maybe that's changed now, but those big schools do have that tendency. You really have to go looking for somebody to support you and help you. You really have to put in that effort, and the same thing was true at Iowa.

When I taught there, one of my social psychology classes had 400 students. I couldn't get to know my students very well. So I purposefully went to work at a small institution where I could get more contact with students. I don't think students always like the answers I give in terms of how I can help them, but I try really hard to have all students meet with me. I help them identify what they're good at, discuss

what they need to work on, and encourage them to bring their work back to me, and we'll work and review together. I think working together is the key.

Isaacson: So it is partially by past experiences?

Anderson: Yeah, and the environment at St. Ambrose is very student-centered.

Research: Benefits to Students, Universities, and Society

Susnjar: Do most of your students approach you asking to do research or do you approach those whom you see as having potential?

Anderson: Whether they appear to have potential to do original research or not, I think there's room in the research process for everybody to be involved and to learn something. One thing you learn doing research is that you can't do it by yourself. Well, maybe you could, but it would be lonely, and it would be frustrating. I think it would be awfully difficult to do it well. So you need many people and people are at different levels. If someone wants to code data or collate the questionnaires, that would be great.

Last year some students were coding their data and discovered that one of their questionnaires was missing a page. Fortunately, we had collected enough data on other issues that we could still address some interesting issues. But the students were disappointed. If we had someone coordinating the stimulus materials, it would have been a tremendous help.

Following receipt of tenure, I said my plan for the next five years was to get students actively involved in research and for them to be models for one another. At St. Ambrose, I teach four classes each semester, which is a lot of class work. I really don't have time to have my own ongoing research. I also don't have the facilities. So what I try to do is get students involved in research in a variety of different ways. I'm still experimenting with all the different approaches. Some approaches have been more successful than others, and sometimes it depends on the semester, the student, and the topic.

I try to get students involved in research and try to do it in a visible way. I make it very clear in the classes, sometimes even the intro classes. But sometimes I have to push a bit, and I say, "Come on guys." Once

they get into the process, a few students describe it as a considerable amount of work and never want to do it again. I think it is important to learn what you don't like; you learn something about yourself. For example, when I got involved in clinical research as an undergraduate I realized that I didn't want to do that. I think that was really important for me and probably for any potential clients that I might have had. You have to find yourself. But when exposed to the research process, some students really show great initiative, drive, promise, and skills. Those people I push a lot harder and try to get other students in on their projects.

At past research conferences, I've found that a majority of the research fits very clearly into the area of social psychology and much of the other research is very closely related or relevant to social psych. Social psychology covers much ground, and it works well with undergraduates, although I usually let my students' interest drive the research topic. If they pick something that I'm totally clueless about, I let them know. If they really want to do it, I'll do my best to learn about that topic. Usually students pick topics that are interesting to me, and it's a nice opportunity to learn something new. Their interest really drives much of what I do.

Susnjar: Do you think colleges, universities, and professors do enough or require enough research?

Anderson: No, No!! We say that research is very important, but I think we don't really provide as many opportunities as we should, and those opportunities should be available to students at all levels. The focus on research activity encourages students to come up with original ideas, sometimes do original research and train them to think like psychologists and scientists even if they're not going to become psychologists. Those skills, including organizational skills, speaking skills, and critical thinking skills, are very important.

...focus on research activity encourages students to...think like psychologists and scientists even if they're not going to become psychologists.

Ware: Would you elaborate?

Anderson: These opportunities can teach so much. Once I had a theology major, and he took some very difficult classes in research methods and experimental psychology from me. His girlfriend was a psych major, and he was interested in what she was doing and was taking some classes with her. I asked, “Why are you taking these classes? They have a reputation of being pretty hard.” He said, “It makes me a better thinker.” He really felt that the research experience made him a better thinker. He thought he could think more critically; think about some alternative explanations or how we might rule out certain variables.

This way of thinking is so important even if you’re only a consumer of information, and that is all most of us will ever be. For example, we are consumers of information when we hear people interviewed on the Today Show or Good Morning America, or Dateline make some claim. Many programs from the mainstream media make outrageous claims about the sexes. Often the terminology is simply not appropriate, and they imply differences that don’t really exist or explanations that are inaccurate. We should try to understand the basis for their statements or the evidence for what they are trying to say. We can ask about the basis for the evidence. Who the people are on whom they based this claim (i.e., what is the sample)? What are alternative interpretations? Is there additional evidence?

Thinking through the issue in a more conscious and formal way, I think, is really very important and valuable, and students can acquire those skills and perspectives from research. They may even obtain an appreciation of what goes on behind the scenes. William Proxmire was a senator who used to give out an award called the Golden Fleece Award to the research that he thought was the most ridiculous use of taxpayer money.

He gave the first award in 1975 to the National Science Foundation for supporting research conducted by major researchers in attraction, who were studying why people fall in love. Proxmire argued that you shouldn’t even bother studying this sort of thing. Our former students may end up on some legislative or other committee that funds research, and they should have at least an appreciation of why research is important.

Susnjar: What do you think about funding for under-

graduate research? Do you see a lack in funding for undergraduate research?

Anderson: Yes

Susnjar: I went to the Council on Undergraduate Research (CUR) convention in Washington, DC a couple of years ago and lobbied for funding from members of Congress. The experience was huge, and something that I was never aware needed to be done. How do you think we can increase funding like that? What steps? Do you think people just don’t realize the importance of research?

Anderson: Oh boy—keep sending people like you to the conferences. How we should lobby is to have young, motivated students who are burning or motivated or interested or intelligent who will take those steps and say, “Look I’m here and we’re getting neglected. This is really important.” We must find room for students to do research and not just canned experiments. I think some of those lab exercises are really important, and I am sure I learned some important things from them when I was an undergraduate, but they just made me itch to go do my own stuff.

I would like to find some funds for the type of student research I do. All the funding seems to be for students late in their undergraduate career and who have specific projects laid out. I would like to see funding for the kind of stuff I do with students, often early in their schooling. We really don’t know exactly what direction we will end up with our research. My approach is to use research as a teaching tool. It’s a pedagogical technique. And we come up with something, and we make this happen. Because of the money issue, I have been specializing in low budget experiments and don’t need computers.

Our biggest expense is photocopying. But the funding issue for me at my school is that I do this research on top of my class load of four courses per semester. It’s a lot of work. It’s a ton of work, and I love it. I think, “If I had to give up a class, what would I give up?” And I don’t know; I love them all.

Ware: Chemistry, biology, and physics still do those canned demonstrations. My experience with psychology instructors has been that they are much more open to having students come up with ideas, and even if they are corny, instructors let students try them. Let students discover the pros and cons, rather

than give them the handholding approach.

Another important issue in teaching and conducting research is ethics, which is critical.

Anderson: I have found that this approach has surprised some people in other disciplines. The attitude seems to be that student-initiated research is something more for masters-level students. I have heard that idea quite a bit.

Another important issue in teaching and conducting research is ethics, which is critical. Not only do you have to propose a study, but it must be ethical. We have our IRB, our Institutional Review Board, and we have to write the proposal, have everything ready to go, and submit it for review. All of that takes time. I think that uncertainty throws a monkey wrench into the situation for undergraduates because you may not know at the beginning of the semester exactly what you will wind up doing at the end of the semester. I teach students that ethics are important—student may pull out their hair over it, but we must do it. That step makes the research process more time consuming than using canned labs.

Ware: Lisa, you are smiling and nodding knowingly.

Susnjar: I was just thinking about my experience in our experimental psych class. It took forever; the process was long and drawn out. I was really discouraged from even wanting to do my research because I kept thinking, “Gosh, it is so long. We are going to have only two weeks by the time we get it approved.” I would have preferred a two-semester course so that we could take our time to do more background research on the issue. The project seemed so rushed, and it was frustrating to me because the review process took so long.

Sullivan: And that is part of the reason we do the course over two-semesters at our school.

Isaacson: We have touched on ethics, but I haven’t experienced that difficulty yet because I am only in Introduction to Psychological Research. We will have the actual research next semester. We do have two semesters, and we are not stressed about it.

Anderson: The ethics committee is your friend. I mean

they are there to help you do good research. They are not there to say “No! No! No!” although you may feel that way. I had an interesting experience with my students. They did an experiment on normative social influence in a collaborative testing situation. They had experiences taking collaborative tests that led them to believe that because of them, they were getting a lower grade. I said, “WHAT?!” So they did a study that was basically an Asch-type conformity study in which they had participants take an exam alone. All participants got the exam questions correct. Then participants took the exam as part of a group, and the confederates gave unanimously incorrect answers for two items. We found that people conformed even when they believed they were right. Originally students planned to use even more deception. I said, “You cannot do that!” I told them that they could not do their original manipulation, and they were very upset with me. They thought that I ruined a beautiful study; it was a beautiful study! I ruined it because I said, “You will never ever get this approved by the ethics committee, and it should not be approved—tone it down.” They were really grumping at me, but they toned it down, and they got it approved by the ethics committee.

Once they got through all that, the students had a realization why that happened, why we went through all that with the ethics committee. They were sitting in a room with a one-way mirror watching their study in progress. As toned down as they had made the study, they saw that participants were uncomfortable in that situation, where they experienced disagreement with what they knew was correct. The student researchers found the situation very disturbing. They were quite upset that they had actually done that to these people. We thought that was a great lesson. This incident illustrates the value of an ethics committee.

Ware: I’m curious about whether you have been in touch with former students. What are they doing now? What did they find helpful or useful while students at St. Ambrose?

Anderson: I do have quite a few former students who contact me. Most of our students pursue social work, masters-level counseling positions, business, and management. But some of them are in other disciplines such as accounting and law school. They say that research experience was really good; it really helped them, including the writing component. They make comments such as, “I really hated that you

made me do all that writing, but now I am really grateful.” So I do get people coming back and saying one of the most important things they took from their undergraduate experience was the research experience, even for the students who didn’t go into psychology. I hear about the writing a lot. Even though at first they might have said, “Why are you making me do this? This isn’t a writing class.”

Research Opportunities for Students

Ware: Would you talk about what cognitive and affective reactions your students have when they’ve accomplished a presentation (e.g., ILLOWA, MPA, and APA) or publication (e.g., *JPI*)?

...a critical part of students doing research is communicating it.

...They can discover that research is a community effort, that science is a community of people thinking about things in different ways and transmitting their ideas and findings to others.

Anderson: I am glad you asked that question. I think that a critical part of students doing research is communicating it. That is very important. They can discover that research is a community effort, that science is a community of people thinking about things in different ways and transmitting their ideas and findings to others. Students can go to undergraduate research conferences to present their work. That is the best part—that is the icing on the cake! The students come out of it, and they are just so high. They see themselves differently. They feel so great about what they did. They are so happy. They are so pleased. They see their research as something a little bit more valuable than they had before. They know that this research is not fabulous or earth shattering, but they have nearly all come out of the experience of presenting their work feeling quite good about their products and their role.

I have a requirement now in my classes that students

must present their research. Students in the fall classes don’t make the Tri-State conference, but they have to prepare a poster at the end of the semester and display it in the Psychology Department hallway. Most of those students say, “We got this work done, let’s go to ILLOWA next semester!” In my spring classes, I require them to go to ILLOWA. I am sure that doesn’t go over very well with them initially. There are always a couple of them who think that this requirement is boring, but mostly the students get tremendous charges out of doing it and feel very good about themselves.

We just got the letter that Julie Stopulos’ manuscript (Stopulos, 2004) was accepted for publication in *JPI*, which was quite an arduous process. I am really impressed at the reviewers’ comments, and I want them to keep up those standards. Julie sent me all “yippee” emails. She was just so happy, and I told other students at Ambrose, and they were all excited for her! Some said, “We want to do that, too!” That excitement is very important. I think that presentations and publications are an absolutely critical element in the research process. I even appeal to the sense of their resumes. Build your resumes even if you never go into psychology. Students are able to have a product of their own that they stand behind and can survive!

Ware: Lisa’s had that experience. Starlyn have you had that experience?

Isaacson: Not in psychology, no. We did one in my sociology class. We did a research project, but it was very informal, just to get our feet wet. I found more flaws than positives out of it, but I hope I can use that experience in my research proposal this year and not repeat the same mistakes.

Anderson: Oh yeah, that is really important too! That is why I think we need to do more of this type of process. We shouldn’t underestimate our students. There is so much that you can do, and then you do it and not stop and say, “This was a dorky little project, and it didn’t come out either.” You build on that experience, and you take the next step. That a manipulation failed is okay or that you know you stuck your head in at the wrong time, or that you photocopied the questionnaires wrong. You see how the process changes, and even if you don’t do necessarily the next step in that line of research, you know a little better what some of the issues are.

Ware: Lisa, how about you?

Susnjar: Yes. I had an experience working with one of my professors.

Anderson: And where was CUR when you went?

Susnjar: It was in Washington, DC. The study was sex differences in visual spatial ability, and just that one study opened up so many more questions that I would like to examine from this perspective. I think that even though it may be some silly type of research, if it opens up questions for you and gets you thinking more about situations, I think it is a 110% worth it. That was really a great experience for me, and I was in my sophomore year in college. I never thought in a million years that I would be presenting research to fellow students, faculty members, and politicians.

Anderson: How did you get involved in that at such an early stage?

Susnjar: I had originally gone to Creighton as a pharmacy major, but in my intro psych class, I decided that psychology was what I should be doing. Pharmacy was really pushed on me by my family. I was not thoroughly committed to pharmacy. In my first intro class, my professor asked if I wanted to join her research team because she said she saw that my interest was there and my drive to know more about the field. In the spring of my sophomore year, we presented the results of the study. She had already begun some of that project before I joined the team, but two classmates and I were able to present the results. It was wonderful.

Anderson: That's nice. That's a great way to get started. And that is what I wish we had more of—to get students involved at the early stages of their college careers. As much as we can, we try to do that with the upper level students.

Susnjar: Just doing that and getting that experience at all would have been a highlight of my life, but being so young and knowing that I got in and did that made it all the more interesting and exciting. It was awesome.

Anderson: That is excellent. That is great!

Research Interests: Gender Stereotypes

Isaacson: I saw on your vita that you are interested in gender stereotypes, as well as stress and coping. Have you been able to figure out how to apply your knowledge of those topics to life? Do you think we are making a break through in gender stereotyping? You see TV everyday, and it is just horrible some of the programs they produce. They are so stereotypical, and it reaches to the general public. And I was wondering if you think that if people became aware of stereotypes we could change them? Or are we stuck with the stereotypes? Do you find yourself following the stereotypes?

Anderson: I'm raising a boy and a girl, and I try to fight it, but then I find myself falling into it. Their needs are so different. From day one, they were just interested in different things. I am the social psychologist in the family. My husband is a neuropsychologist and draws more from the biological perspective. I have definitely changed my perspectives on the issue of the balance of nature and nurture on this issue.

Doing research in social cognition and stereotyping, I am really an idealist, which is always a problem. I found this issue is really hard because so much of the research indicates that stereotyping is such a big ... it's a cognitive problem, well at least categorization is such a big cognitive process. At its most basic, the brain is a pattern detector. We look for differences. For example, infants can categorize, as well as pigeons, rats, and the like. We categorize salient external cues such as race, sex, and gender.

There is definite pessimism when you look at a statement, "Well gosh, isn't that just a normal cognitive process?" which means we must work extra hard to overcome it and try to negate some of those basic tendencies that we have (e.g., categorization, ingroup-out group biases, and categorization by sex). Applying this knowledge to the real world is really important and interesting to students.

You asked that question about gender specifically. One semester, my class in Psychology of Gender did a research project related to my own experiences. I had been sexually assaulted in college and the terminology, victim versus survivor, gets thrown around a lot, especially in the clinical area. The students decided to do a study in which they looked into the use of the word victim versus survivor and how people perceived a target, and they looked at men verses

women. The students became very interested in the topic and enthusiastically assumed responsibility for the project and its progression. Because of this revelation, they could pursue answers to questions in which they were interested. Half of the students collected data for two more semesters, and we got many other students involved helping out in the study.

Isaacson: I think one of the problems that I find is that the more I learn in my psychology classes, not to be unkind, but the dumber people are out there. I have been struggling with several things this semester. People are very similar; men and women are more alike one another than women are to each other or than men are to each other.

Anderson: In the story of gender, I start with ... well the end of the story. We really aren't that different. Why are we making such a big deal about the differences? But that's why students are there; they want to hear about the differences. I agree with you that it is discouraging. There is a book entitled *Why People Believe Weird Things: Pseudoscience, Superstition, and Other Confusions of Our Time* (Shermer, 1997). The book is wonderful! There is a chapter, called "How Thinking Goes Wrong," that is basically about social cognition and describes problems in thinking that lead us to believe weird things. He goes on to explain many anecdotal examples, such as, "Why are people so willing to accept claims that: 'The Holocaust didn't really happen.,' 'The moon landing didn't really happen,' 'Satanic cults are nearby and murdering children,'" but they are not willing to accept things such as the evidence for evolution or that memory is reconstructive.

Isaacson: You try to talk to somebody, just talking everyday conversation, and they ask you what your major is. "Oh, Psychology!" Then they start talking as if they know this concept and that concept—ideas that are coming from way out in left field.

Anderson: We have to clarify what psychology is. I mean there are two areas of psychology. There is pop psychology, and there is academic psychology. Most people are familiar with pop psychology, which is

The best clinical psychologists are the ones who are trained in that scientist-practitioner model.

overly simplified and often based on insufficient evidence. Some aspects of psychology do go beyond science (e.g., some aspects of clinical psychology are an art). But there is also the science of psychology. The best clinical psychologists are the ones who are trained in that scientist-practitioner model. My biased opinion is that not only do they know how to do it, but they know why. And they know how to ask the right questions. And we are losing much of that with some of the programs that are just about training and clinical issues and forget the research background. As academic psychologists, we need to realize that everyone thinks about other people. Non-psychologists have intuitive theories about themselves and other people. So we psychologists are always going to face that. We got into psychology because we were interested in it from just a very basic level. But we can try to teach others about what psychology and science is about. Sherman's book (1997) is a great place to start.

Ware: I was wondering if you have seen some of the "reality television" with its gender stereotyping?

On "reality television": *We could never do what they do as an experiment! The kind of things that they put people through could not be done in an experiment.*

Anderson: I don't watch much TV, but I am sure it is horrifying. I have never seen it. My reaction as a social psychologist is that we could never do what they do as an experiment! The kind of things that they put people through could not be done in an experiment. I remember when the topic of those shows first appeared on psychology listserves. "Hey, this new show is coming out, and it is called Survivor. Social psychologists should pay attention." I have never seen it, but I guess it didn't really pan out the way some social psychologists hoped it might.

Isaacson: I watch them because I am curious about how they can do this sort of thing and why. Why the people act the way they do when they are in those sorts of situations.

Anderson: The people are not representative. These situations are extremely artificial. The stereotypes that the media promotes really scare me! I think that gender stereotyping has gotten much worse. I look at my kids' school and the way the kids dress. They come home and say that boys do this and girls do that. I don't know....

Graduate School Advice

Ware: Do you have any comments or suggestions for students preparing themselves for graduate school?

Anderson: Adopt the graduate school model as soon as you can because it is not like undergraduate school. It is much more demanding, much more rigorous. It's at a different conceptual level, and the sooner you can get into research the better off you are even if your dirty, little secret is that you really want to be a clinician or a teacher. Just get as involved in research as you can so you can see every angle. Once you get involved in it, you are going to have many opportunities and challenges thrown at you. The better able you can think that way, the better off you will be. Read as much as you possibly can in a variety of fields and not just the fields you are interested in. The American Psychological Society (APS) publishes a monthly journal, *Current Directions in Psychological Science*. Experts in the field summarize in three or four pages what is new in the area. You can learn all kinds of weird things in areas you never would have thought about, and you start making connections. So I think that is a really good way to start. When I was getting ready for graduate school, for fun, I would read Freud. There was a great contrast between reading the heavy-duty science and reading Freud, seeing a place for both. Read as much as you can for pleasure, too. Just get in a reading mode. Start preparing for a life that is all graduate school and 1% yourself. What is that 1% of you going to be for the next four years? That 1% is very important.

Ware: As you advise students who are thinking about graduate school, how do you help them sort through the maze of perspective schools? What resources are available, and how do students begin to narrow their options?

Anderson: The Internet is a fantastic resource because it is all right there. You can email those professors and sometimes you can download their research. I think that *Graduate Study in Psychology* (APA, 2003) is a

fabulous resource; it gives you extensive information about graduate schools. I find that students often limit themselves to a certain region of a country. They want to be near family or friends. And that is one way to start. What are the schools in that region, and what are they offering? By using that book and the web, you can develop a list of prospective schools. Or you can develop a list of topics and create an annotated bibliography. Identify what professors' names pop up and list the schools with which they are affiliated. I also encourage students to write to these people and establish a personal connection. Ask professors about their research and ask for reprints because they just LOVE to give you reprints. You could tell the professors about your research and how it relates to theirs. You might also identify one of their recent articles and comment on your interest in learning more about what they are doing.

When I was in undergraduate school I wrote to people quite a bit. I got into some great correspondence with some incredible people. I found some topics in which I had NO idea I would be interested. I actually went for one thing and wound up doing another. So don't stay stuck in your box, start looking around. Find out who is doing what and where. I think one of the biggest mistakes is that students pick a location and don't really look at what the faculty are doing. Moreover some faculty may say they are interested in a particular topic, but are they really investigating it? Don't just rely on the way it sounds. Visit the school and talk to the professors and graduate students. Go visit the schools! Get the graduate students alone and see what they say about the program and people. Get a sense about the interpersonal environment.

Ware: I think many undergraduates don't realize the difference between graduate school and the mentor/mentee relationship versus undergraduate school in which you might have only limited contact with many people. Why is it so important to research the faculty at prospective graduate programs?

Anderson: You are going to be working intimately with graduate faculty both on personal and professional levels. I mean you are going to get to know these people very well because you are going to be spending time with them. And you want to be doing something you are interested in, and in graduate school, the faculty are very much looking for matches between themselves and prospective students. They don't just want anybody showing up at their door

saying, “I’ll collect that data.” They want to train you. You are coming to graduate school for training, and the training is very specialized. Some facets of graduate school may be similar to undergraduate school. But graduate school involves considerable specialization—doing research. You should already know how intense research is and how much work research is, and you don’t want to be doing research with someone you can’t stand or on a topic in which you have no interest.

...graduate school involves considerable specialization—doing research.

Trends in Psychology

Susnjar: I have one more question. Do you see any trends emerging in psychology?

Anderson: Just a little. I see a trend toward a biological perspective. I have seen that really change. I like the natural sciences in theory but getting down to touching things, no. Otherwise I might have gone to medical school or into biology. But they were just too intense. I really avoided it, but in graduate school, I had to understand the biological perspective. So I took some classes (e.g., neurology) at the medical school. We just can’t ignore that medical and biological investigators are learning more and more that is important to our knowledge of behavior and cognition. We are biological organisms. We cannot ignore that biological forces are part of our make up and the way in which we have evolved. Look at mental illness. It’s not just about bad mommy, and it’s not just giving people happy pills. There are multiple processes going on—both at biological and social levels. I do see the field of psychology moving much more in the biological direction.

Ware: Have you seen this trend in your own experience?

...can’t ignore that medical and biological investigators are learning more and more that is important to our knowledge of behavior and cognition. We are biological organisms.

Anderson: Oh, definitely. Iowa has such a strong medical facility. It’s interesting because there wasn’t much collaboration, but now there are many connections. For example, my husband is a neuropsychologist, and he works with several psychologists in the Neurology Department at the University of Iowa’s hospitals and clinics. He works collaboratively with people from several disciplines, investigating the neurologic bases of social behaviors. When I was a graduate student, that interdisciplinary stuff was not the norm. During the 1980s, there was a group of us in the graduate program at the University of Iowa who were able to benefit from making those connections. Now the graduate program in health psychology at Iowa is not a separate program; all the areas have a health emphasis in them. It’s exciting to think back and realize that I was on the edge of that change.

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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 manuscript 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.

Note to Faculty:

This task would work especially well in courses that instructors have students debate controversial issues. Faculty are in an ideal position to identify quality manuscripts on each side of the issue and to encourage students about submitting their manuscripts.

Procedures:

1. The postmarked deadline for submission to this Special Features section is December 1, 2004.
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 and e-mail should be used in correspondence about your submission,
 - (b) Name and address of your school,
 - (c) Name, phone number, address, and e-mail 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 envelope of proper size and with sufficient postage to return all materials.
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 writing of the essay represents primarily the work of the undergraduate student.

Send submissions to:

Dr. Richard 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 – Dramatic

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 contains an example 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 December 1, 2003.
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 and e-mail should be used in correspondence about your submission,
 - (b) Name and address of your school,
 - (c) Name, phone number, address, and e-mail 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 envelope of proper size and with sufficient postage to return all materials.
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 writing of the essay represents primarily the work of the undergraduate student.

Send submissions to:

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

Invitation to Contribute to the Special Features Section—III

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 – Current Events

Submit a 3-5 page manuscript that contains a psychological analysis of a current event. News stories may be analyzed from the perspective of any content area in psychology. The manuscript should describe the particular event and use psychological principles to explain people's reactions to that event.

Example 1: Several psychological theories could be used to describe people's reactions to the destruction of the World Trade Center on September 11, 2001. Terror management research has often shown that after reminders of mortality people show greater investment in and support for groups to which they belong and tend to derogate groups that threaten their worldview (Harmon-Hones, Greenberg, Solomon, & Simon, 1996). Several studies have shown the link between mortality salience and nationalistic bias (see Greenberg, Simon, Pyszczynski, & Solomon, 1992). Consistent with these findings, the news reported that prejudice towards African Americans decreased noticeably after 9/11 as citizens began to see all Americans as more similar than different.

Example 2: A psychological concept that could be applied to the events of September 11 would be that of bounded rationality, which is the tendency to think unclearly about environmental hazards prior to their occurrence (Slovic, Kunreuther, & White, 1974). Work in environmental psychology would help explain why we were so surprised by this terrorist act.

The analysis of a news event should include citations of specific studies and be linked to aspects of the news story. Authors could choose to apply several psychological concepts to a single event or to use one psychological theory or concept to explain different aspects associated with the event.

Procedures:

1. The postmarked deadline for submission to the next issue's Special Features section is December 1, 2004.
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 and e-mail should be used in correspondence about your submission,
 - (b) Name and address of your school,
 - (c) Name, phone number, address, and e-mail 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 envelope of proper size and with sufficient postage to return all materials.
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 writing of the essay represents primarily the work of the undergraduate student.

Send submissions to:

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