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

The Etiology of Childhood^{1,2}

By Jordan W. Smoller

CHILDHOOD IS A SYNDROME which has only recently begun to receive serious attention from clinicians. The syndrome itself, however, is not at all recent. As early as the eighth century, the Persian historian Kidnom made reference to “short, noisy creatures,” who may well have been what we now call “children.” The treatment of children, however was unknown until this century, when so-called “child psycholo-

trained victims of severe childhood to sell lemonade.

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

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

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

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

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

can be used for other more pressing cognitive tasks.

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

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

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

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

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