We've Got Issues

Willamette University Psychology Department Quarterly Newsletter

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From the Chair

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

Sincerely,

Jim Friedrich, Ph.D
Professor & Chair

From the Editor *by Meredy Goldberg Edelson*

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

Mark Your Calendar

Mark your calendars for these upcoming events…

Friday, February 14th

Valentine's Day!

Monday, March 24th thru Friday, March 28th

NO CLASSES —SPRING BREAK !!

Friday, April 4h

Last day to Withdraw from classes

Tuesday, April 8th

Smullin 222, 6:00 pm

Psychology Senior Assessments

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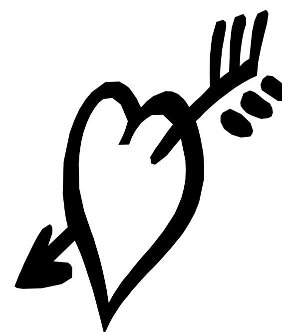

Happy Valentines Day!

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

enced childhood at some point. Cross-cultural studies (e.g., Mowgli and Din, 1950) indicate that family childhood is even more prevalent in the Far East. For example, in Indian and Chinese families, as many as three out of four family members may have childhood. Impressive existence of a genetic component of childhood comes from a large-scale twin study by Brady and Partridge (1972). These authors studied over 106 pairs of twins, looking at concordance rates for childhood. Among identical or monozygotic twins, concordance is usually high (0.92), i.e., when one twin was diagnosed with childhood, the other twin was almost always a child as well.

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

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

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

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

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

By the late 1950's, however, the clinician's optimism had waned. Even after years of costly analysis, many victims remained children. The following case (taken from Gumby and Pokie, 1957) is typical.

Billy J., age 8, was brought to treatment by his parents. Billy's affliction was painfully obvious. He stood only 4'3" high and weighed a scant 70 pounds, despite the fact that he ate voraciously. Billy presented a variety of troubling symptoms. His voice was noticeably high for a man. He displayed legume anorexia, and according to his parents, often refused to bathe. His intellectual functioning was also below normal—he had little general knowledge and could barely write a structured sentence. Social skills were also deficient. He often spoke inappropriately and exhibited "whining behavior." His sexual experience was non-existent. Indeed, Billy considered women "icky." His parents reported that his condition had been present from birth, improving gradually after he was placed in a school at age 5. The diagnosis was "primary childhood." After years of painstaking treatment, Billy improved gradually. At age 11, his height and weight have increased, his social skills are broader, and he is now functional enough to hold down a "paper route."

After years of this kind of frustration, startling new evidence has come to light which suggests that the prognosis in cases of childhood may not be all gloom. A critical review by Fudd (1972) noted that studies of the childhood syndrome tend to lack careful follow-up. Acting on this observation, Moe, Larry and Kirly (1974) began a large-scale longitudinal study. These investigators studied two groups. The first group consisted of [illegible]

ing which is certain to revolutionize the clinical approach to childhood. These recent results suggest that the prognosis for victims of childhood may not be so bad as we have feared. We must not, however become too complacent. Despite its apparently high remission rate, childhood remains one of the most serious and rapidly growing disorders facing

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