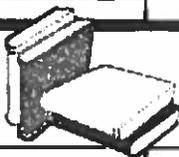


READING



15

Stress Out of Place

Directions: Read the following selection, then answer the questions that follow.

Threats create stress in all humans. Our bodies have a variety of reactions to perceived threats. Some reactions are physical, such as tensing the muscles; others are cognitive, such as the focusing of attention on resolving the threat. When our attention is focused on a threat, we are less able to deal with day-to-day events.

Anxiety is the extreme end of the ordinary continuum of arousal. Grappling with a tough mental problem or returning a tennis serve both activate arousal. This increased arousal is fitting and useful; such tasks require extra mental and physical reserves.

But when the arousal does not fit the task at hand—more particularly, when it is too great—then it becomes anxiety. In anxiety, arousal that might be fitting for confronting a given threat intrudes into another situation, or occurs at such a high pitch that it sabotages an appropriate response.

During an anxiety state, attention can cling to the source of threat, narrowing the range of awareness available for other things. The narrowing of attention under stress is amply documented. For example, in a classic study volunteers were put through a simulated deep-sea dive in a pressure chamber (Weltman, Smith and Egstrom, 1971). The dive, done under water, was dramatic, with real changes in pressure and oxygen. Because of the oxygen changes there were some actual, but minor, dangers involved, and the volunteers learned some emergency procedures. During the dive simulation, the volunteers had to perform a central tracking task and at the same time monitor a flashing light. As the dive proceeded and the volunteers got more and more anxious, they could continue with the central task, but lost track of the light.

The notion that anxiety narrows attention is not new. Samuel Johnson said it pithily: "Depend upon it, Sir, when a man knows he is to be hanged in a fortnight, it concentrates his mind wonderfully."

When the stress response drives attention, it focuses on the threat at hand. This is fine when attention and bodily arousal are poised to deal with a threat and dispatch it on the spot. But stress situations in modern life rarely allow for that option. Most often we have to continue with life as usual while dealing with some ongoing situation of threat: carry on at work during a drawn-out marital fight, do the taxes despite a child's worrisome illness.

Attention primed to focus on a threat dominates even when other matters should be more pressing;

thoughts of the threat intrude out of turn. The operational definition of anxiety is, in fact, this very intrusion.

The role of intrusion in anxiety is most thoroughly described by the psychiatrist Mardi Horowitz (Horowitz, 1983). "Intrusion," Horowitz writes, refers to "unbidden ideas and pangs of feeling which are difficult to dispel, and of direct or symbolic behavioral reenactments of the stress event." This squares well with an attentional definition of anxiety: unbidden thoughts and feelings impinge on awareness.

Horowitz showed how anxiety impinges on awareness with a simple experiment. He had groups of volunteers watch one of two stressful films—one showing ritual circumcision among teenage Aborigines, the other depicting bloody accidents in a woodworking shop (both are mildly horrifying)—as well as a neutral film of a man jogging.

After seeing the films, the volunteers undertook a task in which they rate whether a tone was higher, lower, or the same as the preceding tone. This task, though boring, demands a focused, sustained vigilance. Between segments of tones, the volunteers wrote a report of what had been on their mind during the task.

Not surprisingly, the volunteers reported far more intruding film flashbacks during the tone task after seeing the films on circumcision or accidents than after the film about running. The more people were upset by the films, the more intrusions.

Based on a detailed investigation of dozens of patients with stress-based symptoms, Horowitz has been able to enumerate many of the guises and disguises anxious intrusions take. His list is wide-ranging and particularly instructive: every one of the varieties of intrusions is some aspect of the stress response carried to an extreme. These include:

- Pangs of emotion, waves of feeling that well up and subside rather than being a prevailing mood.
- Preoccupation and ruminations, a continual awareness of the stressful event that recurs

(continued)

- uncontrollably, beyond the bounds of ordinary thinking through of a problem.
- Intrusive ideas, sudden unbidden thoughts that have nothing to do with the mental task at hand.
- Persistent thoughts and feelings, emotions or ideas which the person cannot stop once they start.
- Hypervigilance, excessive alertness, scanning and searching with a tense expectancy.
- Insomnia, intrusive ideas and images that disturb sleep.
- Bad dreams, including nightmares and anxious awakening, as well as any upsetting dream. The bad dream does not necessarily have any overt content related to a real event.

- Unbidden sensations, the sudden, unwanted entry into awareness of sensations that are unusually intense or are unrelated to the situation at the moment.
- Startle reactions, flinching or blanching in response to stimuli that typically do not warrant such reactions.

References

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Weltman, G., Smith, J.E., & Egstrom, G.H. (1971). Perceptual narrowing during simulated pressure-chamber exposure, *Human Factors*, 13, 79-107.

Source: Goleman, D. (1985) *Vital Lies, Simple Truths: The Psychology of Self-Deception*. New York: Simon and Schuster, 44-46.

Understanding the Reading

Directions: Answer the following questions in the space provided.

1. Where does anxiety fit on the scale of arousal?

2. What happens during an anxiety state?

3. What happened to the divers as their level of anxiety increased?

4. What is the attentional definition of anxiety?

5. Identify three features of the stress response to an extreme.

Thinking Critically

Directions: Answer the following questions on a separate sheet of paper.

6. Why is it more difficult to concentrate on boring tasks when you are under extreme stress?
7. Describe a stressful situation that you have encountered. Did you experience any of the anxious intrusions? If so, what were they? If not, how did you avoid these intrusions?

CASE STUDY**15****Juror Stress**

Directions: Read the following case study, then answer the questions that follow.

How do jury trials that involve many gory details, photographs, and exhibits affect the stress level of the jury? If there is an effect, does it hamper juries in their duty to find guilt or innocence? As more cases receive significant nationwide press coverage, psychologists have begun to examine the stress levels of juries.

Hypothesis

Juror stress during long and difficult cases involving gruesome details can result in immediate physical and psychological symptoms of stress and can have long-lasting consequences.

Method

Thomas Hafemeister, J.D., Ph.D., and Larry Ventis, Ph.D., have designed and begun a major longitudinal study of jury stress. The study began with a pilot program using jurors from two separate juries with two defendants from the same case. The case involved a "notorious 1993 carjacking in Maryland in which a woman was dragged for more than a mile from her car door as she tried to save her baby, who was still in the car."

The survey group consisted of 20 jurors, 8 alternates, and 120 'veniremen' who were part of the original pool questioned to serve on the jury but were not selected. The 120 veniremen served as the control group for the study. The group was surveyed immediately after the trial using a 90-item checklist designed to measure 20 aspects of jury stress. In addition to stress aspects that were part of the trial, the survey also measured the stress caused by disruption to the jurors' personal lives. The survey was re-administered to the same group three months later.

Results

The veniremen, as expected, did not show marked levels of stress resulting from the trial. The jurors and alternates experienced significant stress as a result of their service. The findings on the alternates yielded a surprising amount of stress that seemed to stem from the fact that they had listened to all the evidence, but were not given the opportunity to participate in the verdict.

In the survey immediately after the trial, women showed more stress than men. The survey three months later, however, showed no significant differences in the stress level of the genders as a result of their jury experience.

The gruesome evidence and testimony, as well as the deliberations, were found to be highly stressful for all jurors.

Conclusions

Jury stress is likely the inevitable product of the responsibility placed on the jurors. However, some courts have taken an active role in helping jurors deal with the stress. Hafemeister recommends a five-step model for jury debriefing that includes: "making sure jurors understand the reasons for the debriefing; reviewing normal reactions to stress with jurors; encouraging but not forcing jurors to discuss their reactions to the trial; fostering mutual support and understanding among jurors; and making concrete suggestions about returning successfully to their daily lives."

Source: DeAngelis, T. (1995). What factors influence juror decision-making. *APA Monitor, 26* (6), 5-6.

Understanding the Case Study

Directions: Answer the following questions in the space provided.

1. What are veniremen?

2. How did the veniremen function in this survey? Why?

3. When were the surveys administered to the jurors?

4. What was the surprising factor in the alternates' stress level?

5. What suggestions did Hafemeister make for helping jurors deal with stress during a trial?

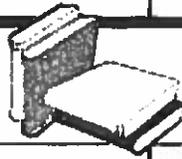
Thinking Critically

Directions: Answer the following questions in the space provided.

6. Among our constitutional rights is the right to a fair trial by a jury of our peers. Does juror stress threaten our right to a fair trial? Defend your answer.

7. In highly publicized cases, jurors are often sequestered to avoid being influenced by the media or by other people's discussion of the case. What effect do you think sequestration has on juror stress?

READING



16

The Hunt for Mood Genes

Directions: Read the following selection, then answer the questions that follow.

Manic depression, commonly called bipolar disorder, is one of many psychological disorders that are thought to have a genetic basis. Researchers have documented family histories of these disorders and hypothesize that heredity plays a part in the development of the disorder. Until recently, however, researchers have not had the tools to test and confirm their hypotheses. New technologies are beginning to allow psychobiologists to zero in on the specific genes that contribute to the development of bipolar disorder. Although some controversies surround this sort of research, many psychologists and physicians hope that such research will lead to effective treatments for bipolar disorder.

Researchers are hunting for "mood-disorder" genes that lead to manic-depression. If such mood genes are found, they should help scientists devise better drugs to control the disease, predicts neurobiologist Samuel H. Barondes, author of *Mood Genes*.

Manic-depression affects one out of every 100 people, and it runs in families. Therefore, the illness is likely to have a genetic basis. However, Barondes says that a combination of genes working together is probably at the root of manic-depression, rather than simply one gene, as with sickle cell anemia. Environment and life experiences also play a role.

The process of finding the specific genes responsible for manic-depression out of the 100,000 or so human genes is like tracking down an enemy spy with a secret radio transmitter by gradually homing in on the source of the radio waves.

The mood-gene hunter first finds a family or isolated population that is prone to manic-depression, then analyzes the DNA from this population to see if the people who have the disorder also have certain genetic markers (the few thousand genes or segments of DNA whose locations are known). If it happens that manic-depression is "linked" to any of these markers, the hunter knows a mood gene lies close to that marker on a particular chromosome, thus narrowing the search.

The results so far are tantalizing but inconclusive. According to one study, the "long arm" of chromosome 18 appears to be a hot spot for mood genes, but other studies have pointed to areas on chromosomes 4, 6, 13, and 15 as well.

Finding mood genes will allow testing to determine whether individuals from affected families are likely to

get the disease. Mood-gene tests would also verify the diagnoses of manic-depression in people who show symptoms.

Controversy for mood-gene testing seems likely: It may eventually be performed on fetuses, and some parents might choose abortion rather than bear children with the disease. People will object to mood-gene research for this reason, but Barondes argues that the benefits for disease sufferers will be too enormous to forgo.

New drugs made possible by mood-gene research may be effective enough to render the disease harmless, so the issue of eugenics could become moot. New drugs would result from a better understanding of the proteins, enzymes, or hormones that mood genes make and the jobs that these specialized molecules perform in the emotional circuitry of the brain.

"Knowing the identity and function of mood genes will provide the opportunity to develop whole new categories of drugs with completely different molecular targets. Such a change of direction is sorely needed," Barondes writes. Current antidepressant drugs, such as Prozac, were discovered by accident. Scientists aren't sure exactly why they work, and they don't work well in all cases.

"In the long run a major benefit of mood-gene discovery may be the prevention of all symptoms of manic-depression—even initial attacks," Barondes posits, concluding that such knowledge "may not just be used to foretell our destinies, but also to forestall them."

Source: Minerd, J. (1999) The hunt for mood genes. *Futurist*, 33 (5), 11.

Understanding the Reading

Directions: Answer the following questions in the space provided.

1. How common is manic depression (bipolar disorder)?

2. How could identifying the specific gene or genes involved be used to help people with a genetic tendency for the disorder?

3. What potential controversies does the author raise about the gene research?

4. Why does Samuel Barondes think that knowing the identity and function of mood genes could aid in the development of drugs to treat the disorders?

Thinking Critically

Directions: Answer the following questions in the space provided.

5. Take one of the following positions and write a defense of the position:

Gene research to find the exact source of psychological disorders should be funded by tax dollars.

Gene research has too much potential for misuse. No tax dollars should be used to fund such research.

6. What do you think Samuel Barondes means when he says that the knowledge gained from the research "may not just be used to foretell our destinies, but also to forestall them"?

CASE STUDY

16

Panic Disorder

Directions: Read the following case study, then answer the questions that follow.

Case History

Jane had been a shy child who disliked being far away from her mother. She experienced a great deal of separation anxiety, especially when she was young. Her father was an alcoholic, and when he was drinking, her parents would get into loud arguments. Her parents' fighting terrified her. When she was 17, her father was murdered by a mugger.

Jane married at 21 and had three children during the next nine years. She was content as a homemaker and took great pride in her immaculate housekeeping. She began experiencing panic attacks when she was 26. She would awaken in the middle of the night in terror. She would be sweating and her heart would be pounding. For some time, she did not tell anyone about the attacks, which always occurred at night. At first the attacks were infrequent, but as she became more frightened by what was happening to her, the frequency of the attacks increased.

She began to have attacks during the day, especially when she was outside the house and around other people. Her rapid pulse and shortness of breath would cause dizziness. She was afraid that she was dying. She grew increasingly isolated and stayed at home whenever possible. Even going to the grocery became a nearly impossible task. Her husband insisted that she seek treatment.

Diagnosis

Over the next 20 years, Jane saw 200 doctors. None were able to relieve her symptoms for any length of time. She was diagnosed with severe depression and given electric shock therapy. Although Jane was depressed, her problem was not depression. It was only a symptom of her real disorder. She was treated with a variety of antidepressants and anti-anxiety drugs. Other than Valium, none gave her any relief, and Valium only helped up to a point. The physicians treated her symptoms by removing her tonsils,

pulling her teeth, telling her that she had an inner ear imbalance, and a variety of other treatments that proved worthless. Jane often felt like she was going to die, and no one seemed to know how to provide an answer.

When Jane was 37, her husband died suddenly. The panic attacks also ceased. For several years, she threw herself into working as an office manager and raising her children. She seemed like a different person. At 42, she remarried. When her second husband began drinking, the panic attacks returned. She was hospitalized three times, but the doctors could not find any physical cause for her problem. They recommended therapy. Jane finally saw a therapist who correctly diagnosed her panic disorder.

The therapist knew that research indicates that separation anxiety and fear of being alone during childhood is one suspected cause of panic disorder later in life. The attacks usually begin during a person's late teens or early twenties. Additional research has concluded that shy children are more prone to anxiety in adulthood than outgoing children (Ritter, 1995). Alcoholism in the family is also suspected as a contributing factor. A Duke University study found "that adult children of alcoholics showed a significantly higher tendency toward panic disorder than the general population" (Wilson, 1993).

Initially, Jane's attacks began at night while she was asleep. Researchers have found that "nocturnal panic attacks occur during light sleep when the body is relaxed and heart rate and respiration have slowed. Some researchers think that a sensitive person might react to a change in her body, such as muscle twitches, during this period of relaxation" (Barlow & Cerny, 1988). Other researchers propose the "false-suffocation alarm" theory. This theory concludes that the person suffers from a breathing problem that sends a signal to the brain that the person is suffocating. The sensation is false, but the result is a panic attack (Talan, 1994).

Why did Jane's panic attacks cease for sever-

(continued)

al years? Researchers are not certain, but they have found that there is no noticeable pattern in the attacks. They may occur regularly for a time, suddenly cease, and just as suddenly reappear. In Jane's case, the need to support and raise her family after her first husband's death may have helped ease the attacks. Many sufferers of panic disorder find that throwing themselves into work does help the symptoms. Work, however, is not a cure; the attacks usually begin again. The immediate cause of Jane's recurrent attacks may have been her second husband's drinking. This may have reminded her too much of her childhood struggles with an alcoholic father.

Treatment

Once properly diagnosed, therapists currently recommend a combination of cognitive, behavior, and drug therapy to help a person recover. Medication is used only to control the symptoms while the person is working on recovery. Medication is not considered a long-term solution. Cognitive therapy helped Jane the

most. She came to realize that she had distorted ideas about herself and her environment. As she learned to change those ideas, her symptoms diminished. Jane learned to think logically about her fears and to understand that most of them were unwarranted. She came to understand that there was nothing physically wrong with her. She also accepted the fact that she would have panic attacks from time to time, but that they would not kill her. As she accepted the attacks, they occurred less frequently.

References

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Ritter, M. (1995, May 25). Inhibited tots may suffer anxiety later, study says. *The Record*.
Talan, J. (1994, May 30). The realm of Freud may lose a territory. *The Record*.
Wilson, M., et al. (1993). Psychiatric disorders in adult children of alcoholics. *American Journal of Psychiatry*, 150 (5), 793-800.

Source: Weinstock, L., & Gilman, E. (1998). *Overcoming Panic Disorder*. Chicago, IL: Contemporary Books

Understanding the Case Study

Directions: Answer the following questions in the space provided.

1. When did Jane's panic attacks begin? When did the initial attacks occur?

2. What incorrect diagnoses did Jane receive?

3. What caused Jane's panic attacks to cease for a time?

4. What theories have been proposed for the causes of panic disorder?

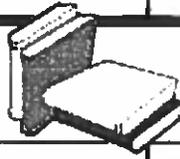
5. How is panic disorder generally treated today?

Thinking Critically

Directions: Answer the following questions on a separate sheet of paper.

6. Why do you think panic disorder is so difficult to diagnose?
7. Why do you think that Jane's need to work and raise her children alone eased her symptoms for a period of time?

READING



17

Modifying Orangutan Behavior

Directions: Read the following selection, then answer the questions that follow.

Behavior modification techniques are widely used with humans to help change unwanted behaviors. Behavior modification techniques include classical conditioning and operant conditioning. One form of operant conditioning involves giving rewards for desired behavior. The reward encourages repetition of the behavior. Specialists at the Kansas City Zoo used special food rewards to gain the trust of a pregnant orangutan. By modifying her behavior, they were able to monitor the health of the fetus during its development.

...This is the story of the one-of-a-kind relationship between the baby's mother and the humans who take care of her.

During the last several years, zoologist Beth Moore and senior staff veterinarian Kirk Suedmeyer have worked countless hours to get the mother, named Jill, to trust them. In the end, using positive reinforcement, they trained her to do things that no other zoo in the world has been able to get an orangutan to do.

They got her to stick her arm into PVC pipe with a hole cut in the top so Suedmeyer could regularly draw blood. They had her urinate into a cup and hand it over for analysis. And, almost unbelievable, they trained her to waddle to the front of her cage, grab the bars over her head and allow Suedmeyer to rub gel on her swollen tummy for ultrasounds.

That allowed caretakers to monitor the health of the orangutan fetus like never before—a critical step, because Jill's last baby was stillborn.

Zoo Director Mark Wourms was thrilled. Not only did the accomplishment reflect well on the Kansas City Zoo, but it also provided researchers with "invaluable information about reproduction in an endangered species."

As long as anyone can remember, if zoo staff needed to draw blood or perform an ultrasound on orangutans or other great apes, they had to immobilize them first.

Orangutans are extremely strong—six to seven times stronger than humans. Getting close to them can be dangerous. That makes the prospect of giving them shots, drawing blood and rubbing ultrasound goo on their bellies all the more dicey.

So how did the Kansas City Zoo manage it? Suedmeyer just smiled.

"All you have to do is ask them," he said. "We just never asked them before." Why go to the time, trouble and expense of shooting them with a tranquilizer dart

when you can earn their cooperation with positive reinforcement?

Enter the pudding and frozen raspberries. Orangutans love them. They also love gelatin, frozen blueberries and yogurt. You can see it in their faces as they lift their heads and pucker their lips—the universal orangutan symbol for "more."

With time, training and big spoonfuls of treats, Suedmeyer and Moore learned orangutans would do almost anything.

The program of behavior modification—called operant conditioning—began almost seven years ago with another orangutan. It started with changing the animal's feelings about the vet.

"Before," Suedmeyer said, "every time I would come up, it was a bad thing."

Then he changed his approach. He decided to come to the bars and just sit. No tranquilizer gun. No nothing, he just sat.

Eventually, through training, the animal learned that if he came close to Suedmeyer, he would be rewarded—with pudding, raspberries or something else.

They trained Jill the same way.

Come here, get a treat. Put your arm through the pipe, get a treat. Let them stick you with a needle and get a really, really big treat.

Since zoo staff members knew they would need to see the infant orangutan, Moore even used positive reinforcement to train Jill to show her the baby.

They practiced with a stuffed orangutan.

"We started with her touching the baby outside bars," Moore said.

"Eventually we gave her the little stuffed animal inside the bars. And we were teaching her things, like to hold it up in case we needed to give it a bottle.

"But when she had her own baby, I thought: 'Oh my gosh. There's just no way she's going to let us see it.'"

But Jill surprised Moore by showing her the baby, named Pendamai, an Indonesian word meaning "peacemaker."

"She came up to the bars, and I told her it was really a beautiful baby," Moore said. "I said, 'Gosh, Jill you did such a beautiful job.' And I said, 'Can I see your baby?' " And she just sort of leaned forward and let us look at the baby.

Zoo spokeswoman Denise Rendina saw the whole thing.

"That animal absolutely presented the baby for Beth to see," she said. "I was just like, 'That is just the

sweetest thing I have ever seen.' It was phenomenal."

Whether you want an animal to show you her baby or let you give her a shot, the key is patience, trust, training and rewards.

Orangutans can't reason like humans, Suedmeyer said. But they can make a simple cost-benefit decision.

"It's like: 'Yeah, that's going to hurt. But it won't hurt that badly, and I really like those raspberries.'"

Source: **Fussell, James A.** (1999, October 24). Zoo staff wins ape mom's trust. *Kansas City Star*. Reprinted in *The Columbus Dispatch* p. 6D.

Understanding the Reading

Directions: Answer the following questions in the space provided.

1. Identify three things Jill, the orangutan, was taught to do.

2. What rewards did the zoologist and veterinarian use to modify Jill's behavior?

3. How did the behavior modification help them monitor the health of the fetus?

4. Why had Jill learned to dislike the veterinarian?

5. Once the baby was born, how did the behavior modification help the veterinarians monitor the baby's health?

Thinking Critically

Directions: Answer the following questions on a separate sheet of paper.

6. How did the zoologist and veterinarian use systematic desensitization to accomplish their goals?
7. What similarities and differences exist between behavior modification in humans and in animals?

CASE STUDY**17****Family Therapist and School Counselor Work as a Team**

Directions: Read the following case study, then answer the questions that follow.

The following study uses a team approach to provide therapy to a 9-year-old boy who is having trouble in school and with his social skills. By working together, the school, the family unit, and the family therapist can best address Robert's problems. The study is presented by the family therapist.

Case Study

Robert, a 9-year-old boy in the fourth grade, was brought to me by his mother. This was done on the advice of Robert's school counselor, who felt Robert's repeated misbehavior was out of control. The school counselor also felt that Robert's problems stemmed from conflict within his family, and that seeking services outside the school would be beneficial for the whole family (this center was on a referral list for Robert's school district). Additionally, the school counselor knew that "in order to fully understand [Robert's] behavior, a counselor has to understand both the teacher-student interaction and the interactions within [Robert's] family" (Hinkle & Wells, 1995).

Cindy, Robert's mother, reported that Robert was easily distracted and often got frustrated with specific tasks that led to Robert getting into fights with his fellow students. Robert also complained constantly about the advanced-level courses he was taking in school, which included intensive reading assignments. Socially, Robert was involved with a boys club off and on for one year until his mother took this privilege away as a punishment for his behavior. According to Cindy, Robert had very few friends because he always ended up fighting with them. Robert's sister, Rebecca, an 11-year-old in the fifth grade, was also in advanced classes but did not exhibit the same behaviors as Robert. Her chief complaint was that she did not like to read. Cindy and David (children's biological father) have been divorced five years and were separated for two years before then. The children have always resided with Cindy, with David living two states away. The children have very little contact with their father, in fact, the last visit was two years

ago and they only saw him for one day. Up until recently, David called Robert and Rebecca two or three times a year and sent Cindy child support every six to nine months. Within the last month, David had called them four times.

Family Sessions

For the initial visit, Cindy intended for Robert to have an individual session; after all, Robert's school counselor suggested that Robert had some emotional problems. However, the client for that session (and those to come) would be the whole family, since the focus of intervention efforts would be for the family-school subsystem (Lewis, 1996).

Members

As a family, Cindy, Rebecca, and Robert spoke of their "system" and defined the members and their roles via a family genogram [a chart of their family relationship]. Cindy held the authority and, with Robert and Rebecca's input, made all the decisions. All appeared quite close and communicated well with each other, sharing feelings and thoughts freely. When asked about David's role, Cindy and Rebecca became teary eyed reportedly because they never talk about his absence; Robert said he did not care about his dad. Cindy admitted her bitterness about David not being a responsible father and her sadness for the children not having a close relationship with him.

Roles

Cindy stated that she was a full-time nurse, which leaves her drained at the end of the day.

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After her “compensated” work at a local hospital, she goes home, where she performs various household chores, including cooking dinner, washing dishes and clothes, and helping Robert and Rebecca with their homework. Robert and Rebecca spend the day at school and the afternoon in day care. At home, they spend up to five hours completing their homework. Robert and Rebecca have assigned chores, but these are often put aside so they can complete their homework.

School

Robert stated that the teachers at his and Rebecca’s school did not like him and never listened to him. Furthermore, they assigned “stupid” homework that was too difficult for any “human being” to do. Rebecca did not complain as much but admitted getting frustrated with the many assigned readings. Cindy stated that the school counselor recommended that Robert see a therapist because his chronic behavior was more than could be handled at school. Robert acknowledged that he often did not feel in control and was not sure why.

Intervention

To offer problem-oriented family counseling to this group, it was important to collaborate with the other “professionals” involved with Robert and his family (Kraus, 1998). This collaboration formed a structure made up of separate organizations so there would be a “pooling of resources and expertise with a commitment of partnership agencies to a common mission” (Cassidy & LaDuca, 1997). This collaboration included the family members, the family therapist, and the school counselor. The school counselor had to be recruited, since she represented a unique position within Robert’s school as a liaison with his teachers. Coordinating a meeting of this type can be difficult when there are many individuals involved. However, the information gathered is invaluable because it serves to educate all those involved about factors of which each may be unaware.

It was in this collaborative “community” (Keys et al., 1998) that information was shared about Robert’s behavior. Cindy and I learned from the school counselor and teachers that

Robert acted out during transitions and complained that many of the boys in his classes tried to start fights with him. They also felt that Robert was lacking appropriate social skills. To reciprocate, Cindy and I shared that Robert resented his father and his father’s random phone calls; he felt he did not have a constant “male” to talk to, let alone listen to him. . . . It was also shared that Cindy was not allowing Robert to attend a boys club as a consequence of him not completing his homework.

Discussion

After this meeting, it was agreed that the desired change was for Robert to feel in control of his emotions. Thus, a mutual agreement was established. Cindy’s role would be to set up a household structure with rewards and consequences for chores and homework and allow Robert (and Rebecca) opportunities to interact socially with other children outside of school. This would include Robert attending the boys club unconditionally and possibly getting a mentor. . . . Also, as a family, Cindy, Rebecca, and Robert would have to set aside some quality time where each could be free from his or her daily routines. Finally, family members would need to discuss the father’s role in their lives and set up an agreement with him to establish a routine of communication.

My role would be one of continuing sessions in which Robert could talk about his feelings toward his father and the family could connect these emotions with Robert’s current anger. Another role would be to encourage the family to develop a schedule so that each member could share a proportionate amount of household chores with encouragement from Cindy.

The school counselor would have the task of coordinating classroom arrangements with Robert’s teachers. This would include placing Robert in the front of the classroom to reduce his distractions and pairing him with another student so he would have the opportunity to improve his social skills. The school counselor would also place Robert in a group counseling setting with other children who shared similar issues.

Thus, there was now a family-school coalition involved in helping Robert express and control his emotions. . . . Hence, as family therapists,

(continued)

our role is often to look at the whole family as our client. In doing so, we have to offer “our” whole family; that is, our fellow school counselors. This inclusion is an example to our clients that it often takes a collaborative effort to address issues.

the assessment of the situation and the eventual treatment plan. Although the roles and settings differ, the school counselor and family therapist have a common goal—to provide a service that is in the best interest of the family. To do less is to risk failure.

Conclusion

Families must be studied and treated contextually if pertinent issues are to be included within the formula for effectively addressing their concerns. When a child is experiencing difficulty at home or at school, it is important to include parties from both settings to assist in bringing about the most effective treatment plan. With this as a given, it is imperative that the school counselor and family therapist be open to the various cultural influences that are affecting the presenting problems. For either party to ignore the influence that these various settings have on family life is to be left ignorant of significant information that could affect both

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Source: Rotter, J.C., & Boveja, M.E. (1999). Family therapists and school counselors: A collaborative endeavor. *Family Journal*, 7 (3), 276-279.

Understanding the Case Study

Directions: Answer the following questions in the space provided.

1. What problems was Robert having at school?

2. What was Robert’s relationship with his mother and father?

3. What professionals formed a collaborative team to provide help to Robert and his family?

4. What family changes were recommended to Cindy and her family?

5. What changes were recommended for Robert at school?

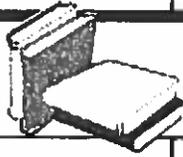
Thinking Critically

Directions: Answer the following questions on a separate sheet of paper.

6. How might the irregular contact with his father have affected Robert’s behavior with his peers?

7. The study recommends treating families in context. What does this mean? Why is it important?

READING



18

What Makes a Good Marriage?

Directions: Read the following selection, then answer the questions that follow.

What makes a marriage work? Psychologist John Gottman is using a state-of-the-art laboratory to conduct a longitudinal study to learn more about what ingredients make a successful marriage. Although much research has focused on couples who are dealing with difficulties, Gottman's study also examines characteristics that lead to successful marriages.

The myth of marriage goes like this: somewhere out there is the perfect soul mate, the yin that meshes easily and effortlessly with your yang. And then there is the reality of marriage, which, as any spouse knows, is not unlike what Thomas Edison once said about genius: 1 percent inspiration and 99 percent perspiration. That sweaty part, the hard work of keeping a marriage healthy and strong, fascinates John Gottman. He's a psychologist at the University of Washington, and he has spent more than two decades trying to unravel the bewildering complex of emotions that binds two humans together for a year, a decade or even (if you're lucky) a lifetime.

Gottman, 56, comes to this endeavor with the best of qualifications: he's got the spirit of a scientist and the soul of a romantic. A survivor of one divorce, he's now happily married to fellow psychologist Julie Schwartz Gottman (they run couples workshops together). His daunting task is to quantify such intangibles as joy, contempt and tension. Ground zero for this research is the Family Research Laboratory on the Seattle campus (nicknamed the Love Lab). It consists of a series of nondescript offices equipped with video cameras and pulse, sweat and movement monitors to read the hearts and minds of hundreds of couples who have volunteered to be guinea pigs in longitudinal studies of the marital relationship. These volunteers have opened up their lives to the researchers, dissecting everything from the frequency of sex to who takes out the garbage. . . .

Among his unexpected conclusions: anger is not the most destructive emotion in a marriage, since both happy and miserable couples fight. Many popular therapies aim at defusing anger between spouses, but Gottman found that the real demons (he calls them "the Four Horsemen of the Apocalypse") are criticism, contempt, defensiveness and stonewalling. His research shows that the best way to keep these demons at bay is for couples to develop a "love map" of their spouse's dreams and fears. The happy couples all had such a deep understanding of their partner's

psyche that they could navigate roadblocks without creating emotional gridlock.

Gottman's research also contradicts the Mars-Venus school of relationships, which holds that men and women come from two very different emotional worlds. According to his studies, gender differences may contribute to marital problems, but they don't cause them. Equal percentages of both men and women he interviewed said that the quality of the spousal friendship is the most important factor in marital satisfaction.

Gottman says he can predict, with more than 90 percent accuracy, which couples are likely to end up in divorce court. The first seven years are especially precarious; the average time for a divorce in this group is 5.2 years. The next danger point comes around 16 to 20 years into the marriage, with an average of 16.4 years. He describes one couple he first met as newlyweds: even then they began every discussion of their problems with sarcasm or criticism, what Gottman calls a "harsh start-up." Although they professed to be in love and committed to the relationship, Gottman correctly predicted that they were in trouble. Four years later they were headed for divorce, he says.

An unequal balance of power is also deadly to a marriage. Gottman found that a husband who doesn't share power with his wife has a much higher risk of damaging the relationship. Why are men singled out? Gottman says his data show that most wives, even those in unstable marriages, are likely to accept their husband's influence. It's the men who need to shape up, he says. The changes can be simple, like turning off the football game when she needs to talk. Gottman says the gesture proves he values "us" over "me."

Gottman's research is built on the work of many other scientists who have focused on emotion and human interaction. Early studies of marriage relied heavily on questionnaires filled out by couples, but these were often inaccurate. In the 1970s several psychology labs began using direct observation of couples to study marriage. A big boon was a relatively

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new tool for psychologists: videotape. Having a visual record that could be endlessly replayed made it much easier to study the emotional flow between spouses. In 1978 researchers Paul Ekman and Wallace Friesen devised a coding system for the human face that eventually provided another way to measure interchange between spouses.

Although early studies focused on couples in trouble, Gottman thought it was also important to study couples whose marriages work; he thinks they're the real experts. The Love Lab volunteers are interviewed about the history of their marriage. They then talk in front of the cameras about subjects that cause conflict between them. One couple . . . Tim and Kara, argued constantly about his friend Buddy, who often wound up spending the night on Tim and Kara's couch. The researchers take scenes like this and break down every second of interaction to create a statistical pattern of good and bad moments. How many times did she roll her eyes (a sign of contempt) when he spoke? How often did he fidget (indicating tension or stress)? The frequency of negative and positive expressions, combined with the data collected by the heart, sweat and other monitors, provides a multidimensional view of the relationship. (Tim and Kara ultimately decided Buddy could stay, only not as often.)

Gottman and other researchers see their work as a matter of public health. The average couple who seek help have been having problems for six years—long enough to have done serious damage to their relationship. That delay, Gottman says, is as dangerous as putting off regular mammograms. The United States has one of the highest divorce rates in the industrialized world, and studies have shown a direct correlation between marriage and well-being. Happily married people are healthier; even their immune systems work better than those of people who are unhappily married or divorced. Kids suffer as well; if their parents split, they're more likely to have emotional or school problems.

But going to a marriage counselor won't necessarily help. "Therapy is at an impasse," Gottman says, "because it is not based on solid empirical knowledge of what real couples do to keep their marriages happy and stable." In a 1995 *Consumer Reports* survey, marriage therapy ranked at the bottom of a poll of patient satisfaction with various psychotherapies. The magazine said part of the problem was that "almost anyone can hang out a shingle as a marriage counselor." Even credentialed therapists may use approaches that have no basis in research. Several recent studies have shown that many current treatments produce few long-term benefits for couples who seek help.

One example: the process called "active listening." It was originally used by therapists to objectively summarize the complaints of a patient and validate the

way the patient is feeling. ("So, I'm hearing that you think your father always liked your sister better and you're hurt by that.") In recent years this technique has been modified for marital therapy—ineffectively, Gottman says. Even highly trained therapists would have a hard time stepping back in the middle of a fight and saying, "So, I'm hearing that you think I'm a fat, lazy slob."

Happily married couples have a very different way of relating to each other during disputes, Gottman found. The partners make frequent "repair attempts," reaching out to each other in an effort to prevent negativity from getting out of control in the midst of conflict. Humor is often part of a successful repair attempt. In his book, Gottman describes one couple arguing about the kind of car to buy (she favors a minivan; he wants a snazzier Jeep). In the midst of yelling, the wife suddenly puts her hand on her hip and sticks out her tongue—mimicking their 4-year-old son. They both start laughing, and the tension is defused.

In happy unions, couples build what Gottman calls a "sound marital house" by working together and appreciating the best in each other. They learn to cope with the two kinds of problems that are part of every marriage: solvable conflicts and perpetual problems that may represent underlying conflicts and that can lead to emotional gridlock. Gottman says 69 percent of marital conflicts fall into the latter category. Happy spouses deal with these issues in a way that strengthens the marriage. One couple Gottman studied argued constantly about order in their household (she demanded neatness, and he couldn't care less). Over the years they managed to accommodate their differences, acknowledging that their affection for each other was more important than newspapers piled up in the corner of the living room.

As psychologists learn more about marriage, they have begun devising new approaches to therapy. Philip Cowan and Carolyn Pape-Cowan, a husband-and-wife team (married for 41 years) at the University of California, Berkeley, are looking at one of the most critical periods in a marriage: the birth of a first child. (Two-thirds of couples experience a "precipitous drop" in marital satisfaction at this point, researchers say.) "Trying to take two people's dreams of a perfect family and make them one is quite a trick," Pape-Cowan says. The happiest couples were those who looked on their spouses as partners with whom they shared household and child-care duties. The Cowans say one way to help spouses get through the transition to parenting would be ongoing group sessions with other young families to provide the kind of support people used to get from their communities and extended families.

Two other researchers—Neil Jacobson at the University of Washington and Andrew Christensen at

UCLA—have developed what they call “acceptance therapy” after studying the interactions of couples in conflict. The goal of their therapy is to help people learn to live with aspects of their spouse’s characters that simply can’t be changed. “People can love each other not just for what they have in common but for things that make them complementary,” says Jacobson. “When we looked at a clinical sample of what predicted failure in traditional behavior therapy, what we came upon again and again was an inability to accept differences.”

Despite all these advances in marital therapy, researchers still say they can’t save all marriages—and in fact there are some that shouldn’t be saved.

Patterns of physical abuse, for example, are extremely difficult to alter, Gottman says. And there are cases where the differences between the spouses are so profound and longstanding that even the best therapy is futile. Gottman says one quick way to test whether a couple still has a chance is to ask what initially attracted them to each other. If they can recall those magic first moments (and smile when they talk about them), all is not lost. “We can still fan the embers,” says Gottman. For all the rest of us, there’s hope.

Source: **Kantrowitz, B., & Wingert, P** (1999, April 19) The science of a good marriage: Psychology is unlocking the secrets of happy couples. *Newsweek*, 133 (16), 52–57.

Understanding the Reading

Directions: Answer the following questions in the space provided.

1. What was John Gottman’s unexpected conclusion in conducting his longitudinal study?

2. What emotions and behaviors has Gottman identified that are destructive to marriage?

3. What technology do researchers use today to help gather data? What type of data can be gathered with this tool?

4. Why do researchers see their work as a matter of public health?

5. What do the Cowans recommend to address the stress that many marriages experience at the birth of their first child?

Thinking Critically

Directions: Answer the following questions on a separate sheet of paper.

6. Why may “active listening” not work as a therapy technique in marriage counseling?
7. Zick Rubin has identified three components of romantic love: need, attachment, and intimacy. How can love maps and acceptance therapy strengthen these three components?

CASE STUDY

18

**Culture and
Conflict Resolution**

Directions: Read the following case study, then answer the questions that follow.

Background

Culture may be defined as an integrated pattern of beliefs, activities, and knowledge that one generation passes to the next. People within the culture share a common language, manner of acting, and beliefs that guide behavior. Although culture changes over time, these changes tend to be slow and subtle. A major cultural divide exists between individualistic cultures like the United States and collectivistic cultures such as the Chinese and the Kurds. In individualistic cultures, the individual's opinions, beliefs, and attitudes are given priority. In collectivistic cultures, the group's opinions, beliefs, and attitudes are given priority. Understanding differences in these cultures helps us live in a global world. When conflicts arise, each culture has different expectations about how to resolve them. This study examines the way in which conflicts are resolved and disputes are settled in the two types of culture.

Hypothesis

In individualistic cultures, conflicts are resolved using a formal legal process. The laws of the state take priority over tradition or moral values. Conflicts between family members, friends, or neighbors often end up in the formal legal system. When conflicts reach the legal system, members of the culture accept the state's rule of law. In collectivistic cultures, tradition and religion take priority over laws enacted by the state. Disputes, especially those among family members, friends, and neighbors are often resolved informally, rather than through the formal legal system.

Method

The study examined three cultures: one individualistic, Germany, and two collectivistic, Kurdish and Lebanese. The study was conducted in Germany. The Kurdish and Lebanese partici-

pants were seeking asylum in Germany. They were recent arrivals to Germany and had spent their adult lives to that point in either Turkey (Kurds) or Lebanon (Lebanese). They were asked to respond to the interviewers' questions based on their understanding of the legal systems of their homeland. The German participants were directed to respond based on their understanding of the German culture and legal system.

To verify the original assessment that the Germans had a more individualistic mind-set, while the Kurds and Lebanese had a more collectivistic mind-set, participants completed a 14-question survey used to measure individualism and collectivism.

The interviews were conducted in the native language of each participant. The interviewers all used the same questionnaire. It consisted of five vignettes involving typical conflict situations. Cultural experts reviewed the vignettes to ensure that the conflict situations in the vignettes were typical of what would be found in the cultures of the participants.

The first vignette was as follows: "Imagine that your cousin had bought a second-hand car from a stranger. Because the engine broke down after two days, the cousin wants an explanation from the seller; the seller claims not to know him and denies that he sold him a car. A heated argument turns into a physical fight in which the cousin is severely injured."

After reading the vignette, the interviewers asked a series of open-ended questions about the participants' views of legitimate authority, their willingness to accept government law over in-group resolution of conflicts, and their views on shame and guilt.

Results

The 14-question survey verified the researcher's assessment that German culture tends to be individualistic and the culture of the Kurds and Lebanese tends to be collectivistic.

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For purposes of analysis, the responses of the Kurds and Lebanese were combined and compared with the German responses.

Legitimate authority to resolve conflicts rests with the state in individualistic cultures. German participants were much more willing to resolve disputes in court than were the Lebanese and Kurdish participants. Participants from the collectivistic cultures gave more weight to tradition and religion as the legitimate authority in resolving conflict.

In addition, members of individualistic cultures preferred a formal process to resolve disputes and conflicts. When crimes were committed, the Germans recommended calling the police and involving the courts. Members of the collectivistic cultures preferred an informal process that involved self-regulation and a willingness of the offending party to apologize. Often family members of the parties in a conflict help resolve the dispute.

Conclusion

Members of collectivistic cultures are more willing to abide by the norms of tradition and religious or moral authority. They are less likely to involve the state, represented by police authority and the court system, in settling disputes, especially if those disputes involve people in their own group. For example, disputes among family members or neighbors do not generally find their way to court in collectivistic cultures. Instead they are resolved as a part of normal social relationships with a friend or family member serving as a mediator between the parties in conflict.

Members of individualistic cultures tend to rely more heavily on the state and the formal legal system to resolve conflicts. They prefer legal consistency and are willing to take disputes involving family members or friends through the formal legal process.

Source: Bierbrauer, G. (1994). Toward an understanding of legal culture: Variations in individualism and collectivism between Kurds, Lebanese, and Germans. *Law & Society Review, 28* (2), 243-64.

Understanding the Case Study

Directions: Answer the following questions in the space provided.

1. How are individuals and groups viewed differently in individualistic and collectivistic cultures?

2. What is the hypothesis of the study?

3. What method was used to conduct the study?

4. How did the researchers verify the accuracy of their assumption about the culture of each participant? Was their assumption accurate?

Thinking Critically

Directions: Answer the following questions on a separate sheet of paper.

5. Given the nature of each culture, explain why collectivistic cultures rely more heavily on tradition and religious and moral authority, while individualistic cultures rely more heavily on the authority of the state.
6. Write a vignette that could be used to assess collectivistic and individualistic viewpoints. Then discuss the vignette from each perspective.