

# behavioral sciences notes

## AESTHETICS

### Flattery index for lights

The National Bureau of Standards is working out a flattery index for artificial light.

At present, lights are judged only by comparison to natural daylight and there is an internationally-agreed-upon index for measuring lights against this standard.

But true light is sometimes merciless in picking out flaws in color and complexion. An index for judging the flattering effects of lights on color would be useful for illuminating homes, restaurants and offices.

According to NBS research, flattering light enriches color. The preferred color for Caucasian complexions, for example, is redder and more saturated than it really is. For foliage, the preferred color seems to be less yellow than the actual color.

One index has already been developed, but it was not completely satisfactory in a test of fluorescent lamps. D. B. Judd of the Institute for Basic Standards is refining the index based on preferred colors for eight subjects, including human complexions, vegetables, foliage and butter.

## PSYCHIATRY

### A place for native healers

Mental health programs in developing nations should make use of native healers, a Cornell University psychiatrist recommends.

Dr. Ari Kiev, head of Cornell's social psychiatry program, echoes other experts in the field by suggesting that developing nations blend modern psychiatry with traditional healing practices.

Healers have great influence, says Dr. Kiev. Some patients may find relief through ritual or by talking out problems with an authority such as the healer.

Also, working with the native doctors channels their practices, says Dr. Kiev, and helps control harmful or inappropriate treatment.

An example of blending is found in Abeokuta, Nigeria, where the dean of a medical college has established psychiatric communities. Patients live with their families and witch doctors are used as therapists.

## CHILD PSYCHIATRY

### Teaching blind infants to reach

Unlike the sighted child, an infant born blind does not reach for out-of-range objects. Nor does he reach toward sounds.

But reaching is the beginning of creeping and a vital step in child development, according to the work of a University of Michigan child psychoanalyst, Dr. Selma Fraiberg.

For a dangerously long period—the first eight months of life—says Dr. Fraiberg, a blind baby's hands give him little information about the outside world. In fact, he keeps them at shoulder height in the posture of a newborn.

As a result, he does not learn to creep until late; some blind babies never learn to creep and for all blind children, walking is also delayed, says Dr. Fraiberg.

"The early creeping pattern is a reach and a collapse,

a reach and a collapse." The blind infant must be taught this through education of his hands.

Curious as to why the blind baby did not propel himself forward, Dr. Fraiberg discovered that vision is the major impetus for reaching. Sounds don't cause "even a fleeting response in the fingers," she says.

But Dr. Fraiberg reports some success in educating the blind infant to use his hands. One technique is to bring them down from the shoulder with games such as patty cake.

## PSYCHIATRY

### New names for mental illnesses

The American Psychiatric Association has adopted a new nomenclature for mental disorders, as set forth by the World Health Organization.

The move brings U.S. terminology in accord with the Eighth Revision of the International Classification of Disease and spurs the effort toward a world-wide uniform nomenclature for psychiatric disorders.

Some psychiatrists will object to the change. "Schizophrenic reaction," for example, which implies psychological causes, will be changed to "schizophrenia," implying a biological disease. But many psychiatrists do not view this mental illness as primarily biological.

Also, the United States will drop its distinctions between acute and chronic brain disorders. Mental ills will now fall into three categories: psychosis, neurosis and other nonpsychotic disturbances, and mental retardation.

Opponents of the new system consider it a step backward though it aids international understanding.

APA's revised manual will be available about May 1.

## ETHNOLOGY

### Cultural style in handling pain

The way an individual handles pain depends very much on his cultural-ethnic background, says a medical researcher at the University of Wisconsin.

Dr. Richard A. Sternbach sampled pain reactions in 60 women from four ethnic backgrounds. The women were equally divided between Yankees (Protestants of British descent whose grandparents immigrated to the United States) and children of immigrant Irish, Italians, and Jews. All were submitted to electric shocks of varying intensities.

Though the sample was small, the styles of handling pain were very different and therefore significant, says Dr. Sternbach. Yankee women were matter-of-fact, took the pain in stride. Irish women suffered in silence but suffered. By contrast, both Jewish and Italian women were very expressive, although in different ways. Jewish women expressed concern about the cause of the pain and its possible consequences, while the Italian women wanted immediate relief.

Physiological reactions, particularly sweating response, matched these personal styles, says Dr. Sternbach. The Yankee women quickly adapted physiologically while the others became accustomed to the pain only slowly.

A genetic explanation cannot be ruled out, says Dr. Sternbach, but he believes cultural training accounts for most of the differences. The women seemed to be training their children into the same styles.

3 february 1968/vol. 93/science news/119