

Joel Greenberg reports from the American Psychological Association meeting in San Francisco

Community mental health

Ever since John F. Kennedy signed the Community Mental Health Act in 1963, the mental health emphasis in the United States has been away from long-term hospitalization in "warehouse" psychiatric institutions and toward shorter periods of therapy, preferably in the community. Since then, a growing list of studies has documented the apparent superiority of short-term therapy. One of the most convincing pieces of evidence has been compiled by researchers Mel Gallen, Bill Feister and Francis Gilbert at the Veterans Administration hospital in Palo Alto, Calif.

The VA team studied more than 1,130 hospitalized patients between November 1974 and February 1977. The patients were randomly assigned to one of two treatment areas: a brief treatment program with an average length of stay of about 23 days, or one of two long-term programs, each with an average length of stay of greater than 90 days.

The long- and short-term patients were compared in three different categories: number of rehospitalizations during the year subsequent to discharge, number of days spent in the community during the year following discharge and pre- and post-hospitalization differences on the personal adjustment and role skills inventory (PARS), which measures adjustment, role skill and alcohol-drug abuse factors.

While patients in both groups improved significantly after treatment, the VA researchers report that "the brief treatment group showed significantly greater gains on all three PARS role skill factors ... remained in the community significantly more days ... and had appreciably fewer readmissions than the long-term treatment groups during this year's follow-up period." The data, they conclude, "lend further support to the hypothesis that brief treatment is at least as effective, and in some outcome areas ... more affective, than long-term hospitalization."

Why I hate the dentist

Baseball players a decade ago used to complain that batting against the Dodgers' fastballer Don Drysdale was "like going to the dentist." Several movie scenes in recent years have also evoked feelings of terror such as in Dustin Hoffman's trip to the dentist in "Marathon Man."

It might be argued that fear of the dentist is one of the few common bonds among Americans—it cuts across race, age, sex and geographic location. But what makes people so afraid of dentists? Most dentists are respectable, very few hurl 100 mile-per-hour baseballs à la Drysdale and probably even fewer are wild, malicious, Nazi-inspired drillers, as in "Marathon Man."

According to a study of 225 undergraduates at Western Washington University, the main determinants of dental fear stem from painful early dental experiences and the personal and professional characteristics of the dentists themselves. In fact, more than half of those in the high-fear category did not cite pain as a factor in their current anxiety over dentistry, report Ronald A. Kleinknecht of Western Washington and Douglas A. Bernstein of the University of Illinois at Urbana-Champaign. Rather, they referred to dentists in terms such as "impersonal," "nasty," "uncaring," "incompetent," "disinterested," "cold," "careless," "rough," "nervous" and "mean." Some even said their dentists strapped them or slapped them. On the other hand, low-fear subjects identified their dentists as "patient," "careful," "friendly," "soothing," "polite" and "skilled."

The researchers also emphasize the importance of early den-

tal experiences. While many of the high-fear patients reported negative early dental encounters—22 percent attributed their anxiety to a single, traumatic experience between the ages of 2 and 18—only 6 percent of the low-fear group reported specific negative incidents. Kleinknecht and Bernstein stress the need for dentists to enhance their "communication and patient management skills" in conjunction with psychologists—a practice that has already begun at a number of dental schools. "This action ... and development of more sophisticated dental technology and equipment," they conclude, "will go a long way toward making fear of dentistry a thing of the past."

Altruism and the contact lens

Beyond simply "not wanting to get involved," there are apparently specific reasons why people, particularly in large, crowded cities, are reluctant to assist crime victims and others in need of help. A University of Oregon study reports that a person's predisposition to help another is greatly influenced by the stress the helper is under as well as crowd density in the vicinity.

Psychologists Shirlynn Spacapan and Sheldon Cohen conducted a helping experiment with 40 female students from an introductory psychology class. The women were tested at a shopping center and divided into two groups, one of which was instructed to perform 26 shopping tasks in a half hour, and the other to do twice that many tasks in the same period of time. The women were further divided into groups that performed the tasks on uncrowded weekdays or crowded weekends.

After performing their tasks, each woman was instructed to meet one of the researchers in a deserted hallway of the mall. Before the researcher would arrive, however, a planted bystander would feign the loss of a contact lens.

The researchers found an extraordinary correlation between those who helped in the search for the lens and low-density and low-task load. Eighty percent of the low-task subjects in uncrowded mall conditions helped look for the lens, while none of the high-task, crowded group offered help. One-third of the mixed groups (a low-task and high-density or vice versa) offered assistance. The low-task, low-density persons also spent the most time helping find the lens before the researcher arrived.

The researchers conclude that stress, both in work load and crowded conditions, carries an aftereffect that reduces the attention capacity of individuals and decreases the likelihood that they will help those who need assistance.

Workspaces

Density and crowding can have an effect on work performance as well as on helping behavior, according to a University of Tennessee study. Psychologists Eric Sundstrom and Douglas Kamp surveyed 98 persons—67 secretarial, clerical or mechanical workers and 31 supervisory, administrative or technical people. The results from each person were correlated with their individual workspaces and environments.

For all those surveyed, workers expressed greater satisfaction with workspaces they rated as private and quiet, and with workspaces with more enclosed sides and distance from co-workers. For the secretarial-clerical-mechanical group, supervisors' ratings of performance also correlated with workers' ratings of their spaces, indicating a preference for those with more enclosed sides and fewer neighbors. Such findings may have practical value, the researchers suggest.