

Ráðstefna og stjórnarfundur EFPTA í Reykjavík, apríl 2007.

Dagana 22. – 24. apríl árið 2007 héldu Samtök sálfræði- og uppeldisfræðikennara á Íslandi ráðstefnu fyrir hönd Evrópusamtaka sálfræðikennara (EFPTA). Erlendu gestirnir voru 14, frá 6 löndum (Englandi, Þýskalandi, Hollandi, Skotlandi, Finnlandi og Danmörku). Þar af voru flestir í stjórn EFPTA en einnig nokkrir þess utan. Íslensku gestirnir voru 12 talsins og þátttakendur á ráðstefnunni því 26.

Fundarstjóri var Kristján Guðmundsson og fórst honum verkið einkar vel úr hendi.

Ráðstefnan byrjaði á Þjóðminjasafninu. Fyrsti fyrirlesarinn var Jörgen Pind, prófessor í sálfræði við Háskóla Íslands. Hann talaði um sögu sálfræðinnar frá Leipzig til Reykjavíkur, með viðkomu í Kaupmannahöfn. Fyrirlesturinn var að allra mati frábær, áhugaverður og skemmtilegur.

Eftir hádegismatinn fengum við leiðsögn um safnið í klukkutíma og höfðu gestirnir mjög gaman af því. Eftir hádegið talaði Marie Morrisson, sérfræðingur í prófamálum, um stöðu sálfræðinnar í Skotlandi, Árni Kristjánsson, dósent í sálfræði við HÍ ræddi um rannsóknir í taugasálfræði og Ari Halldórsson, kennari úr Borgarholtsskóla sagði okkur frá notkun Moodle-forritsins í skólastarfinu.

Þessu næst var haldið í móttöku í Odda þar sem við hittum marga kennara úr sálfræðinni í HÍ, má þar nefna Sigurð J Grétarsson, Friðrik H. Jónsson, Jakob Smára, Árna Kristjánsson og Jörgen Pind og Sigrúnu Aðalbjarnardóttur. Þetta var mjög fjúrgt og skemmtilegt og mikið spjallað um heima og geima.

Á laugardaginn voru gestirnir aftur sóttir á hótelið og þeim ekið í MK. Þemað þennan dag var unglingurinn. Sigrún Aðalbjarnardóttir, prófessor í uppeldis- og menntunarfræðum við HÍ, hóf dagskrána með erindi um tengsl þroska unglingsins og áfengisneyslu og er skemmst frá því að segja að hún heillaði alla upp úr skónum. Því næst kom Daníel Þór Ólason, lektor í sálfræði við HÍ og sagði okkur frá rannsóknnum á spilafíkn, mjög áhugavert og fræðandi. Eftir hádegishlé kom Haukur Haraldsson sálfræðingur, sem starfar hjá Hafnarfjarðarbæ, og sagði okkur frá starfi sínu að forvarnarmálum í bænum

Stjórn EFPTA hélt til stjórnarfundar á Reykjavík Centrum síðdegis.

Um kvöldið var boðið til kvöldverðar á Reykjavík Centrum, þar ríkti almenn ánægja og gleði með ráðstefnuna og var mikið fjör.

Á sunnudeginum héldu Gunnar og Harpa með góðan hóp erlendra ráðstefnugesta í lítið ferðalag. Fyrst var farið í Bláa Lónið, því næst að skoða hverasvæði á Reykjanesi og loks var haldið á Þingvelli.

Sjá má nánari umfjöllun um erindi ráðstefnunnar í fréttabréfi EFPTA, hér fyrir neðan.



Editor's Note.

This issue of the Newsletter focuses on the conference held in Reykjavik, Iceland, in April 2007, bringing summaries and excerpts of the various lectures. One special theme was **Adolescence**.

First Jari, President of EFPTA, reflects on what EFPTA has achieved up until now and what it is going to work on in the future.

I want to thank those who have contributed to this issue of the Newsletter.

Annette Priskorn, editor, priskorn@hotmail.com

Reykjavik - Bologna - Tallinn

Last April EFPTA had a conference in Iceland. Psychology teachers of Iceland had organized everything well.

We arrived on Thursday evening and had dinner together with some of our colleagues. We had a good chance to talk about the future of EFPTA. The following morning we went to the National Museum where the Congress was held. Aldis Gudmundsdottir welcomed us to Iceland.

When I look back and think where EFPTA stands and what we have achieved, I can see that we are in good hands. First of all we have regular meetings. We can organize two seminars or conferences in a year in different parts of Europe. We have a newsletter which we publish twice a year. We have an updated website. We make both ends meet, and what is most important, if we have different opinions of various matters, we can always find solutions. This is something we can be proud of.

What are we going to do next? We are going to organize conferences in countries where we haven't been yet. We will help people to see how important it is to teach psychology at the upper secondary level. The next conference will be in Italy, and hopefully we can invite some important people there to listen to us.

If we really want to help psychology teachers in various countries introduce

psychology as a subject at the upper secondary level, we need some special people to help us. That's why we are going to register our federation. We can no longer just be a group of active people. We need official status. And we need back up. And that's the reason why we are also going to become affiliated members of The European Federation of Psychologist Associations. They can support us whenever we need it.

Psychology teachers of Iceland did an excellent job in April. Lectures were well chosen. The historical part was interesting. One lecture was especially relevant for Icelandic teachers, but it was interesting to hear about the research being carried out there. Iceland is a beautiful country. Thank you for inviting us there.

In Scandinavia the 24th of August

Jari Honkala
President
European Federation of Psychology Teachers' Associations

“From Leipzig to Reykjavik via Copenhagen”
Dr. Jorgen L Pind. (Professor of Psychology at the University of
Iceland.)

At the start of his lecture Dr Pind pointed out that though William James, in 1867, said “the time has come for Psychology to begin to be a science”, it was Wundt in 1862 who proposed that the experiment was the “proper way” to proceed, saying that Psychology “will have its own laws accessible to dissection”. The Gedankenmesser, or “thought meter”, was one of the earliest devices used to measure the order in which humans could perceive sounds and visual stimuli, and it soon became clear that there were clear individual differences in perception.

As Professor of Philosophy in 1885 Wundt received ample funding for his first laboratory in Leipzig. Lehmann, an engineer, was to arrive later, and, along with Cattell, they carried out “Psychophysical experiments” using a variety of measuring devices. In one experiment they selected participants with little or no musical awareness to find out how well individuals could distinguish musical tones. They are even said to have carried out an experiment in Cattell’s flat using three participants, including Lehmann, to find out the effect of poison (hashish!) on consciousness. Cattell remained sober so he could observe the behaviour of the others and, (despite being told not to) Lehmann had a large meal before taking only three out of six tablets. By 8pm there was a lot of laughter from the other two as they attempted to read or play cards. Lehmann appeared to be unaffected until, at 10pm, he started to experience the same sensations. This early experiment was to demonstrate the modifying effects of food consumption, and dosage, on the impact of drugs.

Dr Pind went on to describe how the first laboratory in Copenhagen was established in the basement of a school, around about the same time as William James’ laboratory was set up in the USA, but was used mainly for teaching. At this point he transported

our minds to Iceland, where a 13 year old shepherd boy called Finnbogason wished to study at the Grammar School in Reykjavik. He persuaded a priest to teach him Latin and in 1892 he went to the Latin School. In 1896 he went to Copenhagen University, supported by a fund for poor students, set up in 1569 by the Danish King Frederik II. His stipend was for 4 years though the course was to last for 5 or 6 years. He studied with Hoeffding for 5 years, during which there were no exams, before taking the final exam that lasted for three months and was based on 80 texts. (At this point we wondered what our students would think of this!!)

What did Psychologists do in Reykjavik in 1900? Well, a fund had been established earlier which paid for a 4 year project on "Educational Issues". Finnbogason decided to study the Psychology of Sympathy (actually the Psychology of Imitation) and he was awarded his first Chair in Applied Psychology at the University of Iceland in 1918. His work was to impact on what was described as Psychotechnics and Industrial Efficiency (now known as Applied Psychology)

In 1922 50 young women took tests to select 7 for jobs in the telephone exchange...could this be considered to be the first use of psychometric testing? Later Bell Telephone laboratories recruited 16000 women for the telephone exchange, basing their selection on 14 "psychophysical processes" necessary for the job.

In conclusion Dr. Pind pointed out that, in Iceland, Psychology became a separate subject in 1918 and that Finnbogason became regarded as a pioneer in his field.

Dorothy Coombs

Psychology in Scotland today: Successes and Issues.

Marie Morrison, the Principal Assessor for Psychology Higher, and Advanced Higher, and "Lead Specialist" for the Scottish Further Education Unit.

Marie opened her lecture by explaining how and why the education system in Scotland differs from those in the rest of the UK. Scotland was an independent country until the beginning of the 18th century, always placing great emphasis on education, and, although it has been part of the UK for 300 years, there remains a strong Scottish cultural awareness. She presented some interesting images derived from the Scottish Parliament building in Edinburgh, and outlined some facts and figures relating to the country itself. The ageing population is a little over 5 million and there is a skills shortage that has led to a dependence on migrant labour to fill some jobs.

Responsibility for education was devolved from Westminster to the Scottish Executive Education Department and there is a National Curriculum for young people aged 5-14. Nursery education, from age 3-5, is optional, as is Upper Secondary education (16-18). Between the ages of 14 and 16 students can choose to study optional subjects along with certain core subjects such as Maths and English. These will vary from school to school, so some offer Psychology but not all. A new, learner-

focussed, Curriculum for Excellence is to be introduced into schools and colleges in August 2008.

All teachers in schools are regulated by the General Teaching Council for Scotland and must have a degree in their specific subject as well as an initial teaching qualification (one year graduate diploma) followed by 270 days of probationary teaching under supervision. The situation in colleges is slightly different and, due to their historical “vocational” nature, there are no mandatory qualifications for lecturers, who have tended to be appointed on the basis of “experience”.

Scotland was relatively late in introducing the teaching of Psychology at pre-degree level. The Higher National Certificate and Diploma in Social Science had optional units that included Cognitive, Social, Biological and Developmental Psychology as well as Research Methods, Issues and Debates. Assessment was internal in both cases. National Qualifications were introduced in 1999 at Intermediate and Advanced level, and are taught in schools, colleges or in partnerships between the two. Psychology at Higher level aims to develop transferable skills and to stimulate curiosity, enjoyment and opportunities for self-development. It is thought that the study of this subject has the unique potential to promote the development of cognitive, emotional and social skills, which will enhance the students’ own capacity to learn and be self-aware.

In the final section of Marie’s lecture she described, in detail, the Higher and Intermediate courses and some of the issues surrounding their introduction in 1999. She said that the popularity of the subject was clearly reflected in the increased number of entries from 450 in 2000 to 2,627 in 2006, and that many resources have been developed to support the teaching of Psychology at all levels, but expressed concern that there is no requirement for lecturers to be registered with the General Teaching Council. This is an issue that is being challenged by the Association for the Teaching of Psychology (Scotland).

Dorothy Coombs

IT in the Classroom; CMS in Borgarholtsskoli

(by Ari Halldorsson, a teacher at Borgarholtsskoli College)

In this lecture Ari described how a variety of CMS (Course Management Systems) have been developed in recent years. These include “Myschool” and “Blackboard”. Each is a web application that runs on a browser and they all provide the facility to store information that can be accessed on-line, reducing the need for photocopying. Most allow teachers to save video sequences, enhancing the learning experience for visual learners, as well as providing software for the generation of on-line quizzes that can be used to track the students’ progress. The particular system he demonstrated in this session was “Moodle” which was developed by Martin Dougiamas in Perth, Australia, and which is available free on the internet, with translations available in over 40 languages.

The pedagogy surrounding the use of on-line materials with which students can interact has been supported by Social Constructionist Theory which argues that people learn most effectively when they interact and convert information before sharing it with others. Ari presented examples of what this system can do in relation to course delivery and assessment, and this sparked off a lively debate among the delegates, some of whom welcome this technology and others who don't! Some teachers expressed concern at the prospect of losing the opportunity to discuss issues with students, face-to-face but Ari assured the audience that the intention is not to lose this, but rather to move towards "hybrid" courses which provide the "best of both worlds". Materials are moved to the portal (or intranet) to which all students have access, they will work on them independently in whatever way is appropriate and this will leave time for face-to-face discussions. On-line discussion will provide opportunities for those students who may not contribute otherwise, such as those who lack confidence or those who miss classes due to illness etc. Ari claimed that this leads to higher levels of participation because students who have grown up with on-line communication find it easy. Those who do a significant amount of paid work might benefit from being able to access the materials whenever they wish to.

In short Ari proposed that this kind of course management system can provide a more effective and efficient learning opportunity than more "traditional" teaching methods.

Dorothy Coombs

How to Co-ordinate Community-Based Resources for Young People in a Small Society

By Haukur Haraldsson, Head of Department of Adolescence Prevention

Haukur Haraldsson is a Clinical Psychologist in the small town of Hafnarfjörður, near to Reykjavik. The town has a population of 23,275, (this, according to Haukur, does not include elves and fairies!) and he suggested that there is a relatively high incidence of problem behaviours among adolescents. In terms of recreational facilities each school for children aged 10-15 has a youth centre and there are various clubs for children to attend, though the policy on recreation tends to apply to what he described as "normal kids". Schools also provide a variety of opportunities for children to engage in organised sports, though as Haukur pointed out, the problem children often do not like going to school. There is a "Prevention Advisor" at the Youth Shelter which is based in the old library and each elementary school has a psychologist, an advisor/counsellor and access to parental management training as well as cognitive-behaviour therapy. Prevention courses are also available for 15 year-olds. High schools all have a counselor/advisor and a prevention advisor and the police will visit if requested.

Despite all these systems, and resources, Haukur explained that in the year 2000-2001 there was a "drastic" increase in violence and drug abuse. Behaviours such as spraying paint, pushing elderly people etc spread "like a virus" as a result of conformity but, since the introduction of an innovative intervention programme he said that this kind of anti-social behaviour has been reduced. He described how the waiting list for child psychiatry was 12-18 months long and many children with

ADHD were simply not being treated. When therapy was available it came at an enormous cost as, typically, between 10 and 12 sessions were required.

In order to tackle some of these issues a group was formed, made up of representatives from all the relevant agencies (not, as he described, “top people”) who were to work together. This group comprised of people from social services, schools, police and youth centres, as well as prevention officers. Haukur said that their motto was “Just do it!” and they aimed to cut out all hierarchies and what he described as red-tape.

Youth Centres for “kids at risk” were established and the employees, who were 20-25 years old, were trained in basic knowledge of psychopathology. There was increased co-operation between youth centres and schools and a competent group leader was appointed in each school. Personal advisors, who were employees of the youth centres, were set the goal of improving the personal and social skills of the adolescents in the community in order to help them to function better at school. There was an art therapy class for social phobic girls in one high school and a group for “socially handicapped” youngsters in a vocational school. The working group is currently carrying out a survey of the mental health of adolescents aged 16-18.

Haukur went on to report how official police data suggests that the programme is working. The population has increased but the incidence of law-breaking has decreased, though he argued that it is not yet addressing the drug problem. He emphasised the need for young people to use the summer time for recreation and he suggested that one way to do this would be to offer free sporting facilities for all children under 12.

Several of the teachers in the audience identified with many of the issues raised in this lecture and were keen to contribute to a discussion at the end. It was generally agreed that co-operation between the various agencies is vital to early intervention, and that the cutting of red-tape and waiting lists is to be admired. Most supported the notion that sport and recreation are vital to the development of positive self esteem and some commented on the unfortunate situation in which many teachers find themselves where there is little time for either in an increasingly packed curriculum.

Dorothy Coombs

At the conference in Reykjavik Dr. Sigrún Aðalbjarnardóttir, Professor of Education at the University of Iceland, gave a very interesting and committed lecture on **Relationships and Maturity**. Her talk was based on her paper

**Adolescent psychosocial maturity and alcohol use:
Quantitative and qualitative analysis of longitudinal data**

Sigrún Aðalbjarnardóttir's abstract

Based on a psychosocial developmental framework, this study used a mixed model design, including both quantitative and qualitative methods, to examine the relationship between adolescents' psychosocial maturity and their alcohol use. A sample of 1,198 10th- grade students (51% female) was surveyed and followed up two years later. *Both concurrent and longitudinal findings indicated that the more psychosocially mature adolescents were less*

likely to drink heavily than those who showed less maturity. At age 15 this relationship was even stronger for those whose peers also drank. Further, at age 17, this linear relationship was more pronounced for those who drank less heavily at age 15. *Of the three psychosocial competencies examined, the construct of personal meaning was more strongly related to adolescent alcohol use than were the constructs of interpersonal understanding and interpersonal skills.* To illustrate this construct, two of the adolescents were interviewed, a girl and a boy, individually at the end of both school years. Thematic and developmental analyses of the interviews revealed individual variations in how the adolescents made meaning of their drinking; these encourage speculations that go beyond the general pattern found in the study.

For those who are interested in the whole paper, it can be found on the Internet.

This article is partly a summary and partly brings long excerpts of the paper. The main focus is on the interviews with the two adolescents whom Sigrún Aðalbjarnardóttir calls Edda and Bjorn.

Background

The use of alcohol is one of the most common types of risk-taking behaviour among adolescents in the Western world. Much important research on teenagers' drinking habits has been carried out, but only few have studied the different *developmental* ways in which they understand the risks of their drinking habits. In general it has been found that adolescents do not seem to relate their knowledge about risks to their own risk-taking behaviours. Sigrún Aðalbjarnardóttir's study is the first to study the relationship between level of maturity and risk-taking behaviour longitudinally.

The psychosocial developmental framework

This study asks three essential questions

1. From a developmental point of view, how do adolescents *understand* the facts they are provided with about the risky business of substance use, such as drinking alcohol?
2. How do they *reflect on* their own drinking?
3. How do they *apply* that understanding in their relationships with family and friends?

In these questions are found three constructs of the psychosocial developmental framework which are closely related:

- interpersonal understanding
- interpersonal skills
- personal meaning

Interpersonal understanding refers to how individuals understand facts about the nature of risks, in this case alcohol use, in the general context of social relationships.

Interpersonal skills refer to the repertoire of strategies they have available to manage risks.

Personal meaning refers to how adolescents make meaning of the risks they take or choose not to take in relation to the quality of their personal relationships.

Quantitative method

Quantitative results showed that *personal meaning* was the strongest of the three, both concurrently and longitudinally.

Qualitative method

Focus was on the *personal meaning* adolescents make of their drinking because the quantitative analysis showed this to be the strongest construct of the three psychosocial competencies in predicting adolescent alcohol use.

The semi-structured interviews with adolescents included open-ended questions about risk-taking behaviour with regard to drinking. Two trained interviewers carried out the questioning with Edda and Bjorn in individual 1- to 2-hour sessions at the end of each school year. The interviews were audiotaped and then transcribed for analysis. Sigrún Aðalbjarnardóttir has analysed the interviews:

Here follows quotes from and comments on the two interviews in full:

The personal meanings adolescents make of drinking

Edda's perspectives seen through thematic lenses:

Edda had just turned 16 when she was first interviewed. Having started drinking on her 13th birthday, she has continued, "*just because it is so much fun. I always have such a good time. I enjoy myself in quite a different way. Everything becomes so much fun when you're drinking. You're not as shy and closed.*" Two major themes emerge: her emphasis on her *personality* (stable), and her level of *maturity* (change).

Edda at 16. Edda starts by commenting on her continued drinking, elaborating on her stable *personality*:

"I am the type who drinks. I am like that, I don't think much about my studies. My social life is my priority and I participate in everything that is happening. If there is a party or dance or just something happening, then I have to be there, I am like that. I cannot miss out on anything, or I feel bad. I just cannot miss anything."

Edda portrays herself as someone who is excited about her social life and cares less about school. However, with respect to the theme of maturity, between 13 and 16 she feels she has become more serious: "*I was just silly, you know. I didn't care about anything, just did everything. I was wild. School and so on didn't matter to me. I take this more seriously now.*" She further refers to the change in her level of maturity: "*I wasn't mature enough. I feel now that I was too young to have started drinking when I was 13. I drank too much in relation to my age. I was somehow so silly then.*" She now speculates "*a bit more about what can happen*" and is "*more mature.*"

Of her personality traits, Edda emphasizes her determination to do what she decides to do. Throughout both interviews, she reports that her mother knows from experience that she cannot prevent her from drinking, since it is something she has decided to do. For example, at 16, she emphasizes: "*I am that way. When I decide to do something, I do it regardless of what Mom says.*" Acknowledging that other adolescents may react differently to their parents, she adds, "*Certainly, it differs. Not all of us are the same. I*

mean, certainly some parents have succeeded in convincing their children not to start drinking." Illustrating her openness to and trust in her mother, whom she feels "understands" her, in both interviews she enjoys describing how she told her mother beforehand when she planned her first "serious drunk"; none of her friends, she said, dared to tell their parents.

Further describing her determination, at 16 she acknowledges her friends' influence on her, but says she is "so determined" that she could control her drinking and stop whenever she wanted to: "If there is anything I am determined about doing, then I do it." She has already stopped drinking for a while because she felt she was "drinking too much. We were just always drinking and did not do anything else on weekends. I just found it boring." Edda cannot conclude she will not "become addicted to alcohol," but finds it "unlikely" and refers to problems other people face, such as genetic and family situational risk factors.

Edda at 18. Emphasizing how much she has changed over the last two years, she says she has gained "a little maturity...I am more grown up." Now she relates her psychological need for drinking more to the cultural context than to her own personality:

"When I go out to have fun, then I have a drink. I cannot imagine us going to a party where everyone is sober. That would not be a party. Icelanders are so socially repressed, or I think they are. They cannot have fun without drinking, I mean at least a large proportion of them. People cannot dance or talk with others except if they are under the influence."

She further speculates on whether she was one of these repressed people when she started drinking: "Maybe I was repressed." Now at 18 she has reduced her drinking - "I have settled down" - and drinks only when something "very special is going on." She can go many months without a drink and then drink "moderately." But she still enjoys it, as she becomes more "cheerful" and "lively" and "everything becomes more enjoyable."

We note that at 16, drinking played a considerable role in Edda's social life, and she had a positive attitude towards alcohol consumption. Two years later she has become more ambivalent. Why has her attitude changed? Part of the explanation may be painful experiences in the lives of some friends. Edda tells a long and dramatic story about several friends, particularly boys, who started to drink as early as she did, and have now gradually become addicted to illicit drugs. When asked if she differed in any way from her friends, Edda responded by referring to their different levels of maturity:

"I just think they stopped growing during those years. I just feel they still behave like 15-year-olds. They somehow think differently; they seem not to care at all about their lives. I want to finish school and get a good job, buy a car and so on; that is what I am interested in, and not waste my time in nonsense like this. I don't think I could ever go downhill like that."

This experience has been "shocking" for Edda: "I can hardly believe that my friends became so hooked." It has clearly left a deep mark on her understanding of substance

use. She suggests that "*it all starts with the alcohol*" and elaborates on how drinking can lead to cigarette smoking and illicit drug use. Through both interviews, she is equally certain, given her "*determined*" personality, that she can "*control*" her drinking. In fact, reflecting back at 18 she says she "*never got into any trouble*" related to her drinking, "*like with the police,*" and that she often helped her friends get out of trouble. Further, she claims, she has always been "*determined*" not to try illicit drugs even though all her friends had tried them. Having watched her friends' experiences, staying away from drugs has become even more important for her: "*I have seen what [drug use] can do to people. I wouldn't like to be like that.*"

Edda's Perspectives Seen Through Developmental Lenses

Taking a developmental perspective, as we listen to Edda's comments about her own continued drinking, we observe that when she had just turned 16, she was already reflecting on her psychological needs ("*not as shy and closed*") and personality ("*I am like that*"). In other words, she adopts a personalized and self-reflective perspective on her actions. She sees her own individuality as a cause of her actions ("*If there is anything I am determined about doing, then I do it*") and differentiates her own personal needs from those of others ("*Not all of us are the same*").

By 18, she has taken a further step toward complexity in her ability to differentiate and coordinate various perspectives, by putting her thoughts into a broader cultural context. We observe this thinking in particular when she places her drinking and feelings into the Icelandic cultural context, where she feels people are "*repressed*" ("*Maybe I was repressed*") and cannot go out and "*enjoy themselves*" without drinking.

Further, even though in both interviews Edda views maturity as a process, one that she and others can change over time, at 18 she expresses her level of maturity in a more complex and future-oriented way. At 16 she defines maturity looking back to age 13, but by age 18 she defines maturity as looking forward. At 16, she speaks of having gained more knowledge of "*what can happen when under the influence as compared to having been 'silly' when she was younger and 'not knowing what I was doing.'*" In other words, according to Edda, at 16 the maturity process in the context of drinking seems to mean gaining more knowledge about what can happen when drinking (a need-based and self-reflective level). At 18, she assigns different levels of maturity to different ways of thinking, seeing the self within a future time perspective. Her friends who became addicted to drugs seem to her not to have continued to grow after finishing compulsory school (grade 10, age 15) and do not seem "*to care about their lives.*" In contrast, she now has clearer future plans and is more responsible in her studies which she feels will help her meet longer-term goals. Accordingly, at 18, maturity depends more on thinking about one's drinking and substance use in a broader perspective with regard to one's future. To her, maturity now means being better able to face the risks involved in substance use, and recognizing future concerns about education and work

Bjorn's Perspectives Seen Through Thematic Lenses

Bjorn, who is also turning 16 when first interviewed, reports that he started drinking in the 9th grade at age 14. Two important themes emerge from our conversation about

what drinking means to him: *connection* and *control*. He relates both themes to the broader context of his social life.

Bjorn at 16 says he values drinking because it enhances his social skills. In particular, it helps him manage his strong attraction to girls. Drinking helps him overcome what he feels is his natural shyness:

“For instance, if you were really stuck on some girl, ... You're maybe talking to her normally, like, but then when you're drunk and see her, you can come up with "Oh, I've always been in love with you" and so on. And if it sounds like only drunken blabbering, just the same, you know she'll remember it but ... she won't feel stupid. You're not stupid even if you say something like that, because you were drunk. But it has an effect all the same, you know.”

Second, Bjorn, at 16, speaks of the personal costs and dangers of drinking. Clearly the worst is the humiliation he would feel if he were to lose his self-control while under the influence.

“More than anything, I don't want to make a fool of myself again like the time I got sick at a family party and was carried out. I felt terribly embarrassed and ashamed of myself. I don't want to do things I can't remember doing or do things I would really regret... You know, I don't want to wake up in some alley with my pants down around my ankles and a used condom beside me.”

Bjorn has no desire to abstain, but he wants to be able to control his drinking. He does not want to become addicted and confidently predicts he will follow in the footsteps of his mother, who drinks moderately, rather than those of his father, an "alcoholic" who has stopped drinking. Thus, at 16, drinking for Bjorn means both loosening inhibitions enough to *connect* with others, particularly girls, and the challenge of maintaining some *self-control*.

Bjorn, at 18, raises similar themes of *connection* and *control* when reflecting on his drinking. He drinks because "*drinking has become a natural part of my social life; it is a social act.*" Reflecting also on his cultural context, or in his words, "*depending on what the society is like,*" he finds it quite natural to drink: "*This certainly might not be natural somewhere else. People know that Icelandic adolescents are pretty free and wild compared to Turkish teenagers.*" Bjorn has been drinking more in the last year, particularly after working abroad the summer before. Though he has gone to some parties without drinking, he and his friend have just decided against that: "*I might not be a strong enough character, but I found myself so boring; I couldn't laugh at the jokes and so on.*" Reflecting his relational orientation, he is less concerned when he himself is bored than when he feels he is boring to others.

Bjorn uses alcohol to *connect* - in a larger group to get attention and in a smaller group to feel more intimate. He starts by telling why he has continued drinking: "*I find it more fun to be among people when under the influence. I find everything more humorous; I become more open and more daring and more talkative.*" He says emphatically that he does not have "*the problem of being closed,*" nor does that lead him to drink: "*On the contrary, in fact, I am very open and most often I attract people's attention.*" In that regard, for example, he enjoys what he calls "*making a*

flashy entrance" with his friend at parties. If he wasn't "a bit high" he wouldn't "dare to arrive in such a style." But when he does so, "the party revolves a bit around" him, and he is "the life of the party," "the center of attention." At this point in our conversation, he straightforwardly relates this to the two concerns he finds important. First, he says seriously, "Now I am talking about a basic human need; of course we are social beings and we want to relate to other people." Second, he points out how natural it is for people to want attention: "everyone has the need to feel special and to be known for something special." He provides some examples of this need in others; he himself wants to be known for his leadership in theater work, for which he has already been recognized at his school.

Turning to how drinking can help promote intimacy in smaller groups, Bjorn says people often connect after having opened up to each other: "We talk about 'a confidential moment' that we often have in a drinking session, when somebody starts talking about their own deepest feelings. We really enjoy that; we often connect better afterwards."

Bjorn finds it "enriching" to know many people, which he relates to his "psychological interests" in "different personalities," his and others' "social interactions," and his own "thoughts" and "feelings." He adds, "I think I reflect a tremendous amount on people's social interactions and, what can I say, on psychological matters." To him, drinking is one context in which to explore and share his interests in human life. He also has enjoyable and challenging non-drinking conversations with his close friend as they "speculate philosophically about life," "human nature," their own "social interactions" and how they "connect" with others. "Sometimes," he says, "if we have been out having fun, and I have the car and drive him home, we sit in the car in front of the house for hours talking about life," feeling "close" as they enjoy their conversations. This closeness with a friend, this sharing of mutual interests and involvement, may protect him from drinking more heavily in order to connect.

Thus at 18, though Bjorn says drinking is recently a more significant part of his social life, it is not its driving force. He uses alcohol to connect with others as one of several approaches to meet what he perceives as basic human needs - to feel special and to socialize, including feeling intimate. Accordingly, he emphasizes the importance of both individuality and sociability.

With regard to *self-control*, as was true at age 16, it is important to him not to feel ashamed later about his behavior while drinking. He confides:

"I often become inconsiderate in dealing with someone when I drink and regret it later when I get sober.... Let's say when I am drunk, then I may act more persuasive towards women than I would otherwise, and I regret it later. I might just want us to be friends. It has happened that I have spent the evening with a girl and afterwards I have found myself hurting her feelings because I haven't wanted to continue dating her. These girls have called and some problems have arisen."

Bjorn still believes he is not at risk by drinking and emphasizes his "good psychological control" over his behavior. In this regard, he refers to his temperament and his social competencies: he has a "good nature," and is "a man of peace," "a good

negotiator," and *"skilled at debating."* However, he thinks some personal characteristics might make him more vulnerable towards becoming an alcoholic like his father. Unlike his father, who stopped drinking more than a decade ago, he feels he is not *"strong willed"* enough, that *"he lacks drive,"* and that he tries too hard *"to accommodate others."* Still, he sincerely doubts his drinking will create problems. He wants it to be a controlled part of his life, not a way of life in and of itself. Interestingly, he seems aware of the tension between his two themes of keeping control and of connecting with others.

Bjorn's Perspectives Seen Through Developmental Lenses

When he was just turning 16, Bjorn did not see a strong difference between adolescents who do and do not drink based on that fact alone (*"I mean, all sorts of people drink and all sorts of people don't drink. I don't think there's a lot of difference"*). Still, he could identify differences between himself and others based on a range of factors. These include individual differences in personality (*"I might be more curious, just more daring"*) and in the patterns of one's interpersonal relationships (*"I have a different family situation"*). These expressions suggest that in a self-reflective way, Bjorn differentiates his own personal needs from those of others.....

Two years later a clear progression in Bjorn's reflections can be observed. With regard to self-control, in both interviews he focuses on the consequences of drinking which he would like to avoid, especially shame. At 16, this feeling is self-directed (embarrassing himself); at 18, it is also directed towards others (hurting women). Thus, by 18 he coordinates the relation of self and other more clearly than at 16. Further, at 18 he focuses on how his temperament and social competence may help him control his drinking. Simultaneously, he acknowledges the genetic factor (alcoholic father) and the personality factor (not strong-willed enough) that may put him at risk. Thus, he can see the interactive nature of different forces around him

With regard to the theme of connection, at both ages he values drinking because it enhances his social skills - at 16 particularly with girls, but at 18, to get attention in a larger group, and to experience intimacy in smaller groups. Bjorn now places his drinking and his psychosocial need to connect more specifically into a socio-psychological context (*"drinking is a social act"*) and cultural situations (Iceland as compared to other countries). This represents a major developmental change in Bjorn's self-awareness over these two years. Furthermore, he places his psychosocial needs into a broader perspective of the basic human needs to feel special and to socialize. These are reflected in his special interest in human interaction: how enriching it is to know many people and engage in conversations with them to learn about life in different situations, with or without drinking....

Conclusion

The findings of the study indicate that *adolescents who express greater psychosocial maturity are less likely to drink heavily.*

Sigrún Aðalbjarnardóttir ends her paper with the following remark:

In helping children and adolescents to make healthy choices about the risks they face in using alcohol, the results suggest it is important to foster their general psychosocial competencies, and yet to base that work on the particular meaning each adolescent makes of his or her drinking.

Annette Priskorn

Problem gambling among adolescents
by Dr. Daníel Þór Ólason
Lecturer of Psychology at the University of Iceland

Daníel Þór Ólason's lecture on problem gambling among adolescents brought up a subject that has become urgent as an increasing number of young people become problem gamblers.

Ólason has kindly sent me his PowerPoint, and my article is based on this.

The objectives of the studies I

- What is gambling and problem gambling?
- Do adolescents gamble? (How much? What games?)
- The prevalence of problem gambling among young people (Gender differences, comparison with results from other countries)

Definitions

- Gambling can be defined as placing value upon a game/event that has an unpredictable outcome. The result is at least to some magnitude determined by chance.
- The essential feature of pathological gambling is persistent and recurrent maladaptive gambling behaviour that disrupts personal, family, or vocational pursuits (DSM-IV-APA, 2000)

Diagnostic Criteria (DSM-IV)

1. Preoccupation. The subject has frequent thoughts about gambling experiences, whether past, future or fantasy.
2. Tolerance. As with drug tolerance, the subject requires larger and more frequent wagers to experience the same "rush".
3. Loss of control. The person has unsuccessfully attempted to reduce gambling.
4. Withdrawal. Restlessness or irritability associated with attempts to cease or reduce gambling.
5. Escape. The subject gambles to improve mood or escape problems.
6. Chasing. The subject tries to win back gambling losses with more gambling.
7. Lying. The subject tries to hide the extent of his or her gambling by lying to family, friends or therapists.

8. Illegal acts. The person has broken the law in order to obtain gambling money or recover gambling losses. This may include acts of theft, embezzlement, fraud, forgery, or bad checks.
9. Risking significant relationship. The person gambles despite risking or losing a relationship, job or other significant opportunity.
10. Bailout. The person turns to family, friends or another third party for financial assistance as a result of gambling.

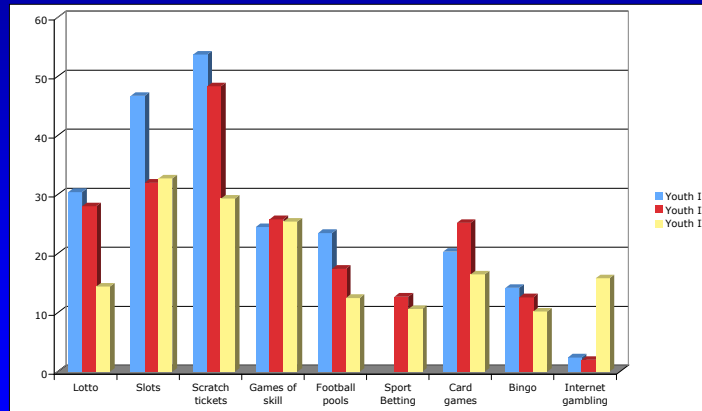
Icelandic Youth Studies

| Studies | Year | N | Instrument | Response rates |
|-------------------------|------|------|-------------|----------------|
| Youth I (16-18 years) | 2003 | 750 | DSM-IV-MR-J | Convenience |
| Youth II (13-15 years) | 2004 | 3573 | DSM-IV-MR-J | 77% |
| Youth III (16-18 years) | 2006 | 1513 | DSM-IV-MR-J | Convenience |

5

This table shows the number of young participants in Ólason's studies

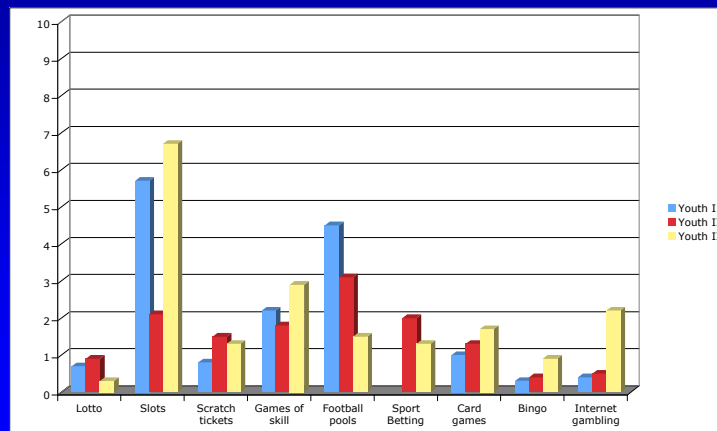
Total youth gambling



6

The different games from left: lotto, slot machines, scratch tickets, games of skill, football pools, sport betting, card games, bingo, internet gambling. The lower age limit for the slot machines is 18, but still 30% of Youth play them.

Regular youth gambling



7

The definition of 'regular youth gambling': once a week or more often. It is quite obvious that the slot machines have the greatest attraction.

Problem gambling

| | Youth I 16-18 years (2003) N = 750 | | Youth II 13-15 years (2004) N = 3511 | | Youth III 16-18 years (2006) N = 1513 | |
|-------|--|---------------------------|--|---------------------------|---|---------------------------|
| | <i>At risk</i> (score 2-3) | <i>PPG</i> (score 3-4) | <i>At risk</i> (score 2-3) | <i>PPG</i> (score 3-4) | <i>At risk</i> (score 2-3) | <i>PPG</i> (score 3-4) |
| Boys | 5.5% | 3.7% | 7.0% | 3.4% | 6.9% | 5.8% |
| Girls | 0.8% | 0.3% | 0.6% | 0.4% | 0.9% | 0.4% |
| Total | 3.2% | 2.0% | 3.7% | 1.9% | 3.8% | 3.0% |

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'At risk' shows the young people who are at risk of becoming problem gamblers, and
 'PPG' shows the young people who *have* become problem gamblers.
 As can be seen the percentage of problem gamblers is much higher among the boys than it is among the girls.

Comparison with other countries

| Country | N | PG % | Instrument | Year |
|----------------------|--------|---------|-----------------|-----------|
| North America | 7,700 | 4.4-7.4 | Various | 1985-1994 |
| USA-Louisiana | 12,066 | 5.8 | SOGS-RA | 2000 |
| Canada-Quebec | 3,426 | 2.6 | SOGS-RA | 1999 |
| Canada-Montreal | 817 | 4.7 | DSM-IV-J | 1998 |
| Australia | 926 | 4.4 | DSM-IV-J | 2005 |
| Europe | | | | |
| England and Wales | 10,000 | 5.6 | DSM-IV-MR-J | 1999 |
| Scotland | 2042 | 9.0 | DSM-IV-J | 2006 |
| Spain-Coruna | 1,200 | 2.2 | DSM-IV-J | 1997 |
| Norway I | 3,237 | 1.8 | DSM-IV | 2003 |
| Norway II | 12,000 | 3.2 | Lie/Bet+chasing | 2002 |

9

Ólason's explanation of Scotland's high percentage of problem gamblers is that Scotland has fruit machines.

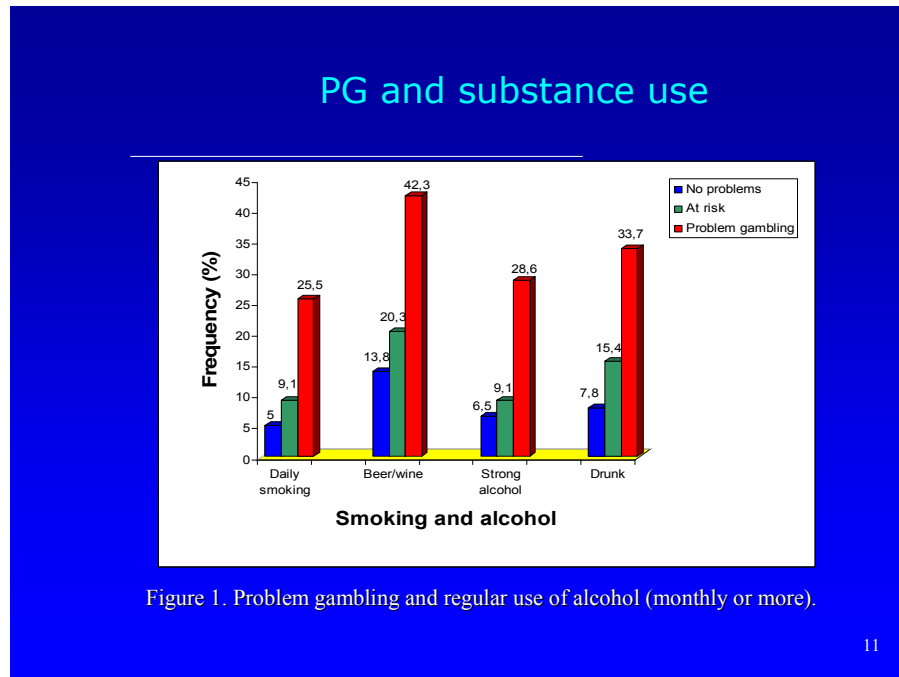
In Norway the percentage of problem gamblers is lower than in e.g. the U.K. and other countries.

The objectives of the studies II

Risk factors/correlates of problem gambling

- alcohol and drug abuse
- depression and anxiety
- cognitive distortions
- attention deficit hyperactivity disorder
- types of gambling
- gambling accessibility

Summary and conclusions



As can be seen there is a high correlation between problem gambling (the tall columns) and smoking and alcohol..

Grown-up alcoholics make up 15% of all problem gamblers.

PG and substance use II

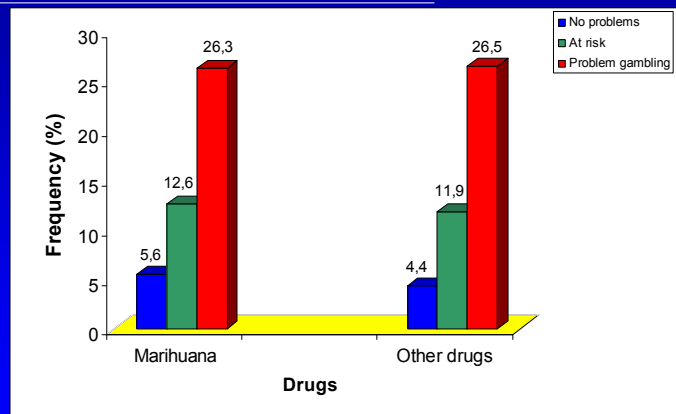
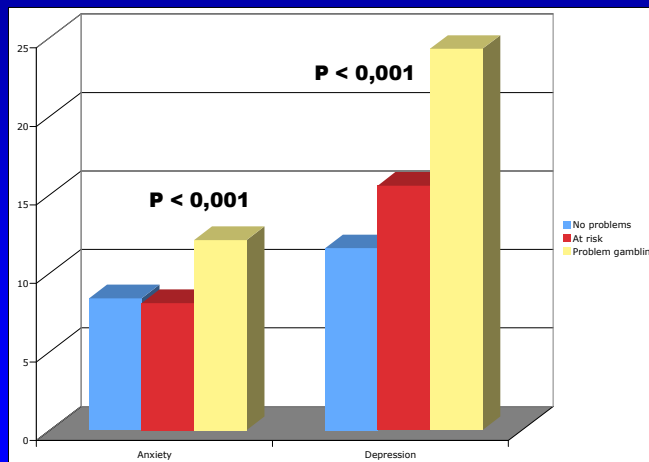


Figure 2. Problem gambling and use of drugs (at least once for the past 12 months).

12

There is also a high correlation between the use of drugs and problem gambling.

Levels of anxiety and depression by PG



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It can be seen that the degree of anxiety (the three columns to the left) and depression (the columns to the right) is higher among problem gamblers than those with 'no problems' and 'at risk'.

PG and cognitive distortions

| Statements | No problems | At risk | Problem |
|---|-------------|-------------|---------------|
| After losing many times in a row, you are more likely to win. | 17,6% | 37,8% | 44,6%** |
| You could win more if you use a certain system or strategy. | 31,1% | 51,2% | 70,8%** |
| I am more likely to win than others. | 5,3% | 16,4% | 44,6%** |
| I have earned more than I have lost in gambling. | 30,9% | 49,2% | 53,8%** |
| I can often anticipate when I will be lucky in gambling. | 21,3% | 55,5% | 64,6%** |
| As I gamble more the better gambler I will be. | 13,6% | 29,7% | 50,8%** |
| Total scores: Means (SD) | 4.78 (3.17) | 7.51 (3.40) | 9.41 (3.93)** |

** p ≤ 0,01: Note: All figures are percentages of agreement with each statement

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The figure shows that there is a high correlation between problem gambling and cognitive distortions. E.g. problem gamblers believe that the longer they play, the higher their chances of winning will be. They also think that they can train themselves to become better at winning.

PG and ADHD

- **Symptom counts of ADHD**
- About 7,2% of the pupils had symptoms of ADHD.
- More common among boys (8%) than girls (6,4%).

| Gambling groups | No symptoms of ADHD | Symptoms of ADHD | Chi-square |
|-----------------|---------------------|------------------|------------|
| Non-gambler | 96,1% (993) | 3,9% (40) | |
| Social Gambler | 93,3% (2024) | 6,7% (146) | |
| At risk Gambler | 75,6% (90) | 24,4% (29) | |
| Problem Gambler | 47,3% (26) | 52,7% (29) | 240,18**** |

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The figure shows that there is a high correlation between problem gambling and ADHD.

Note that it is more common among boys than girls.

Association with types of games

| Gambling activity | No problems | At risk | PG | correlation |
|-------------------|-------------|---------|-------|-------------|
| EGM | 7,8% | 43,8% | 64,1% | 0,45** |
| Card games | 3,6% | 24,8% | 57,8% | 0,44** |
| Internet gambling | 0,2% | 3,1% | 25,4% | 0,36** |
| Sport betting | 4,6% | 27,9% | 31,7% | 0,33** |
| Scratch tickets | 6,8% | 25,6% | 52,3% | 0,30** |
| Sport pools | 7,1% | 34,9% | 43,8% | 0,30** |
| Bingo | 0,5% | 5,5% | 22,2% | 0,29** |
| Games of skill | 6,0% | 20,9% | 43,5% | 0,26** |
| Lotto | 3,4% | 9,5% | 25,8% | 0,20** |

16

‘EGM’ stands for ‘electronic gambling machine’.
There is a high correlation between EGM and card games.

Multivariate analysis: Logistic regression

| | Youth II: 13-15 years | |
|----------------------|-----------------------|-------|
| | Wald test | OR |
| Gender (ref. girls) | 13.949** | 9.67 |
| Gambling machines | 4.665* | 2,36 |
| Card games/Poker | 7.975** | 3.299 |
| ADHD symptoms | 11.164** | 4.104 |
| Cognitive Distortion | 10.237** | 1.191 |
| Depression | 9.254** | 1.051 |
| Anxiety | 15.741** | 1.158 |

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A Wald test tests whether an independent variable has a statistically significant relationship with a dependent variable.
OR stands for ‘odds ratio’.

The table is to be understood like this: boys have a 9.67 higher risk of becoming gamblers than girls.

Accessibility of EGMs (electronic gambling machines) in Norway and Iceland

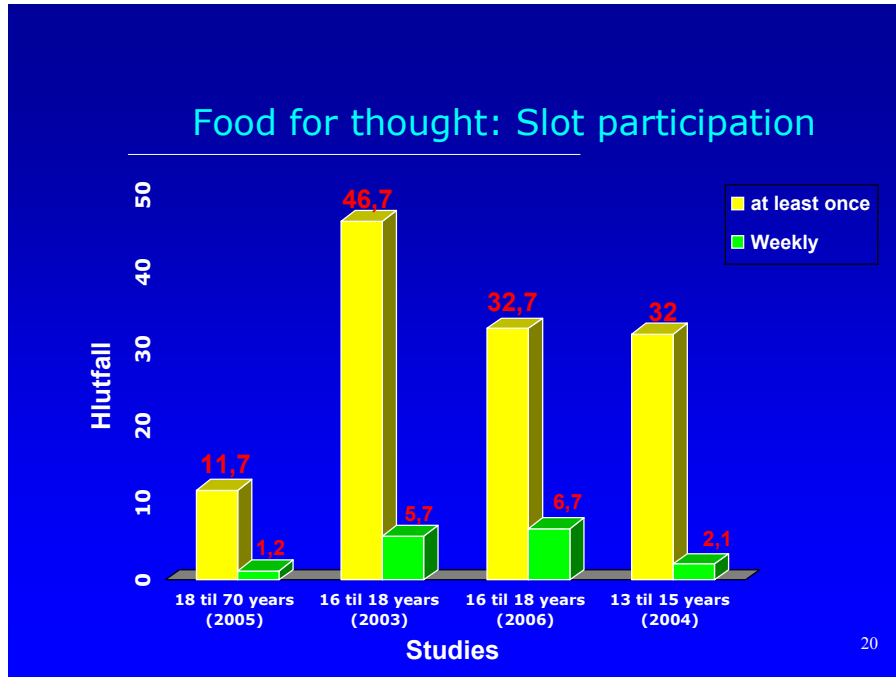
- EGMs are more popular among adolescents in Norway and Iceland than they are in the USA, Canada or Australia.
- Fruit machines are also very popular in the UK.
- Unlike the UK, there is an 18-year-old age limit for using EGMs in both Norway and Iceland.
- Like the UK EGMs are widely distributed in public places in both countries.
- Is it plausible that the easy access of EGMs in Norway and Iceland can explain the popularity of the game among adolescents?

EGM participation by location

| Location | Gambling frequency | | |
|-------------------------------|--------------------|-------------|-------------|
| | Never | Seldom | Frequently |
| GM in public locations | | | |
| Social gambler | 6.9 | 77.7 | 15.5 |
| At risk gambler | - | 58.9 | 41.1 |
| Problem gambler | 1.8 | 35.7 | 62.5 |
| Total | 5.9 | 73.5 | 20.7 |
| GM in Arcades | | | |
| Social gambler | 60.0 | 37.3 | 2.7 |
| At risk gambler | 33.3 | 56.5 | 10.2 |
| Problem gambler | 9.3 | 51.9 | 38.9 |
| Total | 54.6 | 40.1 | 5.3 |
| GM in restaurants/bars | | | |
| Social gambler | 78.7 | 19.7 | 1.6 |
| At risk gambler | 44.4 | 48.1 | 7.4 |
| Problem gambler | 28.6 | 46.4 | 25.0 |
| Total | 72.6 | 24.0 | 3.4 |

Note: All table values are percentages.

The table shows that many more problem gamblers play where the EGMs are in public places than where they are in arcades or restaurants.



Grown-ups play much less than young people.

Other correlates

- Problems gamblers were more likely to remember a **big win** at the start of their gambling.
- Problem gamblers were more likely to have **relatives** and **friends** with gambling problems.
- Problem gamblers were more likely to have more **difficulties in school**, **lower grades** and **truancy**.

Summary and conclusion

- Gambling participation is widespread among Icelandic adolescents, but unlike most other countries, EGMs are more popular.
- Problem gambling prevalence tends to be lower than in North America or UK.

Risk factors

- Gambling machines and card games (poker)
- ADHD is a risk factor, as for other deviant behaviour such as alcohol, drugs and crimes.

In relation to gambling it is important to correct for cognitive distortions in preventive and therapeutic work.

