

## For Duke psychologist

# Remembrance of things past comes easy

By Janet Mountz  
Duke News Service

"Bet you don't remember me," the young man said.

"Psych. 26-B in 1972," Dr. Ruth Day replied.

And although it had been six years since she had taught him, she also remembered the man's name.

Day, one of the newest members of Duke's Department of Psychology, has only been here several weeks, but she knew the names and faces of all her students by the second day of class. She also remembers the name and in many cases the course work of almost every student she has taught in the past nine years, about 2,000.

How does she account for this remarkable feat?

"It is not a single thing," Day said. "There are many ways to remember people."

### Natural interest

Much of her success is due to a natural interest and curiosity about her students.

By associating the student's face with his ideas and other distinguishing characteristics such as his class reactions, including facial expressions and posture, she is able to remember the student's name.

"Knowing the students makes for a good classroom. The more I find out about them the better. They appreciate being known and they work harder," she said.

### Learning about knowing

Day's interest in memory began with her work in mathematical psychology at Indiana University. She received a Ph.D. in experimental psychology at Stanford and served on the faculty there for a year before going on to Yale.

During her eight years of teaching at Yale, Day conducted research in the field of cognitive psychology, exploring such areas as memory, attention, problem solving and perception.

An animated blonde, Day is interested not only in the process of knowing, but also in the process of teaching individuals how they know. She keeps her students alert with classroom experiments designed to demonstrate how our mental processes work. Sometimes with surprising results.

### Associations

In one exercise, she read a list of about 20 related words such as fast, walk, creep, crawl, snail and poke. She then asked everyone to write down as many of the words as they could recall. When all had finished, she asked how many had written the word "slow," and about 75 percent raised their hands. "Slow" was not on the list.

"Everytime you hear a word, it brings to mind other associations," Day explained. "All of the words I read are associated with the word slow. Thus, memory is productive as well as reproductive. We recall facts, but we also

piece together what we think must have happened. That is why, given the same event, people often remember things that actually did not occur."

### Wrong cue blocks memory

Another demonstration involved a list of words and their definitions such as "bridge" — a card game. After reading the list, Day asked the class to write down the words as she reread definitions. For the definition, "a manmade structure," no one could recall what the word was.

Day had employed the simple trick of substituting a different meaning for the word "bridge."

"We often think about something in a certain way and store it that way in our memory," she said. "With the right cue, we can retrieve the information, but with a different cue, we can't recall it."

One of the most important things in developing a good memory, is knowing what not to do, Day said. She listed some memory do's and don'ts.

—Don't overextend yourself. For example, at a party where you don't know anyone, try to remember just a few names as you are introduced. Be discriminating. Ask yourself if you heard the name clearly and whether it is memorable. Sometimes, it's easier just to remember first names. Also, saying the name aloud can help.

—Don't try to remember a name until you have something about the person you can link to the name. If the person's name is Lockhart, some people suggest that you picture a lock on his heart. But that is an arbitrary image that is not based on anything about the person. Try to remember a distinguishing characteristic about the person himself.

—Do learn more about what things you remember easily and what things cause problems. Some people are better at short-term memory, where a brief amount of information is presented very

(Continued on page 4)

## Assumptions about health maintenance challenged

(Continued from page 1)

type procedures less than Britain and Canada."

### But not in high risk situations

Frame stressed that his biennial recommendation for Pap smears does not apply to certain high risk situations.

"Women who have multiple sex partners, or start sexual contact at an early age, and those women who are being followed for a suspected cervical lesion are all in a somewhat increased risk category for cervical cancer," he said.

### Some procedures ineffective

There are other screening procedures routinely performed by physicians that Frame thinks ineffective.

When asked what screening tests were most widely abused in the U.S., Frame said, "I think probably the annual Pap smear, the routine cardiogram and the

chest x-ray . . . A lot of money is being spent on these tests."

Frame also discouraged the use of baseline electrocardiograms (EKGs).

"Having an abnormal EKG doesn't really say anything," he said, "because you don't change the treatment of a patient just because you run an EKG and it shows an abnormal result. You still try to reduce the risk factors—obesity, smoking and high stress."

### Look for overall plan

Frame had some advice for persons who want to judge how effective their physician's screening program is.

First you should check to make sure that your physician does actually have an overall screening plan.

"A good screening plan should include tests for hypertension and routine tests for colon cancer for persons over age 50," he said. "Screening programs for women should routinely include checks for breast cancer, and Pap smears for cervical cancer, but not necessarily every year."

A complete annual physical examination is not necessary, he said.

"And a comprehensive screening program also should not include annual

chest x-rays or annual cardiograms," Frame said. "If you are getting these things, then you are paying too much."

### Most don't get enough screening

Frame cautioned that persons who have medical symptoms or chronic medical problems do not fall in the category of routine screening programs.

"These criteria for screening are for healthy persons without chronic medical problems," he emphasized.

Frame said that it is the minority of Americans, predominantly the upper middle or upper class, who are getting too much screening.

"The majority of people are not getting enough screening," he said. "It is the worker, those people who work in factories, in the fields and in the warehouses who are really getting less screening than they need."

Frame practices family medicine in Cohocton, N.Y. He is senior author of a comprehensive review of periodic health screening for adults, published in the *Journal of Family Practice*. He is a clinical instructor in family medicine at the University of Rochester School of Medicine.



NOVEMBER IS NATIONAL DIABETES MONTH, so designated to broaden public awareness of the disease and of efforts aimed at controlling it. Since 1968, the Carolinas' Camp for Diabetic Children (CCDC) has provided an enjoyable, safe and healthy recreational camping experience for children with diabetes. Above left, campers enjoy a day trip to "Sliding Rock" in the Pisgah National Forest, while in lower left it's time to "play ball!" Above, physician's associate student Joseph Conrad and several campers set out on a backpacking trip. The CCDC concept now is being expanded to weekends during winter months. The first weekend camp will be held in December, led by Duke medical student Mike Rocco and Fran Liebovitz, both of whom served on the CCDC staff this summer. Co-directors of the CCDC are Dr. George J. Ellis III, associate professor of medicine, and Dr. Jay S. Skyler, formerly an assistant professor of medicine here. (Photos by Deborah Seigler)