DISCUSSIONS
Undergraduate Research Journal of CWRU

Table of Contents

Dear Reader,

Thank you for taking the time out of your busy schedule to read Discussions. For those of you that are not familiar, Discussions is the Undergraduate Peer-Reviewed Research Journal of Case Western Reserve University. Our mission is to promote the discussion of Undergraduate research worldwide. It is my belief that undergraduates are performing unique, cutting-edge research that is often overlooked. Discussions helps present this research on a larger stage for young researchers to enter relevant conversations at the height of academia.

This issue features many articles from a wide range of disciplines. The topics discussed range from test-taking skills to the modern understanding of death. There will certainly be an article or two that will pique your interest. The articles were selected from a competitive pool of submissions. The articles in this journal were among the very best, and I would like to congratulate the authors on all of their hard work.

I would also like to announce the creation of our new website that can be found at case.edu/discussions. Our Director of Information, Linda Relson, spearheaded the new look and accessibility. In addition to the website, we have also launched our new Facebook page. Both of these changes signify the growth Discussions is experiencing. We recently doubled the size of our Editorial Board and hope to continue our expansion efforts as we take Discussions to new heights. Even by simply picking up this journal, you are supporting the continued efforts of the undergraduate research that occurs across the nation.

If you would like to be a part of the expanding Discussions, feel free to email me at nathan.kong@case.edu or to visit our webpage at case.edu/discussions.

As a reminder, if you have new and exciting research and would like to be published in a peer-review journal, our next submission deadline will be in September, 2013 and, for our second edition of the year, February 2014. Submission guidelines and more information are located in this journal as well as on our website: case.edu/discussions.

I would like to thank everyone who helped in the publication of this journal, including Media Board for being so supportive throughout the production. I would also like to recognize our outgoing Director of Public Relations, John Weibel. John played an integral role in our expansion efforts and we would not be where we are without his contributions. Additionally, I would like to welcome the new Editorial Board to the Discussions team. Lastly, I would like to thank Sheila Pedigo, our advisor, as well as the entire SOURCE office. Thank you for your time and attention and I hope you discover something new inside.

Sincerely,

Nathan Kong
Editor-in-Chief, Discussions Research Journal

"Irreversibility" and the Modern Understanding of Death

INTRODUCTION

Recent advancements in medicine have resulted in technology that allows us to have a better understanding of the essence of life. In turn, this has allowed us to more precisely identify the moment of death through certain criteria, whether through the cardiopulmonary criteria of death or through the newer, brain-oriented criteria of death. According to modern medicine (up-to-date medical technology and health care practices), human life is best measured by evaluation of brain function; however, the specific brain function that most directly relates to the essence of life has not been determined and is often debated (Wijdicks, 2012). At present, the criteria for brain death in the United States are broad, requiring *whole* brain death to be determined in order for death to be declared. Until further medical advancements again redefine the understanding of the "essence of life," the criteria of whole brain death is appropriate for practical use, as it captures the essence of life.

As a result of new brain death criteria, questionable and previously uncharted medical situations, including "do not resuscitate" orders, organ procurement and donation, and research on brain-dead patients, have arisen. These issues have increased the need for practical and definitive criteria for the determination of death. One proposal states that not only must an individual appear to be brain dead in a given moment, but they also must *irreversibly* meet brain-death criteria. While irreversibility has been identified by some as an ambiguous term that does not belong in the definition of death (Cole, 1993; Cole & Lamb, 1992), others argue that the criteria to determine irreversibility are ethically dependent (Lizza, 2005; Tomlinson, 1993), or that "permanence" can be used instead of "irreversibility" to measure death under the cardiopulmonary criteria (Bernat, 2010). In this paper, I will argue that due to modern medicine and our increasingly precise criteria, irreversibility should remain in the definition of death. In addition, I will argue that the criteria that measure death and its irreversibility cannot be influenced by ethics or medical availability. Instead, irreversibility must first be measured only by the capabilities of medical technology first. Only then may ethics and other factors be considered.

A NEW CONCEPT OF DEATH

In 1968, the Ad Hoc Committee of the Harvard Medical School proposed criteria for the diagnosis of brain death with the intention of setting irreversible coma as the benchmark for death. The criteria included (1) unreceptivity and unresponsivity, (2) no movements or breathing, (3) no reflexes and (4) a flat electroencephalogram (a common test used to measure certain types of neurological activity). These standards must be met again 24 hours

after they were initially satisfied, and must exclude cases of hypothermia and central nervous system depressants (School, 1968).

In the ensuing years, several other institutions also developed protocols to diagnose brain death. The University of Pittsburgh, Johns Hopkins University, and the National Institute of Neurological Disorders and Stroke all developed guidelines similar to Harvard's (Watson, 1980). State legislatures also began producing laws that used brain death criteria to define death. In 1981, The President's Commission recognized both the cessation of circulatory/respiratory function and the death of the entire brain, including the brain stem, as death (Research, 1981). Today, all fifty states in the United States have laws that include total brain death criteria as acceptable criteria for the declaration of death.

These new criteria for death were developed in accordance with advancements in medical technology. Traditional standards of death were challenged by new equipment such as the ventilator, which can replace lost respiratory function, allowing physicians to indefinitely prolong "life" as it was defined at the time. Stuart Youngner argues that the concept of brain death was developed by the Harvard Committee for two reasons: it allowed physicians to turn off respirators without fear of legal consequences, and it allowed organ procurement without violation of the dead donor rule (Youngner & Arnold, 2001), which simply states that donors must be declared dead by a physician with no conflict of interest before organ procurement begins (Gardiner & Sparrow, 2010). Clearly, related bioethical decision-making is only relevant because technology created ethically-questionable situations. Technological advancements in modern medicine are the foundation of related medical and ethical decision making.

A SLIPPERY SLOPE

Some scholars worried that the acceptance of brain death would create a slippery slope effect in which "surgical assaults" would consequently be sanctioned (Watson, 1980). Philosopher Hans Jonas warned, as Youngner did, that the primary motivation behind the effort of the Harvard Criteria was to expedite the removal of organs for transplantation (Jonas, 1974; Watson, 1980). He also wrote, "the permission [new brain-death criteria] implied in theory will be irresistible in practice, once the definition is installed in official authority." In other words, once physicians and scientists accept brain death as death, they cannot help but slide down the slippery slope of "unethical" research. This slope includes medical practices such as keeping brain-dead patients on respirators until just before organ procurement begins, conducting surgical and grafting research on the brain-dead, and even using the brain-dead for immunological research and the testing of new drugs (Jonas, 1974; Watson, 1980).

Jonas' concerns stemmed from an unnecessary, adherence to the cardiopulmonary criteria. Many of these once-perceived "surgical assaults" have become common practice. Organ donation from patients who have been declared dead by brain death criteria but whose bodies have been artificially kept alive has become common – in fact, over 90% of all donated organs come from such patients (Bresnahan & Mahler, 2010). Further research and testing of drugs on brain-dead patients has also emerged.

RESEARCH ON THE RECENTLY DEAD

There are a few records of research on brain-dead patients dating back to the early 1980s (Carson R.A., 1981; DeFrias C., 1980) and one additional report from the late 1980s (Coller B.S., 1988). Subsequently, though, interest in brain-dead research seemed to wane (Wicclair, 2008). However, in the early 2000s, a revitalization of interest was seen from renowned institutions in the United States. One institution that began approving research on the brain-dead was the University of Pittsburgh Medical Center. UPMC created a new panel, the Committee for Oversight of Research Involving the Dead (CORID) to regulate the then-completely-unregulated field of research on dead -- including brain dead -- patients. This committee was formed in response to the UPMC Institutional Review Board's decision that such research was out of the Board's jurisdiction because they only regulate research conducted on live patients. In its first year of existence, CORID reviewed 29 different studies from 17 different departments in the hospital and university (Yasko, Wicclair, & DeVita, 2004). Therefore, based on the University of Pittsburgh's findings, Jonas' hypothesis held true: once brain-death criteria were acceptable, or rather medicine "proved" that death occurred with the loss of whole brain function and the notion was seen to be ethically acceptable, subsequent research was irresistible in practice.

Although Jonas was correct in predicting that acceptance of brain death criteria would eventually lead to research on the brain-dead, his opinion that the slippery slope would take medicine down the wrong path is controversial. Many would argue that instead, it took medicine down the correct path. Medical advancements have allowed medical

practice to advance and develop more precise criteria for death. Thus, brain death criteria and approval processes like CORID have helped limit potentially controversial practices and encouraged respectful, ethical and extremely beneficial research.

IRREVERSIBILITY: FUNDAMENTAL, YET AMBIGUOUS

Research on brain dead-patients increases the need for precise brain death criteria because post-mortem action is often quickly taken. Protocols call for the determination of brain death by a physician independent of the research team (DeVita, Wicclair, Swanson, Valenta, & Schold, 2003; Pentz, Flamm, Pasqualini, Logethis, & Arap, 2003). It is especially important that close attention is paid to the *irreversibility* of death of patients who seem to be brain dead. Inherently, death needs to be irreversible by definition, or else it would not really be death. In addition, there are several medical conditions, such as hypothermia or the presence of depressant drugs in the blood, which can result in apparent brain death for an extended period of time (Harley, 1983; School, 1968). When these apparently brain-dead states are, in fact, reversible and the patients can recover, the patients are obviously not dead. However, if these patients were tested for brain death without acknowledgement of their special cases, their death could be incorrectly declared. First, it is important that irreversibility is included in the definition of death due to both the common understanding of death and irreversibility's intrinsic nature as a counterpart of death. It is also important that, due to these special cases, doctors pay close attention to the criteria of brain death that are set forth to satisfy the irreversibility of each case before any research is conducted.

How should we understand "irreversibility"? It is a fundamental and natural component of death criteria, yet there has been some disagreement on the use of irreversibility amongst the academic community. In 1992, David J. Cole of the University of Minnesota Duluth argued that the term "irreversible" is an ambiguous term with multiple definitions and should not be used in the definition of death at all. Irreversible, according to Cole, could have three different meanings: (1) There is no logical possibility of restoring function now or in the future, (2) function cannot be restored with present technology and clinical skills, or (3) a morally defensible decision has been made not to restore function even though it may be technically possible (Cole, 1993; Cole & Lamb, 1992; Youngner & Arnold, 2001). Cole acknowledges that medical technology has allowed us to keep patients alive or even resuscitate them. However, if not for these medical advancements, these people would have been declared dead. Similarly, he states that future technology may make it possible to restore a body that is dead by today's criteria. Cole argues that irreversibility should n an that at no time present or future will anyone be able to reverse the condition (Cole & Lamb, 1992). In other words, irreversible should mean eternally permanent. Using this logic, since we cannot predict potential medical advancements in the future, the irreversible component of the definition of death can be neither measured nor satisfied. Thus, no one can ever clearly be dead, and a physician's responsibility to a patient would then extend far past the present definition of death, such that there would be a responsibility to maintain cadavers in the best possible condition in anticipation of medical breakthroughs.

By presenting extreme examples where an individual could be dead at one moment but alive in the next, Cole makes his case as to why the term "irreversible" is inadequate and should not be included in the definition of death. To Cole, all conditions are potentially reversible, so there are no criteria that can measure irreversibility. Instead, he argues that the definition of death should correspond to the ordinary concept of death, where life processes cease and the organism loses the capability of resuming them (Cole & Lamb, 1992).

IRREVERSIBILITY: AN ETHICALLY DEPENDENT TERM

Not surprisingly, there are many critics of Cole's theory. Tom Tomlinson, of Michigan State University, believes that Cole's new definition of death and its use of the "ordinary concept" is flawed. What does Cole mean when he says that death happens when "life processes cease"? Do they cease irreversibly? If so, Cole contradicts himself (Tomlinson, 1993).

Furthermore, Tomlinson states that Cole's refutation of irreversibility is insubstantial. He points out that "if we can never really know whether the condition of death is reversible – then we can never really know whether we've made the condition less reversible or more reversible" by removing organs or doing experiments. Cole allows "sheer logical possibility" to carry heavy moral weight. By this logic, which says that we should not remove organs from the brain-dead because of the possibility of a medical breakthrough, Tomlinson contends that Cole should also "be loathe to turn on the light switch for fear that they are wired to someone's bath tub" (Tomlinson, 1993).

Tomlinson proposes that irreversibility should

remain in the definition of death. However, "irreversible" should not be taken to mean "logically impossible," because that definition would lead us to a conclusion similar to Cole's. Rather, it should be understood to mean that "the possibility for reversal is not ethically significant." Let us say, for example, that an organ donor under the Pittsburgh protocol decides that he would not like to be resuscitated in the event of cardiac arrest. Thus, should he undergo cardiac arrest, it would be unethical to resuscitate him, and therefore, once his heart stops, he is "irreversibly" dead due to ethical obligation, despite the possibility of medical resuscitation (Tomlinson, 1993).

PERMANENCE: CIRCULATORY AND RESPIRATORY TESTS FOR DEATH

James Bernat makes a similar argument to Tomlinson's after applying the concepts to cardiopulmonary death criteria. Bernat argues that "permanence" is more appropriate than "irreversible" when measuring death using cardiopulmonary criteria. Bernat states that "permanent cessation of circulation constitutes a valid proxy for its irreversible cessation because it quickly and inevitably becomes irreversible and because there is no difference in outcome between a permanent or irreversible standard" (Bernat, 2010). In this example, the patient in the example used earlier would be declared dead because his cardiac arrest is "permanent," while Tomlinson, using an ethically-tied definition of irreversible, would argue that he is dead because his cardiac arrest is irreversible.

IRREVERSIBILITY: THREE FACTORS

Philosopher John P. Lizza dismisses Cole's arguments because "Cole invokes a notion of possibility that is irrelevant to the practical matter of defining and determining death" (Lizza, 2005). Instead, Lizza focuses on developing a more plausible and realistic sense of irreversibility. He proposes three factors that influence irreversibility: (1) the physical state of the person, (2) physical factors external to the person, and (3) individual and social decisions.
The physical state of the person refers to the condition of the physical body and whether or not it is capable of healing itself or undergoing medical resuscitation and recovery. Physical factors external to the person include both (a) the availability of medical technology and treatment and (b) the ability of current technology to treat or reverse the condition. For example, an individual in cardiac arrest on an uninhabited island does not have access to medical equipment, so medical resuscitation is not possible and the condition is most likely irreversible. As another example, an individual who has lost brain function and has passed all tests for brain death is deemed irreversibly dead, simply because we do not have any technology that allows us to regenerate brain function. Finally, as Tomlinson argues, individual and social decisions refer to the ethical obligations held by health care providers to satisfy the wishes of patients, such as "do not resuscitate" (DNR) orders.

IRREVERSIBILITY: DEFINITION OF DEATH, OR CRITERIA?

In light of the arguments discussed above, it is crucial that a clear distinction is made between the *definition* of death and the *criteria* for determination of death and that it is determined whether or not irreversibility as each author discusses it applies to one or both of these concepts. Clearly, Cole questions the validity of irreversibility in the *definition* of death, while Tomlinson and Lizza logically reject that notion. Irreversibility is inherent to death. In a broad sense, the definition of death, "the irreversible end of life," never changes. Instead, the criteria from which we measure death and its irreversibility changes throughout time.
However, Tomlinson and Lizza never make the distinction between definition and criteria. Their proposals are most coherent when viewed not as attempts to redefine death, but rather, as suggesting specific criteria to measure irreversibility in death, given that irreversibility is a component in the definition of death. This model allows their arguments to have more clarity.

On the other hand, James Bernat does make a distinction between the definition and criteria of death throughout his argument (Bernat, 2010) (Bernat, Culver, & Gert, 1981). As "the irreversible cessation of total brain functions" defines death, medical and technological testing for irreversibility of brain function is used as criteria. The definition, "the irreversible cessation of total brain functions" is used to define death, using medical and technological testing for criteria. However, using the cardiopulmonary criteria, the person must be "permanently dead," as permanence serves as a surrogate for irreversibility. His explicit distinction between the "definition" of death and "criteria" for death makes his argument much more comprehensible and clear.

All of the factors proposed by Lizza, including Tomlinson's ethics factor, are important considerations when attempting to identify criteria for the determination of irreversibility. In fact, Lizza may have proposed the most coherent and conclusive criteria yet. However, Lizza makes

little comment on the value of each of his three factors in relation to one another: All of the factors depend on modern medicine. Throughout the history of medical and technological improvements, we have continued to increase the precision of the criteria of death. However, as medical technology continues to improve, the criteria that determine the irreversibility of death will change.

IRREVERSIBILITY: THE PHYSICAL STATE OF THE PATIENT

Most obviously, Lizza's first factor, the physical state of the patient, is dependent on modern medicine. For example, before the use of defibrillators, respirators, or CPR, the status of any individual who sustained cardiac arrest would qualify under factor one as "irreversible." Their body's physical state was sufficiently damaged enough to prevent further life because medicine did not know how to reverse or repair the damage. Today, however, cardiac arrest is an insufficient state to determine irreversibility due to our sophisticated medical technology that can re-start a heartbeat and induce pulmonary function. In addition, we now know that cardiac arrest is not the best measurement of death, but rather may be a precursor to brain death. Using Lizza's own words, the constitutive factors of death may change over time. With it, so too will the degree to which the physical state of an individual may be irreversible. Thus, the physical state of a person must be considered only in light of modern medicine.

ETHICAL INFLUENCE ON IRREVERSIBILITY OF DEATH

As previously discussed, both Tomlinson and Lizza agree that there is an ethical component of brain-death criteria. They use the example of a patient with a DNR order to show how once the patient's heart stops, there is an ethical obligation to not resuscitate the patient. Thus, barring autorecuscitation, the person is considered dead, while ethical constraints resulted in (physical, actual, whatever) death.

Ethical decisions, just like the other factors previously discussed, are also dependent on modern medicine. Individuals who have DNR orders would not need them in the first place if it weren't for our technological capability to resuscitate people in cardiac arrest. Today, the capability and accessibility of resuscitation may have varied thresholds as some patients view resuscitation as a "violent and traumatic event." One patient said resuscitation means "pain then, and pain when - and if - I survive" (Downar et al.,

2011). Public perception reflects the fact that resuscitation can cause pain and does not always result in full recovery. If medicine were to advance and improve resuscitation, theoretically resulting in 100% recovery rate and minimal pain, one could assume that the number of DNR orders would decrease dramatically. Clearly, we must be cautious in giving priority to patient wishes over scientific fact in the determination of death when an improvement in medical technology could influence a dramatic change in the wishes of patients.

Let us examine a hypothetical situation given two patients, Patient A and Patient B, who both go into cardiac arrest. Patient A has a DNR, but patient B does not. Using Tomlinson's model, ethical constraints cause us to pronounce Patient A dead in accordance with the guidelines for declaration of cardiopulmonary death. On the other hand, because Patient B does not have a DNR order, doctors will attempt to resuscitate him long after his heart has stopped. Thus, despite having the exact same condition, one individual is considered "dead" while the other is considered "alive."

A similar situation arises when the availability of technological equipment is used to determine irreversibility. Instead of having a DNR order, let us say Patient A undergoes cardiac arrest on an uninhibited island, while Patient B undergoes cardiac arrest in front of a hospital. Using availability to determine irreversibility, Patient A would be declared dead once he entered cardiac arrest, while Patient B would not be declared dead and would receive resuscitation. Again, despite having the exact same condition, one individual is considered "dead" while the other is considered "alive."

James Bernat claimed that "permanence" is an acceptable replacement for irreversible when using cardiopulmonary criteria for death because it has already become "common medical practice" (Bernat, 2010). Instead, we should be much more concerned with *proper* medical practice. Although cardiac arrest in a patient with a DNR is permanent and leads to inevitable death, that patient is not dead because they have not yet met the other criteria for death that declare them to be irreversibly dead. Therefore, permanence, although it always leads to irreversible death and accurately predicts death, is not an adequate measurement of death.

ETHICAL INFLUENCE ON IRREVERSIBILITY IN BRAIN-DEAD RESEARCH

Although Tomlinson and Lizza effectively show the ambiguity and flaws in Cole's argument, they rely too much on ethics and availability in the determination of irreversibility, as shown by the DNR dilemma and the availability dilemma. In using the Tomlinson and Lizza model and the Bernat model, conditional criteria arise in the determination of death, where they allow personal wishes to precede medical diagnosis such that patients are declared dead based upon their personal wishes and not upon medical fact. Death, however, is not a conditional situation, nor should it be approached as one. Scientific advancements have increased our precision in finding the moment of death. These advancements have led to the acceptance of much of the previously-discussed research on brain-dead patients. Using ethical considerations to define death not only reverses this process, but also can confuse families, doctors, and others involved. If an individual is not dead in accordance with modern medical criteria but only by ethical consideration, is it then ethically acceptable to procure organs from or research on that "heart-beating cadaver"? Furthermore, physicians and researchers who take part in such procedures are interested in the certainty of the absolute, irreversible death of their patients *before* they proceed with organ procurement or experiments. If a patient were not absolutely and irreversibly dead, then brain-dead research on that patient would easily be equated with euthanasia.

When a patient agrees to be the subject of an experiment following brain death, they do so on the condition that their death is determined to be irreversible *before* the experiment begins. That is, irreversibility is the given condition of the ethical permission of the patient. Thus, the irreversibility of the patient's condition (brain death) must be determined by modern medicine first before the ethical considerations are examined. Therefore, it is impossible for ethical considerations to have any role in the determination of irreversibility if irreversibility must be determined before the ethical decisions are given any weight.

It is important to note that it is not being suggested that ethical considerations should be ignored or that DNR orders are insignificant. Rather, it must again be acknowledged that such considerations are only permitted by modern medicine. There should be a difference between (1) being meeting the criteria for (physical, actual, whatever) death, and (2) being allowed to remain dead because of ethical considerations or the availability of medical treatment. In the latter case, we have the ability to reverse death but we will not; thus, while the patient's condition may be reversible, the patient is not yet dead but should be allowed to become irreversibly dead.

CONCLUSION

As science and technology improve, medical advancements have allowed us to more precisely measure death. Due to these advancements, questionable and previously uncharted medical situations, including "do not resuscitate" orders, organ procurement and donation, and research on brain-dead patients, have arisen. Furthermore, these situations have led to efforts to regulate the ethics of these medical practices as well as measure the irreversibility of death.

The proper process for determination of irreversibility requires that we first consider modern medicine, because medical advancements carried us down the slippery slope to research on the brain-dead and other ethically-questionable situations. Our ability to conduct brain dead research today was built on the back of medical advancement. Thus, modern medicine, which lies at the foundation of our protocols and procedures today, must be considered first in the diagnosis of irreversibility in brain death.

Ethical considerations and availability, when used in conjunction with medical protocol to diagnose death, lead to conditional definitions of death, with conditional definitions like "permanence" rather than absolute definitions involving "irreversibility." Therefore, ethics and availability should not be included in the criteria for death. Instead, they should be considered after modern medicine has declared a given condition irreversible.

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Falsifying the Existence of Women: Exploring Marxian and Gender Theories in Mad Men to Examine Roles of Consciousness in the Gender Dynamics of the Workplace

Oluwatosin Shenbanjo

Tosin Shenbanjo is a senior from Columbus, Ohio. During her undergraduate career, she pursued majors in psychology and Spanish, as well as minors in sociology and childhood studies. Ultimately, after serving as a corps member in Teach For America's Chicago region, she hopes to attend law school and use her JD to tackle the systematic forces that impede children's development and wellbeing.

Acknowledgements

INTRODUCTION

One may contend that attaining unadulterated awareness of one's existence is, in present society, idealistic. Specifically, such achievement is unlikely if, in the midst of oppressive forces, one rests in a state of what sociologists Karl Marx and Friedrich Engels deem "false consciousness." Defined as a detrimental condition in which members of the proletariat – the oppressed, working class – misunderstand "their real situation in society," false consciousness nurtures an inverted sense of existence for members of the working class who are dominated by the bourgeoisie, the wealthy who own the means of production (Eyerman, 1981, p. 44). Specifically, as the wealthy bourgeoisie control the proletariat, these oppressed workers maintain subverted positions within the social hierarchy. Thus, only when they truly recognize and comprehend the conditions of their existence may they obtain "class consciousness" (Rosenberg, 1953, p. 23). Although these notions of false and class consciousness originally stemmed from analyses of economic systems and inequalities, they have been adopted by feminist theorists to analyze the misunderstandings that cultivate gender inequality within bureaucratic institutions. The present paper examines the bureaucratic system, an advertising agency, as it exists in AMC's Mad Men. Using the concepts of false/class consciousness and feminist theories as frames, the bureaucratic system and its processes are inspected. They appear to maintain a false consciousness of gender roles in order to reproduce and support male domination.

FOUNDATIONS: FALSE CONSCIOUSNESS AND FEMINIST THEORY

The "proletarian standpoint," though conceived to describe economically disadvantaged groups, exhibits similarities to "the feminist standpoint" that stems from analyses of women's roles and positions in society (Hartstock, 2004, p. 290). Essentially, it stands that the capitalistic society – economically dominated by the bourgeoisie – is additionally defined by "phallocentric ideologies and institutions" that elevate masculinity (Hartstock, 2004, p. 288). Curiously, however, as women "are institutionally responsible for producing both goods," in terms of economically profitable work, and "human beings," in terms of birthing and rearing children, one could propose that women "work more than men" (Hartstock, 2004, p. 291 & 292). Theoretically, then, it stands that the reality framed by this notion of women's relevant societal roles establishes an existence of unquestionable merit for women; however, presently, such truth is obscured by the "reality" framed by those "phallocentric ideologies and institutions" that maintain male domination.

These present day ideologies that maintain male domination and female oppression stem from lessons that are instilled into people's self-understandings

of their abilities during youth and adolescence (Eccles, Jacobs, & Harold, 1990, p. 184). For instance, research establishes that parents exhibit "gender-differentiated expectations" for their sons and daughters, particularly within the domains of math, English, and athletics (Eccles, Jacobs, & Harold, 1990, p. 184 & 186). These theories additionally suggest that the discrepancies between parents' expectations for their male and female children stem from stereotypes about gender roles, which manipulate parents' own perceptions of their children's competencies (Eccles, Jacobs, & Harold, 1990, p. 193). Thus, if parents internalize stereotypes that suggest females excel greatly in English and males excel in technical and mathematical domains, it is more likely that the processes of "gender role socialization" (Eccles, Jacobs, & Harold, 1990, p. 188), which are principally directed by parents, may promote the children's self-fulfilling prophecies that parallel these stereotypes. As a consequence of socialization, these gender stereotypes are actualized, causing them to be internalized and institutionalized through unequal wages and sex separation in the workplace (Ridgeway, 1997, p. 224). In this way, workplaces operate with and uphold those processes that sustain female oppression and male domination. For instance, according to the U.S. Department of Labor (2011), the median income of female workers is only 81 percent of their male colleagues' salaries ($669 to $824) for the same position. Male domination in the workplace is additionally evident when considering that a mere 24 percent of CEOs in 2009 were women, and these women's incomes were only 74.5 percent of their male colleagues' incomes (United States Department of Labor, 2010). These statistics exemplify male domination and overt female oppression. Still, the societal structures and processes that maintain gender inequality are neither preordained nor independent mechanisms; they stem from and are supported by socially constructed stereotypes, expectations, and perceptions. Hence, these structures maintain no predetermined or expected characteristics. Instead, as Marx contended, they frame, and are framed by, a false consciousness of women's subjugation, gender inequality, and oppression.

As a result of the false consciousness that is nurtured by such ideologies and institutions, women are subjugated. More particularly, through the formation and maintenance of gender stereotypes (Michailidis, Morphitou, & Theophylatou, 2012, p. 4232), these social structures cultivate and perpetuate the gender differences that may impede women's progress. In turn, both gender inequality and gender oppression are born, nurtured, and maintained. Hence, when those who endure and promote the false consciousness actively reject its existence and power, class consciousness – an essential

appraisal of the actual conditions of one's existence – may be obtained, which then diminishes pre-existing and essentialist beliefs about gender and its dynamics.

MAD MEN: A BUREAUCRACY AND ITS APPENDAGES

In order to examine the methods through which the systematic institution of the workplace may nurture a false consciousness of gender in its workers, season one of Matthew Weiner's *Mad Men* served as this paper's analytic subject. In the series, viewers are presented with a retrospective representation of the pervasive false consciousness that blanketed 1960s work life, which stemmed from the gender role stereotypes that defined 1960s home life. To be sure, though the AMC series is a presentation of the social realities of the 60s, the prominent and consistent depiction of unequal gender dynamics still proves to be significant for society's present understanding of false and class consciousness.

Largely concerned with the processes of its characters' professional development and personal growth, *Mad Men* focuses on the dapper, Manhattan-based, bureaucratic advertising agency of Sterling Cooper. Its principal character, Don Draper, exhibits the glamour, corruption, and complexity that similarly characterize the series' supporting junior account executives, secretaries, wives, and lovers. By presenting the goings-on of Sterling Cooper as the foundation of the show's story, Weiner illustrates the ways in which the conflicts, celebrations, and characteristics of the workplace significantly affect the personas and relationships of its employees, including those of these employees' relations.

Though Sterling Cooper's primary employees, the advertising men of Madison Avenue, exert autonomy over the work they produce, they are still socialized and affected by the bureaucratic system in which they work. As Hall (1963, p. 32) explains, Max Weber's formulation of the bureaucratic institution illustrates the extent to which the functional mechanisms of the workplace operate in order to promote apparent efficiency for its workers. Specifically, the bureaucracy is defined by a division of labor, authority that is hierarchically structured, a system of rules, a division between administrations, and qualification-based hiring and promotions (Hall, 1963, p. 32). Thus, Sterling Cooper's hierarchically structured division of labor becomes apparent when one considers the firm's reliance on the principal leadership of partners Bert Cooper and Roger Sterling, and creative director Don Draper. These men dictate the decisions and guide the actions of the company's junior

11

account executives and copywriters, which include Pete Campbell, Harry Crane, Paul Kinsey, and Ken Cosgrove, as well as head secretary Joan Holloway (Weiner, 2007). In addition, as an agency that relies on the logistical expertise of its many secretaries that are nurtured by Joan, Sterling Cooper ensures that each level of the hierarchical division of labor is governed by he, or she, who resides above. This inherently guarantees that divisions between administrations are recognized and adhered to. In addition, Sterling Cooper relies on protocol and regulations in all matters concerning its advertising clients, as well as those related to hiring employees based on qualifications (as illustrated in the season's tenth episode, when, based on his expertise, Don hires Duck Phillips, a previous employee of a flourishing London-based advertising agency, as head of accounts instead of Pete Campbell, a junior account executive) (Weiner, 2007). Hence, it stands that Sterling Cooper maintains those characteristics of a bureaucracy originally defined by Max Weber (Hall, 1963, p. 32).

Within its hierarchical division of labor and authority, and given its existence in 1960s American society, the power elite at Sterling Cooper are men, while those harnessed by this group in power are women. Specifically, Roger, Bert, and Don occupy the peak of the triangular hierarchy. These men are the wealthiest in the company and exert much dominance; yet, ironically, they are the employees most frequently seen drinking or eating and acting lackadaisical in their offices. Nevertheless, one cannot invalidate their work efforts, for the company still maintains success (Weiner, 2007). And, though junior workers Pete, Harry, Paul, and Ken do dwell beneath the peak of the hierarchy, they still exhibit actions mirroring those of the power elite's. They frequently fraternize and demonstrate camaraderie, as well, further establishing a notion of successful male domination in the workplace to the point of laziness. Essentially, the men bask so frequently in their work achievements that they relax as often as they actually work.

Sterling Cooper's seemingly countless secretaries, on the other hand, rarely display such relaxed behavior, with the exception of the firm's election watch party in the season's tenth episode (Weiner, 2007). Instead, they ceaselessly remain at their typewriters and desks, informing their superiors, who are arguably Sterling Cooper's own bourgeoisie and ruling class, of their appointments and meetings, phone calls and visitors. Of course, these women engage in their own personal projects on their typewriters; curiously, with the exception of Peggy's personal involvement with a lipstick account in the sixth and seventh episodes, viewers remain ignorant of the work these women truly perform on their typewriters (though they are productively fixed in this position throughout their workdays). On the other hand, the tasks and trials of those who dwell toward the hierarchy's apex – the men – are the crux of the series (Weiner, 2007).

MAD MEN: A BUREAUCRACY AND ITS SMOG

Throughout its first season, *Mad Men* displays the extent to which the male employees of Sterling Cooper, who reside atop the hierarchical division of labor, project and support a false consciousness of gender that subverts their female coworkers. Essentially, the gender stereotypes that are supported by present society serve as the base from which Sterling Cooper's male employees maintain the false notions of reality that promote gender inequality. As Heilman (2001, p. 658) argues, gender stereotypes fundamentally dichotomize the "achievement-oriented" and "social- and service-oriented" tendencies of males and females. Specifically, males are thought to be more forceful, self-sufficient, and direct in their ability to make decisions; contrarily, women are considered softer, more submissive beings (Heilman, 2001, p. 658). For instance, in the series' pilot episode, Don condemns a female client, Rachel Menken, for attempting to assert justifications for her business decisions as she explains her professional opinions. Though Sterling Cooper, as an advertising agency, must aim to please the client, Don freely and forcefully disagrees with Rachel's opinions, abruptly ending the meeting by informing Rachel that her idea is "silly," her speech is "way out of line," and, as such, that he "will not let a woman talk to [him] like this" (Weiner, 2007). Accordingly, even in work settings, women are framed as less aggressive and valuable as their male colleagues (or, in Rachel's case, subordinates). As a consequence, the positions that dwell toward the top of the hierarchy of authority and labor in the bureaucracy are, more frequently, occupied by men, for such positions allegedly necessitate "an achievement-oriented aggressiveness and an emotional toughness" that is more characteristic of male employees (Heilman, 2001, p. 659). But, one must note that for a woman who *does* reside at the peak, masculine attributes are necessarily bestowed upon her. For, in order to excel at "man's work," the woman must inherently lack those female attributes that gender stereotypes establish (Heilman, 2001, p. 661). That is, if she succeeds in tasks that are befitting for men, then she lacks what may theoretically be her true feminine essence.

In *Mad Men*, Peggy Olson's movement within Sterling Cooper's hierarchy primarily illustrates the process

by which a woman's femininity is nullified as a result of her success in the workplace. Such success is internalized as an adoption of a masculine essence. Through this, Peggy's success additionally illuminates the systematized false consciousness of the bureaucracy. At the beginning of the series, Peggy, like all other women in Sterling Cooper, is merely a secretary; however, after Peggy displays cleverness during a brainstorming session for a lipstick account (episode six), her intelligence and talent are appraised and rewarded as she becomes a copywriter for Belle Jolie Lipsticks (Weiner, 2007). Toward the end of the season, Peggy is granted leadership over another account, as Don and his colleagues were impressed by her lipstick work. To be sure, Peggy's gradual ascension atop the ladder of labor is to be commended and valued; however, it is important to note, as Heilman explains, that Peggy concurrently endures de-feminization during this movement. Specifically, as a result of severe weight gain, Peggy is no longer sexually desired by any of her male colleagues and becomes a subject of ridicule (Weiner, 2007). Because the series portrays women's sexuality as the foundation of their feminine essence (Joan, with her red hair and hour-glass figure, is the show's epitome of a "woman"), Peggy's increasing productivity correlates with her diminishing sexuality and femininity. Consequently, this synchronized success and subjugation by Sterling Cooper's power elite promotes a misunderstanding of her roles as worker and woman. With this, the men's perceptions of women's true identities in society become muddled (Eyerman, 1981, p. 44), and the women cultivate a falsely exclusive relationship between work and social identity.

While a false consciousness of women's identity may overpower the workplace within *Mad Men*, the home life reproduction of gender stereotypes reifies, and occurs due to, that notion of a "feminine essence" that Peggy defies. Toward the end of the first episode of the series, viewers are introduced to Don Draper's wife, Betty, as he returns home from the city to greet her as she sleeps (Weiner, 2007). Blonde and beautiful, Betty, for the majority of the series, exhibits the "social- and service-oriented tendencies" that stereotypically define women (Heilman, 2001, p. 658). Specifically, Betty is a stay-at-home mother who cares for her and Don's two children and ensures that food is prepared and set upon Don's arrival from work. The sweetness of her voice, on multiple occasions, starkly contrasts against the gruffness and decisiveness of Don's voice, particularly during instances in which her harmless actions are in opposition to Don's desires (such as when, in the season's eleventh episode, Betty permits an air conditioner salesman

to enter her home, only to later experience Don's outrage) (Weiner, 2007). Also, on some occasions at Sterling Cooper, the secretaries exhibit either meek and reserved or sweet and obliging attitudes toward their male colleagues. For instance, in the season's ninth episode, Hildy, Pete Campbell's obedient and productive secretary, silently endures Pete's rudeness, unnecessary hovering, and sexual harassment as he informs her (in front of his male colleagues) that she should "smile more because [she is] beautiful," and that he enjoys "watching [her] walk" (Weiner, 2007). Expectedly, Hildy's unvocal presence in response to Pete not only mirrors the gender stereotypes that are exhibited in the home, but also maintains the gender stereotypes that catalyzed Pete's behavior in the first place. As a consequence of these reified gendered actions in the home and workplace, males' awareness of women's true identities and positions in society – which are not defined by submission and meekness – are muddled. From this, these women also maintain this false awareness by essentially actualizing a self-fulfilling prophecy; the stereotyped "feminine essence" becomes them, and they, in turn, become this stereotyped essence.

MAD MEN: BYPRODUCTS OF SKEWED UNDERSTANDINGS

As Ridgeway (1997, p. 225) establishes, it is the incomprehension of women's genuine identities, a false consciousness, that creates an inherently unequal environment. Specifically, in the workplace, there is an apparent "sex labeling of workers" (Ridgeway, 1997, p. 225). Though work roles are, theoretically, without sex or gender, the "sex labeling of workers" defines the process by which work positions are bestowed a gendered essence. Consequently, it grows difficult to avoid attaching those societal attributes and tendencies about sex and gender to roles in the workplace. With this, a secretarial position may become something delicate, perhaps even lustful, while the executive position remains aggressive and forceful. It is such misunderstandings, such false consciousness, which enables men in the workplace to objectify and sexually harass women. For example, in the season's tenth episode, Ken Cosgrove chases after a secretary and pulls up her dress to determine the color of her underwear, and thus, who of his male colleagues has won the bet (Weiner, 2007). This false consciousness also permits Pete Campbell to call Peggy "honey" upon meeting her and chide her for not looking like a Manhattan woman by obscuring her ankles with her long skirt. Additionally, it is such misunderstandings that permit Joan to recommend that Peggy, upon returning home after

her first day of work, examine her naked body in the mirror with a paper bag over her head, for such an action may allow her to easily "evaluate where [her] strengths and weaknesses are" (Weiner, 2007).

The aforementioned actions could easily be reported to a human resources department for allegations of harassment; however, these actions and statements still illustrate the "powerlessness" of women within bureaucratic systems (Hantzis, 1987, p. 699). Namely, this powerlessness illustrates a socially constructed reality of male domination, created as a result of the false consciousness that forms those entitled sentiments of power. If "the boss gets obedience because he can" ensure the costs of "disobedience" (Hantzis, 1987, p. 700), then perhaps his protégé, the junior who dwells on the rung below his hierarchical level of authority, can oppress his female colleague. This may occur because the sexualized nature of the bureaucracy relies on female and male essences that stem from, and preserve, institutionalized false consciousness. However, it still stands that this dynamic is seldom actively inverted, for reversing the exchanges of gender inequality and oppression in this way would dissipate the very notions that form, and exist because of, the dynamic.

DISPELLING THE MYTHS: ATTAINING CLASS CONSCIOUSNESS

Can one assert that Betty, Peggy, or Hildy *actively* reject their passive appraisals of what their society sustains, and what truly exists? Rosenberg (1953, p. 22) outlines that, among the many definitions of "class," one suggests a "subjective group identification" based on awareness of this group and its identity. As such, when an individual achieves what Marx deemed "class consciousness," he or she grows aware of where he or she resides within this group, as well as where this group truly resides within the larger society. In addition, to achieve class consciousness, it is necessary to align one's identity with the "objective definition" of one's class, cultivate a bond with the members of one's class, and dissociate oneself from those in an opposing class (Rosenberg, 1953, p. 22). Considering this, for women – whether homemakers, secretaries, or CEOs – to reject and reform the stereotypes, inequality, and oppression that stem from institutionalized false consciousness, suspension of passivity is imperative. That is, though these women may express discord with their societal positions and the subjugation of their sex, sentiments alone will not suffice; they must act in opposition to their own "essence," pursuing those desires that aim to elevate the female class. In this way,

the rival class – the male, power elite – may suspend its beliefs in an attempt to clearly comprehend the "objective definition" of the female class. As a result, the false consciousness of both groups, relating to gender stereotypes and dynamics within the workplace, may be destroyed. Only after such a feat shall both classes comprehend their true identities and motivations, which will allow for an establishment of a mutual class consciousness that rejects any hierarchy that cultivates, and exists because of, gender inequality and oppression.

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Overcoming Modernity in Yukio Mishima

The relationship between Japan and Western Civilization has often been one of ambivalence. Little characterizes this relationship better than the conflict between traditional Japanese values, principles and sensibilities, identified as animistic naturalism, and Western values of Modernity, specifically those identified by sociologist Hitoshi Imamura:

1. A mechanistic view of the world.

2. An emphasis on rational and systematic methods of production and construction, and on the supposed autonomy of individuals.

3. An emphasis on systematized, citizenship-based societies and governments.

4. The reduction of all human activities to 'labor' (労働).

5. A homogeneous and linear progressive sense of time.[1]

Following the disaster of the Second World War, these issues of Modernity confronted Japanese culture; issues that the now recently fallen Imperial government had attempted to overcome through the welding together of eastern and western sensibilities in the form of the Empire of Japan. Even before this, the Meiji, Taisho, and Showa periods had themselves severely Westernized Japan. That dream however, now lay amid the smoldering ruins of Hiroshima and Nagasaki. After the war, most of Japan accepted the new American domination of their society. A few, however, including some writers and intellectuals, conscious of the modernity brought by the victorious Americans, sought out a solution to what they thought of as the problem of modernity.

It is through one of these post-war Japanese intellectuals, Yukio Mishima (1925-1970), that we are able to glimpse this renewed attempt by the few intellectuals to re-explore and close the rift between traditional culture and modernity. Mishima, a very controversial figure, was consumed throughout his life by the breaking of taboos and the pursuit of a heroic death. This view of life, however, was complicated by Mishima's struggle to reconcile his idealized view of a glorious death and the "Grand Cause," which he attributed to the samurai and heroic kamikazes of the Second World War, as well as other Western ideas that influenced him. Subsequently, his novels, plays and films provide us with a sense of disenchantment that he feels in relation to what he perceives as the new, ever-more westernized Japan, even as he attempts to reconcile this with the Modernity present in his own ideals. Nevertheless, Mishima's great hope is to revitalize Japan through his "tragic" philosophy in a great rebirth of blood. This can be especially seen in the last fateful act of his life, his tragically bizarre coup attempt and subsequent suicide, where we bear witness to the death he long sought. In contrast to the self-sacrifice of the hero, however, we see the last pathetic act of a man dying for his own ideals which he felt were long forgotten by an increasingly superficial and materialistic culture.

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Born Hiraoka Kimitake on January 14, 1925, Mishima began his life with a peculiar childhood dominated by his aged and often sickly grandmother Natsu. She had him taken away from his mother at a very young age and confined him to her sickroom. It is very likely that during this stage in Mishima's life he began to develop his later obsessions with the infinite and death. Takao Hagiwara describes just such an argument in his article "The Metaphysics of the Womb in Yukio Mishima's *The Sailor Who Fell from Grace with the Sea*," where he identifies Mishima's obsession with the infinite as a sort of "Womb" metaphysic, by which the grandmother's sickroom is a form of womb. Although it keeps Mishima safe, it also confines him from the dangerous outer world, which he is fascinated with.[2] Further credence of this is given by Mishima's frequent writing about voyeurism in many of his novels. Noboru in Mishima's *The Sailor* finds a small hole inside his dresser from which he can gaze into his mother's room and through the window in the room, out onto the sea. From inside the recess in the dresser, Noboru gazes out through the hole into his mother's room watching her undress each night, culminating in his watching her engage in sex with the sailor Ryuji, which serves as a cathartic experience during which Noboru discovers the "universal order."[3] During this whole experience, Noboru is isolated from all that he observes. He is safe in his dresser but unable to experience what he is watching. All the unfamiliar things he observes, then, take on a mystical and unattainable character.

It is around this time in Mishima's childhood that he also begins to become associated with and fascinates about, death. In Mishima's *Confessions of a Mask,* often seen as at least partially autobiographical, the main character, Kochan, describes his fascination with gruesome fairy tales, in particular, a Hungarian fairy tale in which the protagonist is killed multiple times, only to be revived, again and again. He writes, "On his face was the resolve of death. If this prince had been destined to be a conqueror in the engagement with the dragon, how faint would have been his fascination for me. But fortunately the prince was destined to die."[4] What is interesting here is the described desirability of death. Mishima goes on to describe Kochan's dissatisfaction with the fact that the prince actually magically survives the encounter and subsequent deaths and ultimately ends up rescuing his sister and marrying a beautiful princess; Mishima actually edits the story so that instead of surviving the encounter, the prince is tortured and dies, thus making his ideal ending.[5] It is likely that there is a self-destructive drive in the character and, by extension, Mishima, who also read gruesome fairytales

as a child and was fascinated by the deaths in them. The destructive drive is one that specifically seeks the destruction of order and beauty. Mishima describes the prince in the story being regally dressed, "looking down the terrifying throat of the raging dragon that was about to set upon him."[6] The description of the prince is one of perfect order; everything is in its proper place and the prince stands there, about to be devoured, built up perfectly, brick by brick, word by word, from Mishima's preceding description. He is then "chewed greedily into bits" by the dragon.[7]

This contrast of order and disorder is characteristic of Mishima's work. This seems to stem from the "here" vs. "there" of the unattainable that he experienced while confined to his grandmother's sickroom as a child. Hagiwara explains that "Mishima from his earliest days was heir to two diametrically different world views: one was Apollonian and rational, the other, Dionysian and emotional. Mishima associates the Apollonian principle with masculinity and the Dionysian with femininity."[8] The diametrically different worldviews are those of Western tradition (Apollonian) and Japanese tradition (Dionysian), although Mishima attempts to create a masculine and Dionysian Japanese. In most cases where Mishima's Apollonian and Dionysian forces collide, the conflicting elements are forced together and yield very violent results. Back to the story of the prince and dragon, the destructive Dionysian principle devours the Apollonian order principle. This underlying theme of perfection and destruction characterize much of Mishima's work and goes on to form an integral part of his personal philosophy; this became known as the "Tragic."

The "Tragic" is formed from the struggle between the Apollonian and Dionysian. Mishima acquires this primarily from Nietzsche who argued that this conflict was the basis of Attic Tragedy.[9] For Nietzsche, the Apollonain symbolized not only the plastic art form of the Greeks, sculpture, but also dreams and illusions; the Dionysian, on the other hand, symbolized the emotions and music but, most importantly, a sense of intoxication, rapture in the emotions of terror and blissful ecstasy.[10] We see much of this in Mishima. For example, Mishima refers, in *The Sailor* to Ryuji's body as "a suit of armor that he could cast off at will."[11] This embodies both aspects of the Apollonian principle in that the armor, much like the Greek statues, is a plastic form of art and secondly, that it is armor, hence, not the real body underneath. What is underneath is actually the Dionysian principle which, in the "Tragic" personality subordinates the Apollonian physical perfection to the raw emotive impulses of the Dionysian.

We see the culmination of tragic elements in another of Mishima's works, *Patriotism or the Rite of Love and Death*. In the film, a young officer in the imperial army must choose between loyalty to his fellow officers who had just participated in a coup against the government and the emperor whom he swore to serve. Being unable to stand against his brethren or the emperor the young officer decides to show his loyalty and devotion (*chusei*) by committing suicide with his wife. One could not ask for a more perfect representation of the "Tragic." The announcement of the coup at the beginning of the film serves as a vehicle toward the glorious destruction of the hero rather than a major conflict. The atmosphere is also reflective of Nietzsche's definition of the tragic: the staged production is very plastic and throughout the scene, the music of Wagner (to whom Nietzsche dedicated the *Birth of Tragedy*), *Liebestod*, is heard.

That Mishima viewed himself as a "Tragic" personality with a yearning for death is without a doubt. On a superficial level, he himself had acted in the role of the officer in *Patriotism* and it can in many ways be seen as a rehearsal for his own suicide which is eerily similar. Mishima leaves nothing to mystery, however, and makes his yearning for death particularly clear in Sun and Steel. He writes: "The romantic impulse that had formed an undercurrent in me from boyhood on, and that made sense only as the destruction of classical perfection, lay within me… Specifically, I cherished a romantic impulse toward death."[12] This romantic impulse was to remain unfulfilled. While Mishima, over time, had built up a "Tragic" physique modeled on the classical, plastic conception of Greek art, he lacked the necessary component of the Grand Cause or, more specifically, he had missed the opportunity for it. He explains that during the Second World War: "Longing at eighteen for an early demise, I felt myself unfitted for it. I lacked, in short, the muscles suitable for a dramatic death. And it deeply offended my romantic pride that it should be this unsuitability that had permitted me to survive the war."[13] Thus, as he had survived the greatest conflagration in man's history and also, the time most fitting for a noble death, he had essentially been cheated by history and, more specifically, Modernity, from the tragic end that he so desired.

For Mishima, there were two elements that made up the core of Japan. Chrysanthemum embodied the refined and peaceful side of Japanese society: poetry, fine arts, flower arrangements, tea ceremonies, and so forth. The Sword, on the other hand, encapsulated the harder, more aggressive or military aspects of Japan, such as the *Bushido*. In contrast to this culture which Mishima exults and sees as an overcoming of modernity, Mishima despises the state of society he is in. He defines this as culturalism. Mishima explains: "Culturalism indeed is rampant in the world. . . . In a word, culturalism is a tendency to cut off culture from the life of its bloody womb and procreation, and to judge culture by some joyous humanistic achievements."[14] When referring to Japan's state at the time he wrote this work, he is likely referring to the Japanese constitution, particularly Article 9.

> **Article 9.** Aspiring sincerely to an international peace based on justice and order, the Japanese people forever renounce war as a sovereign right of the nation and the threat or use of force as means of settling international disputes. In order to accomplish the aim of the preceding paragraph, land, sea, and air forces, as well as other war potential, will never be maintained. The right of belligerency of the state will not be recognized.[15]

This article bars Japan from ever taking up arms again. The removal of war from Japanese culture not only removes the Sword from society, but all of the warrior virtues that had been associated with it and which had subsequently permeated Japanese society. As a result, Mishima bemoans the future of Japan:

> I cannot have much hope for the future of Japan. As days pass, I feel more and more deeply that if things should proceed this way, "Japan" might end up disappearing. Japan might disappear, and in its place, a large economic country, which is inorganic, vacant, neutral, medium colored, wealthy, and shrewd, would remain at one corner of the Far East. I don't feel like conversing with those people who think that that is all right."[16]

By embodying the ideal of the Sword and the Chrysanthemum, Mishima made himself a symbol of that ideal. With its blend of Apollonian order and Dionysian impulse, Mishima hoped to use the "Tragic" finally bridge the gap between rationalism and magic that had persisted since the Renaissance. The Apollonian elements were taken primarily from Western aesthetics and technology, while the Dionysian elements were searched for in traditional Japanese culture. He looked to the Samurai Spirit as a code to follow and the emperor as the Grand Cause for which men would give their lives.

Mishima described part of the Japanese Spirit as "a navy officer leaping from a human torpedo, brandishing his sword on a moonlit night"[17] The submarine represents the Western or Apollonian technology, the sword wielded by the officer is obviously representative of the samurai, and the moonlit night adds a sense of tragic romanticism. The

officer cannot not hope to overcome whatever it is he is hoping to defeat by leaping from the human torpedo with only a sword as a weapon, yet it is not victory he seeks, rather glorious death. It is this fatalism which is at the core of Mishima's philosophy. Of all aspects of human existence, death alone can never be disenchanted because it can never be fully comprehended.

Mishima viewed himself as this symbolic hero, the tragic personality destined for glory. His glory was to rejuvenate Japan. He had already done it in writing and now he sought to do it through his final act of life. Much of what Mishima hoped to achieve by his death can be summed up in his own description of the purpose of his film, Patriotism:

> What I ultimately aimed at in *Patriotism* as a cinematic work was not a drama, but rather, a pre-dramatic, religious *dromenon*, something similar to an agricultural sacrificial ritual or a magical ritual of excitement, destruction, and rebirth of human's botanical fate in nature. Therefore, the work [*Patriotism*] must be something that arouses human's most primitive emotional upsurge akin to joy in hunting or something like a reenactment of an anti-civilization ritual in which the audience, together with the hero, also revive in terror and shock so intense that they cover their eyes.[18]

He hoped to shock his audience but at the same time inspire them through the terror that they would experience. Such a shock, Mishima believed, would awaken Japan's latent spirit, which would cast off what he believed was the vacuous façade of present Japan.

When Mishima attempted to take over the SDF headquarters in Tokyo on November 25th, 1970, he envisioned himself as enacting a ritual of rebirth for Japan. He imagined that he, as Hitler states in his play, *My Friend Hitler*, would "make all the people taste a tragic sentiment through and through."[19] There was no hope of victory and no hope of escape. Even if Mishima succeeded in inspiring the troops at the SDF headquarters, the coup was doomed to end in abysmally bloody failure, with all those who would have joined him either committing seppuku or being executed. Mishima was to be the "Tragic" sacrifice through whose death, presided over by the Ten'no, would reinvigorate Japan and end the dominance of Western modernity over culture. If Mishima's views are truly the means to overcoming modernity, then it is clear that such an "overcoming" would be fraught with an immense amount of blood, death and suffering.

As a measure of success or acceptance of his philosophy, at the time of Mishima's death, the response to his suicide was one of consternation and confusion. Even today, only small groups of devotees promulgate Mishima's "Tragic" philosophy. Nevertheless, Mishima's struggle highlights for us the necessity to understand the complex relationship between modernity and the traditional sensibilities of not just Japan but any nation, particularly in an age of political and economic instability when the questions of culture and globalism step out of obscurity and into the open.

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The Collective Influence of Sociocultural Factors in Understanding the Hispanic Health Paradox as Applied to Mexican Americans

ABSTRACT

Despite the broad array of research that exists on the Hispanic health paradox, no single explanation has been marked as the dominant reason for the higher life expectancies of Mexican Americans compared to other Hispanic and non-Hispanic ethnic groups. This indicates that researchers must adopt a more open perspective that examines the influence of multidimensional factors that integrate culture, religious tradition, and lifestyle. The purposes of the current study are to 1) define the paradox and provide a thorough review of existing literature on the topic; 2) suggest a transition from exploring statistical explanations of the paradox to critically assessing health-related behaviors and influences such as familial support when trying to explain the paradox in the context of certain Hispanic ethnic groups; 3) elucidate sociocultural factors unique to Mexican American communities and their implications on Mexican health outcomes; 4) consider avenues for further research concerning life expectancy and the paradox. The Mexican American health paradox is related to observable health-related influences, rather than statistical misrepresentation. Familial structure is one such influence that results in better physical health among members of this ethnic group. Still, similar familial bonding in Cuban American and Native American culture has not resulted in similar health outcomes, indicating additional factors behind the health advantage. The presence of an alternative-health care system with a more emotionally significant practitioner-client relationship appears to be the main factor that separates Mexican Americans from the other ethnic groups, and thus results in quantifiable disparities in sleep habits (which can lead to better health outcomes). In turn, this distinctive system, referred to as "curanderismo," has a positive impact on both physical and mental health, and is bolstered by consistent family systems. This project begins to conceptualize which factors have greater contributions to the advantageous outcomes of the Mexican American health care system, relative to other influences.

1. INTRODUCTION AND METHODS

According to recent statistics published by the United States Centers for Disease Control and Prevention in 2011, Hispanics in the United States tend to outlive non-Hispanic whites by almost three years. Specifically, the life expectancy at birth for Hispanic Americans is around 81 years, while non-Hispanic whites on average live to be around 78 years of age. These facts and figures do not represent an isolated phenomenon limited to the recent past. In fact, these distinctive trends in life expectancy have been contemplated by researchers since 1986, when Dr. Kyriakos Markides and his colleagues at the University of Texas Medical Branch first described this disparity in lifespan between the two groups. The consistent findings that most Hispanic ethnic
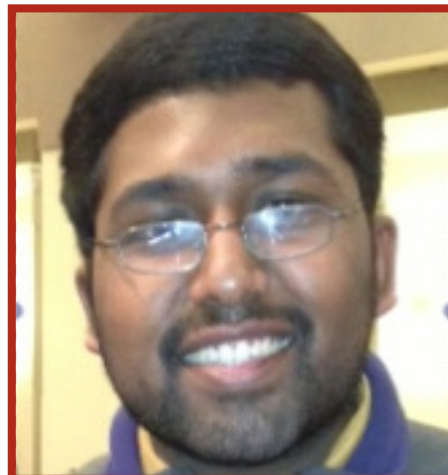
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groups live longer than whites has intrigued researchers predominately because of the reality that Hispanic Americans often have the lowest socioeconomic status, income, and education. In most other ethnic groups in the United States, "low socioeconomic status has been universally associated with worse population health and higher dates rates."[7] As a result of the contradictory nature of Hispanic life expectancy outcomes, researchers have coined the phenomenon as the "Hispanic health paradox," also known as the Latino health advantage or the epidemiological paradox.

A myriad of explanations for the health paradox have been presented through the existing literature on the topic. Despite the fact that more than twenty years have passed since the initiation of research on the topic, the phenomenon has never been fully explained by any one of these hypotheses. One concept that has been collectively derived from these efforts is the research paradigm that must be employed in order to fully understand the paradox and its implications. In "Paradox as Paradigm--The Health Outcomes of Mexican Americans," Richard Scribner states, "the paradox of Hispanic health represents a *group-level* correlation between ethnicity and mortality that cannot be explained in terms of an individual-level model."[22] In other words, any factor that is correlated to the paradox must apply to a wider ethnic group of Hispanics, rather than to a narrow community. Based on this research design, the current literature on the topic can be organized into two broad categories. According to Dr. Ana Lanza and Dr. Bruce Dohrenwend in the article "The Latino Mortality Paradox: A Test of the `Salmon Bias' and Healthy Migrant Hypotheses," the first category postulates that the lower mortality is "not genuine" but rather is caused by migratory factors[10]. The second category centers on the premise that the lower mortality is "real" and is the result of more favorable health behaviors, risk and genetic factors, and greater family support among Latinos than among non-Latino whites[10].

For the sake of clarity and to provide a workable framework for further discussion in this paper, a clear and applicable definition of the Hispanic health paradox should be restated and the study's population should be defined. The Hispanic health paradox is a data-based finding that indicates that despite low socioeconomic status and decreased access to health care, Hispanic Americans overall tend to live longer and die later than non-Hispanic whites. This project examines the paradox as it applies to the life expectancies of the Mexican American population. Accordingly, any reference to the phenomenon will use a full or abbreviated form of the phrase, "Mexican (American) health paradox."

It is justifiable to use such a broad reference, as the focus of this paper encompasses both immigrants from Mexico and individuals of Mexican descent who were born in the United States, both of whom show similar trends in life expectancy and mortality records. Dr. Tillman Farley further justifies this relative lack of restriction in "Stress, Coping, and Health: A Comparison of Mexican Immigrants, Mexican-Americans, and Non-Hispanic Whites" by noting that it is *not* necessary to discriminate against foreign-born Mexican Americans and U.S-born Mexican Americans because "it appears that being a U.S born Mexican-American, due to the heightened stressors of acculturation and racism in U.S society, is equally stressful as being a recent immigrant to the United States."[6] Farley also recognizes the fact that "Mexican sociocultural values serve as integral aspects of *both* groups."[6]

2. THE SALMON BIAS AND HEALTHY MIGRANT THEORIES: POPULAR YET LIMITED

Within the group of explanations for the health paradox that focus on misrepresentation of census statistics, two main theories have been highly regarded by researchers over the past decade. The first is the healthy migrant effect, which holds that the migration of *healthy* Latinos from their respective countries of origin accounts for the life expectancy differences. As a result, the group of Mexican Americans who originally migrated from Mexico, as well as the generations following them, constitutes a notably healthy group of individuals; relatively free from prevalent health conditions. The second sub-theory is the "salmon bias" or the "moribund migrant effect" which, according to the article "The Latino Mortality Paradox: A Test of the `Salmon Bias' and Healthy Migrant Hypotheses" by Lanza and Dohrenwend, "proposes that many Latinos return to their country of birth after employment, retirement, or illness because of the desire to die in one's birthplace."[10] Foreign deaths are not included in U.S mortality statistics, thus resulting in the documentation of an artificially low mortality rate (those individuals move prior to their death).

Though among the most popular of the initial hypotheses, both the salmon bias and the healthy migrant effect are insufficient as exclusive factors contributing to the health advantage. A study conducted by the aforementioned Lanza and Dohrenwend demonstrated that even Puerto Ricans, whose deaths *are* recorded in U.S mortality statistics, exhibit a significant health advantage compared to non-Hispanic whites, suggesting an inadequacy to the widespread applicability of the theory. More specific to

Mexican Americans, the presence of familiar and tightly knit community systems might stymie the desire to return to one's homeland. As noted by Lanza and Dohrenwend, this effect is most likely reinforced by patterns of immigration from Mexico, as families that are part of an extended family tend to immigrate in a consecutive fashion[10]. Consequently, the need to return home to die in one's birthplace is reduced when provided with such a vast amount of available familial support and care in the United States. Therefore, it is highly probable that there *has* been a significant body of Mexican Americans in the country on which census studies report. With regard to the healthy migrant effect, Anne Sanders contends in "A Latino Advantage in Oral Health-Related Quality of Life is Modified by Nativity Status" that "studies have shown that Mexican migrants to the United States were not any healthier or better educated than those who did not migrate."[19] In addition, even U.S-born Mexican Americans show higher life expectancies compared to non-Hispanic whites, with a CDC-reported lifespan greater by about 2.3 years (80.3 years from birth, compared to 78 years for non-Hispanic whites)[2]. This points to other factors playing a role in sustaining the health paradox. In fact, "group *cultural* explanations are likely to explain this phenomenon more so than individual characteristics or behaviors."[19]

3. FAMILISM: A CULTURAL BOON FOR MEXICAN AMERICANS

As the most common element of social structure in any society, the family holds great potential and power in shaping the views, actions, and behaviors of individual constituents. This transformational influence can extend far into the well-being of family members, traversing the physical, mental, spiritual, social, and emotional realms of health. According to "The Effects of Family Composition, Health, and Social Support Linkages on Mortality" written by Richard G Rogers, family living arrangements can influence mortality. This is largely due to the fact that "the family rearranges itself to deal with ill health and disability among its members."[18] In addition, families strive to promote health, prevent disease, and encourage economic security 18. Dr. Toni Antonucci extends this notion by suggesting that "living with other family members can promote compliance with group norms, encourage health practices, and provide emotional reassurance or helpful appraisals of difficult situations."[18]

As with many Hispanic ethnic groups, Mexican American culture places a substantial degree of emphasis on family and familial values. A particular concept known as "familismo" represents the notable importance of family within this ethnic group. Also known as familism, this model refers to a collective loyalty to extended family that promotes ties, obligations, and interdependence among Mexican Americans[19]. In support of this notion, Dr. Flavio F. Marsiglia and Dr. Cecilia Ayon, both Professors of Social Work at Arizona State University, claim in "Latino Family Mental Health: Exploring the Role of Discrimination and Familismo" that Latino families are often described as close knit with extended family networks that offer a great deal of support[1]. Consequently, "the solid ties between Mexican American family members can be associated with helping newly immigrated individuals adjust and confront social inequalities and prejudices in the United States."[1] This trend also applies to U.S- born Mexicans, as community studies indicate that compared with their immigrant counterparts, U.S-born Mexicans have even more extensive social networks and interact more with intergenerational family members and friends in the United States[1]. As a result, the protective effects of family on health can be found within this population as well. Evidence suggests that *familismo* is a protective factor for Latino families as it has been linked to positive health outcomes including "lower levels of substance and drug abuse, increase likelihood of seeking out mammogram exams, and decreased likelihood of child maltreatment."[1] In "A Latino Advantage in Oral Health-Related Quality of Life is Modified by Nativity Status," Anne Sanders further notes that the protective effects of family on Latino health, including oral health-related quality of life, diet, reciprocity, social ties and attachments, are well recognized.[19] Accordingly, a logical theory is that the Mexican health advantage may essentially stem from the strong socio-centric values instilled at the familial level, primarily because these tenets support the development and continuation of sound long-term healthy behaviors and habits.

Nevertheless, the depth and breadth of research on familial structure and health confound the use of the familial hypothesis as a singular explanation for the health paradox. The limitations of such a viewpoint are readily observable through a cross-cultural analysis of familial strength in non-Hispanic white, Native American, and Cuban American societies. First, the prevalence of family values and potential protective effects similar to those of Mexican Americans were studied in these other cultures, as described in existing research. Even in non-Hispanic white families, the close, personal structure and organization of the family can also express itself positively in the health of both young and older adults. This idea is supported by the

21

findings of Edward L. Schor, the senior Vice President for the Lucile Packard Foundation for Children's Health, and his colleagues in the article "Family Health: Utilization and Effects of Family Membership." Schor and his team note that for non-Hispanic whites, "membership in a family has a powerful influence on one's health-care-seeking behavior; it accounts for nearly one third of the variance of individual utilization."[21] Furthermore, the white family can stabilize beneficial health-related behaviors, much like a family can in a Mexican American context. Similarly, both Native American and Cuban American families demonstrate a strong, resilient form of bonding. Among American Indian families, the extended family is of paramount importance as it is responsible for the safe development of children and adolescents. In fact, according to Randall C. Swaim and his colleagues in "American Indian Adolescent Drug use and Socialization Characteristics: A Cross-Cultural Comparison," the Native American family may take precedence over the peer group as the most powerful contributor to alcohol use or non-use among youth[25]. Due to their Hispanic roots, Cuban Americans also place a significant degree of importance on *familismo*, sharing many components of familial structure and customs with Mexican Americans. As described by authors Monica McGoldrick, Joseph Giordano, and Nydia Garcia-Preto in *Ethnicity and Family Therapy*, "the role of the nuclear and extended family is central to Cubans; familismo is a cultural attitude and value that is the crucial basis of traditional family structure."[12]

The current literature suggests that familial strength has not been associated with similar health outcomes for all three ethnic groups (compared to Mexican Americans). A look at the life expectancy statistics described in the introduction of this paper indicates that familial aid in protecting health has not resulted in longer lives for non-Hispanic whites, despite similarities in family membership and influence. With regard to Native Americans, Dr. Paul Spicer explains in "Poverty and Health Disparities for American Indian and Alaska Native Children" that:

> The age-adjusted death rate for American Indian and Alaska Native adults exceeds that of the general population by almost 40%, with deaths due to diabetes, chronic liver disease and cirrhosis, and accidents occurring at least three times the national rate, and deaths due to tuberculosis, pneumonia and influenza, suicide, homicide, and heart disease also exceeding those of the general population [20].

Lastly, Leo Morales and his research team point out in "Socioeconomic, Cultural, and Behavioral Factors

Affecting Hispanic Health Outcomes" that a similar trend exists for Cuban Americans, who have mortality rates that are greater than those of Mexicans and similar to those of whites[14].

If consistent familial strength between the groups has not resulted in consistent lifespans, then there must be other factors involved with the more positive health outcomes for Mexican Americans. Therefore, though a vital and relentless aspect of Mexican culture, *familismo* cannot be used to singlehandedly explain the Mexican American health paradox in its entirety. From this conclusion, it appears that a primary explanation for the health paradox would most likely be linked to a beneficial factor that is unique mainly to members of the Mexican American population.

4. CURANDERISMO: THE CENTRAL EXPLANATION

Just as family exerts a significant degree of influence on the actions of family members, religion is a powerful entity within entire families, communities, and ethnic groups. Though predominantly Roman Catholic, Mexican Americans maintain several of their indigenous roots through specific socio-religious practices and traditions. One such tradition that is based on Aztec, Mayan, and ancient Spanish influences is the folk medicine system of *curanderismo*. This is a cohesive set of traditional beliefs, prayers, and rituals that address the multiple dimensions of health[24]. According to Irene Ortiz and Eliseo Torres in their article "Curanderismo and the Treatment of Alcoholism: Findings from a Focus Group of Mexican Curanderos," "*curandero* treatments might include healing rituals, prayer or blessings, or physical treatments such as massage or healing touch."[15] However, despite its traditional background, *curanderismo* is not fully based on superstition or chants. In fact, according to Ortiz and Torres, *curanderos* most often collaborate with western medicine practitioners when assessing treatment options for their clients[15].

In turn, this curandero-directed collaboration between traditional medicine and modern medicine forms the primary basis that allows for the isolation of *curanderismo* as a dominant factor in molding the Mexican American health paradox. Mexican Americans who practice *curanderismo* (a significant portion of the Mexican American population in the United States) enjoy not only the scientific validity and clinical efficacy of "western" treatment plans, but also the recommendation of such prescriptions through a more meaningful pathway—a religiously and culturally-backed curandero. In fact, studies have indicated that the personal

and emotional atmosphere in which curanderos deliver their treatment decisions is much stronger than that of modern physician interactions with Mexican Americans—a factor that points towards the existence of a cultural barrier for the ethnic group.

4.1 The Cultural Barrier:

To understand the reasons for and implications of this barrier, one must examine the distinct definition of sound health that is widely held within the Mexican American population. Dr. Rebecca Lopez, a Professor of Social Work at California State University, notes in "Use of Alternative Folk Medicine by Mexican American Women" that the Mexican American perception of optimal health "expands to include the physical, emotional, social interactional, and spiritual integration of their family."[17] Consequently, medical care providers unfamiliar with Mexican culture may not recognize the importance of family in making treatment decisions. Leo Morales and his colleagues add to this notion in "Socioeconomic, Cultural, and Behavioral Factors Affecting Hispanic Health Outcomes" by suggesting that "[…] cross-cultural miscommunication may occur when a patient mistakenly perceives impersonal professional behavior for lack of interest or when a physician, unfamiliar with Hispanic patients, perceives Hispanics to be superstitious, present-oriented, or uninterested in preventive exams."[14] As a result of this disconnect between doctors and their Mexican American patients, Mexican Americans tend to delay use of common health care and look towards alternative methods of treatment, counseling, and planning. As one of the most physically and culturally accessible options, *curanderismo* is naturally the avenue that most look towards for medical advice and guidance.

An analysis of existing literature suggests that *curanderismo* can be characterized as the ideal health-care solution for Mexican Americans using three broad, yet interrelated, perspectives: Physiological, psychological, and emotional. On a biological basis, curanderos not only use herbs, plants, and other traditional supplements, but also the more "contemporary" medicines of the western generation for certain illnesses. Thus, even if a major aspect of folk medicine is to address unique "cultural illnesses," which usually manifest themselves in common physical ailments, several of the methods used to attack those conditions are usually very similar to modern medical practice. According to Eliseo Torres and Timothy Sawyer in "Curandero, a Life in Mexican Folk Healing," modern curanderos are going through an important transformation, since they are working closely with physicians and nurses and using

modern, conventional medical techniques on a more and more frequent basis[27]. Consequently, it appears that the diminished direct use of western medical resources has not significantly hindered Mexican American health primarily because the group receives similar treatments for relatively similar conditions, past the added cultural dimension.

4.2 Physiological Perspective:

As an addition to the physical benefits of the folk practice, one must recognize the possibility that the cultural dimension—which consists of herbal, plant-based cures, and other homeopathic means—has measurable physiological benefits of its own. The herbal and natural treatments associated with *curanderismo* have been passed from healer to apprentice healer for centuries. Maritza Tafur and Eliseo Torres explain in "A Review of Curanderismo and Healing Practices among Mexicans and Mexican Americans" that "simple spices, herbs, fruits and vegetables, such as tomatoes, papaya, onions, potatoes, garlic, cilantro, chocolate, rosemary, mint, cumin, oregano, cinnamon and chamomile, are connected to certain medicinal properties and are part of a nutritious diet."[26] Recent research has revealed the immense potential of *curanderismo* treatments in attacking alcoholism among Mexican American families. According to Ortiz and Torres, passion flower or *pasiflor* has been shown to have anxiolytic and antihypertensive effects that would suggest utility in alcohol withdrawal[15]. Valerian or valeriana has demonstrated "sedative and anxiolytic effects which can also be utilized in withdrawal and alcohol abuse cases."[15] Lastly, elderberry can enhance the immune system.[15]

Still, much remains unknown regarding the possible clinical advantages of *curanderismo* herbs on other ailments that commonly affect the Mexican population in the United States, such as diabetes or arthritis. In addition, very little has been uncovered regarding the actual components of those herbs, which allow the desirable bodily effects to occur. Accordingly, further study into the variety of other herbs that constitute a folk practitioner's treatment arsenal would help identify additional effective folk medicines. If such culture-based treatments were found to have desirable physiological effects for a wide range of conditions, it would appear that the substantial body of Mexican Americans who use *curanderismo* reap the medical benefits of a unique, empirically-verified set of remedies, in addition to the well-established, operative medications of the twenty-first century. Undoubtedly, a higher number of effective treatments, including an array of natural cures, can correlate to a higher average life expectancy for the Mexican American population.

4.3 Psychological Perspective:

The psychological dimension of the health system, particularly the psychosomatic elements of the curandero-patient relationship, is of special interest when discussing the related health advantages held by Mexican Americans, perhaps to an even greater extent than the biomedical aspect of *curanderismo*. As mentioned previously, Mexican Americans often delay the use of contemporary health care services due to a perceived disengagement with today's physicians. This detachment points towards the lack of a significant doctor-patient relationship, which can lead to potential negative ramifications. In fact, Rhona M. Eveleigh and her colleagues note in "An Overview of 19 Instruments Assessing the Doctor-Patient Relationship" that the relationship between doctors and patients is an important factor in the effectiveness of any treatment[4]. In psychotherapy, "the quality of the treatment relationship is found to shape patient outcomes more strongly than the specific techniques applied."[4] In primary care, "knowing the patient is at least as important as knowing the disease, and physicians with a warm and friendly style are more effective than physicians with a more formal style."[4] Dr. Susan Griffith extends this notion in " A Review of the Factors Associated with Patient Compliance and the Taking of Prescribed Medicines" by noting that patient satisfaction, treatment adherence, and treatment outcome have been found to be associated with the doctor-patient relationship[8].

As a result, one would judge that the Mexican American population has been at risk for heightened mortality due to the absence of patient satisfaction and physician treatment adherence. However, the role that is commonly held by a physician has been taken on by a curandero, accompanied by his broad array of treatments and, most importantly, his knowledge of and meaningful association with Mexican American culture. This resilient connection between two individuals who share common religious and ethnic backgrounds promotes the very treatment compliance that is undermined by the weak relationship shared by physicians and members of the defined population. Specifically, Dr. Steffi Zacharias notes in "Mexican "Curanderismo" as Ethnopsychotherapy: A Qualitative Study on Treatment Practices, Effectiveness, and Mechanisms of Change" that "the spiritual aspects of the curanderos' treatments have functioned as powerful therapeutic resources."[29] Zacharias further describes the psychological effectiveness of spirituality-grounded *curanderismo* by saying:

There exist different interpretations for the impacts of spiritual interventions on psychological processes. Koss (1993) has stated that spiritual intervention offers the therapist a direct means of raising a patient's hope of a cure, and provides great flexibility in the management of the therapeutic relationship—via the so-called "triadic structure of communication," the interaction between the spiritual power, the therapist, and the patient. Furthermore, spiritual or religious interventions offer to the patient the possibility to compensate states of loss of control and orientation by the contents of the religious belief system[29].

In effect, *curanderismo* offers Mexican Americans a safety net that guards the population's average life expectancy. By providing specific medicines that are, at times, the same as western treatments and, sometimes, unique to Mexican American culture, curanderos offer a diverse and physiologically-effective range of solutions to common ailments that is not fully available to other ethnic groups. Because most whites use contemporary health-care services, the need for a secondary system is minimized, and the possible protective effects are thereby hidden. Most importantly, the manner in which curanderos present their clinical decisions is done in a way that offers both spiritual and psychological reassurance to their clients. This, in turn, promotes acceptance of those treatment recommendations, which is missing in the Mexican American population's interaction with modern physicians. Such a thorough and consistent cultural link between client and practitioner is also missing in the regular doctor-patient relationships involving non-Hispanic whites, removing the protective effects related to spiritual and mental health.

4.4 Emotions-based Perspective:

Curanderismo not only appeals to the psychological needs of Mexican Americans as related to general religion and health care, but also to their emotional needs, as related to the importance of family. Indeed, familism certainly contributes to an increased dependence on *curanderismo* and, in turn, *curanderismo* reiterates family customs and values. This relationship between the two factors is bolstered by the fact that curanderos recognize the definition of family that is vital to Mexican American culture. In fact, "one of the reasons for the continued existence of curanderismo is the curandero's use of natural support systems, such as the family," as noted by Robert T. Trotter and Juan Antonio Chavira in their book *Curanderismo: Mexican American Folk Healing*[28]. Folk practitioners suggest many therapies that incorporate the entire family structure in order to provide a cohesive treatment plan to the suffering individual. Hence,

it is important to highlight the fact that, though Mexican American familism cannot serve as the singular or dominating explanation for the health paradox, it undoubtedly holds major influence as a sub-variable that encourages both the beliefs and practices of curanderismo.

5. SLEEP HEALTH: A NOTABLE DERIVATIVE OF CURANDERISMO

Current research has noted that Mexican Americans have greater sleep efficiency than other cultures—a finding that has direct implications for sleep-related health and functioning. According to Uma Rao and her research team in "Ethnic Differences Present in Electroencephalographic Sleep Patterns in Adolescents," "sleep is a fundamental neurobehavioral state linked to the critical domains of health and execution, including attention, learning and memory, mood regulation, as well as metabolic, endocrine, immune and cardiovascular functions."[16] Small amounts of sleep have been linked to increased mortality risk, obesity, impaired glucose metabolism, and a weak neuroendocrine system. To further this point, Dr. Seicean and his colleagues address, in "An Exploration of Differences in Sleep Characteristics between Mexico-born U.S Immigrants and other Americans to Address the Hispanic Paradox," the fact that "sleep quality is strongly related to mood and emotions in healthy adults and to psychiatric conditions including depression and anxiety."[23] Rao and other researchers essentially define "better sleep efficiency" for the Mexican American population as the following set of results. Mexican-Americans have a higher proportion of REM sleep than their counterparts, and Mexican-Americans have a longer REM *duration* than African Americans and non-Hispanic whites[16]. A study conducted in "Health-Related Quality of Life among Minority Populations in the United States" by Chowdury, Balluz, and Strine also indicated that blacks, Hispanics, and Asians had a significantly lower chance of reporting *any* form of sleep insufficiency[3].

Possible effects of these disparities can be seen in rates of sleep-related disorders, relative to two groups: non-Hispanic whites and Mexican Americans. In the article "How Does Ethnicity Affect Sleep Disorders?" John Merriman states that whites have reported significantly more insomnia symptoms than did Mexican Americans[13]. Reports of sleepiness have been about the same in both groups, and there is a statistically significant difference in RLS prevalence between the groups (18% among whites, 14% among Hispanics)[13]. Additionally, compared to whites, Mexican male immigrants have a lower unadjusted prevalence of

SHST, self-perceived sleep deprivation, poor sleep quality, and daily sleep-related functional impairments[13].

Still, some researchers argue that lower amounts of sleep hold no negative effects on physiological function, proposing that the longer sleep duration for Mexican Americans lacks any significant benefit for longevity. In "Sleep Loss Results in an Elevation of Cortisol Levels the Next Evening," Dr. Rachel Leproult and her colleagues note that research suggests that "there is no evidence for prolonged or delayed effects of sleep loss on the hypothalamo-pituitary-adrenal (HPA) axis."[11] Still, researchers analyzing the effects of acute partial or total sleep deprivation on the levels of cortisol levels have found an elevation in cortisol (the stress hormone) in the evening following the night of sleep deprivation. Leproult explains this alternative view by noting that:

> Even partial acute sleep loss delays the recovery of the HPA from early morning circadian stimulation and is thus likely to involve an alteration in negative glucocorticoid feedback regulation. Sleep loss could thus affect the resiliency of the stress response and may accelerate the development of metabolic and cognitive consequences of glucocorticoid excess[11].

Thus, one can objectively state that Mexican Americans not only experience better sleep, but also the health protections and advantages that result from the nature of that sleep. For this reason, the heightened sleep efficiency is correlated with the higher life expectancies of the ethnic group, compared to non-Hispanic whites.

Though a section of the existing literature on the health paradox has isolated Mexican American sleep efficiency as an independent and direct contributor to the epidemiological paradox, it is highly probable that the sleep efficiency, in addition to the resultant health effects, is an extended product of *curanderismo*. As previously mentioned, curanderismo can elevate the physical and mental health of clients by stimulating biological, psychological, and emotional relief. This relief manifests itself chiefly through decreased stress levels. According to Anthony Fabricatore and his research team in "Stress, Religion, and Mental Health: Religious Coping in Mediating and Moderating Roles," "religious coping has been conceptualized as a mediator, accounting for the relationship between religiousness and mental health in times of stress, and as a moderator, altering the relationship between stressors and mental health."[5] Furthermore, as noted by Margaret D. Hanson and Edith Chen in "Daily Stress, Cortisol, and Sleep: The Moderating Role of Childhood Psychosocial

Environments," experimental studies in both humans and animals have documented that stressors experienced during the day result in disruptions in sleep architecture, including longer *transitions* into REM sleep, at night[9]. Therefore, the lower levels of stress experienced by Mexican Americans can lead to healthier sleep patterns (i.e. longer REM sleep time compared to the longer transition periods required while under significant stress).

Consequently, by highlighting the factor of sleep efficiency as a consequence of *curanderismo*, one can assert that the folk medicine system is both directly and indirectly a main contributor to the Mexican American health paradox. Not only do the curandero treatments and the emotional mode of delivery of these treatments foster the sound development of physical and mental health, but also the resulting health outcomes, when combined with a relatable spiritual undertone, can produce positive health effects of their own.

6. CONCLUSION

Although familism and *curanderismo*, the two central concepts that guide a holistic overview of the Mexican American health paradox, are grounded in the specific culture of the ethnic group, it is possible to examine parts of both cultural systems and to apply those principles to other ethnic groups. Based on the marked power of the Mexican American family to shape the particular behaviors and attitudes of its constituents for the better, it is likely that families from different backgrounds also have the potential to do so. A close study of the family dynamics in a familism-centered Mexican American family could be used to create family-based intervention programs for adolescents or young adults suffering from depression or substance and drug abuse. Furthermore, a holistic analysis of the health paradox reveals new insight into possible transformations of medical practice. If more herbs that are part of original curandero treatments are found to be physiologically effective, these natural cures can be implemented into modern physician treatment plans, so as to bring about possible changes in life expectancy for these other ethnic communities. Based on the psychological advantages that can be derived from curandero-patient interactions, modern physicians should work to foster the same level of relief and understanding that folk practitioners bestow unto their clients. Not only would this promote compliance with clinical recommendations, but it would also encourage the regular use of effective western-based health resources among additional ethnic groups. Essentially, the physician must work to recognize and respect the cultural proclivities of any given ethnic group they serve before discussing a variety of treatment options. Such consideration forms the basis for a successful doctor-patient relationship that preserves a perfect blend of professional authority and sensitivity.

Overall, this study indicates for future researchers the importance of considering particular features of ethnic groups when s trying to explain the paradox. As it stands, the Mexican American health paradox cannot be explained by a single theory. Rather, one must consider the multidimensional culture of this particular ethnic group, so as to encompass the variety of factors that might influence longevity. The folk medicine system of *curanderismo* is of particular interest, which is intricately tied to other prominent aspects of Mexican culture, including the importance of family. In turn, the physical and mental health effects of such a psychologically and biologically sound health-care system can lead to additional, desired health outcomes, resulting in a significant disparity in life expectancy that continues to defy an exhaustive explanation.

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Timed Writing Assessment as a Measure of Writing Ability: A Qualitative Study

Throughout the American education system, the assessment of writing skill and general academic performance through timed essay examinations has become increasingly pervasive, contributing to the determination of grades and course placements and ultimately affecting college admissions through their use in standardized tests. In March 2005, the College Board introduced a new writing section for the SAT that incorporates a 25-minute impromptu essay component, as well as traditional multiple-choice questions on grammar and usage (Hass; "SAT Test Sections"). Likewise, timed writing assessment holds a prominent position in the ACT, which features an optional 30-minute essay section that is mandatory for students applying to some institutions, and in the College Board's Advanced Placement program, whose English Literature examination requires three essays written over a two-hour period ("The ACT Plus Writing"; "English Literature: The Exam"). As Nancy Hass reports in the *New York Times*, the introduction of timed writing in the SAT has generated substantial public controversy, with many colleges deciding not to consider the essay scores in the admissions process. At the same time, a number of universities have elected to utilize the essay section results, not only for admissions, but also for the determination of placement in composition courses, sometimes provoking passionate opposition from their own writing faculty members (Isaacs and Molloy 518-20).

Employing the SAT essay section as an illustration of the debate surrounding timed essay examinations, this paper seeks to investigate the accuracy, instructional usefulness, and social implications of the widespread use of timed writing assessment as a measure of writing ability at the high school and collegiate levels. To supplement a review of the published literature, this study integrates material from interviews conducted by the author with five experienced instructors in composition and literature programs at Stanford University and the University of California (UC), Davis. Both in standardized examinations and in the classroom setting, timed writing assessment can offer a rough and imprecise, but most often fairly accurate, prediction of a student's performance on longer, traditional writing assignments. Nevertheless, as this paper will attempt to demonstrate, the imposition of severe time constraints induces an altogether different mode of writing, called an "assessment genre" by one of the instructors, that renders questionable the comparability of the writing skills displayed in timed and untimed contexts. Given this finding, teachers and institutional administrators should carefully consider the potentially objectionable social values and attitudes toward writing communicated by the choice of timed writing as an assessment technique, especially when used to identify excellence rather than to certify basic competence.

In recent decades, the accuracy and appropriateness of timed writing assessment as a measure of writing ability have been subject to progressively

rising doubts from English instructors and scholars of composition. As Kathleen Yancey discusses in an article on the history of writing assessment, in the period between 1950 and 1970, the evaluation of writing was frequently conducted through 'objective,' multiple-choice tests on grammar and vocabulary (485). In the 1970s, trends in standardized writing assessment gradually shifted to the holistically scored essay test, and by the 1980s and 1990s, many universities had again changed their evaluation methods to adopt broader, multi-element writing portfolios for such purposes as assigning course placement (Yancey 487-94). Yancey observes that beneath these fluctuations were evolving views on the relative importance of reliability and validity, the two central concepts of psychometric theory. Reliability is associated with objective assessments, while validity is associated with 'direct' tests of writing skill that provide samples of actual writing (487-94). An assessment is reliable to the extent that it yields consistent scores across readers and test administrations, while it is valid insofar as it successfully measures the particular characteristic, in this case writing ability, that it purports to measure (Yancey 487; Moss 6).

Current scholarship opposing the use of timed writing assessment continues to voice the same concerns about the validity of essay tests originally raised by those advocating the introduction of portfolios. For example, in her 1991 paper encouraging the further spread of the newly developed portfolio assessment method, Sarah Freedman argues that timed essay examinations involve "unnatural" writing conditions, with students producing work that has no function except for external evaluation, on topics that may not interest them (3). Similarly, as Ann Del Principe and Jeanine Graziano-King contend in their 2008 article, the testing environment created by timed writing assessment undermines the authenticity of essay examinations because it inhibits the complex processes of thinking and articulation that enable students to produce quality writing (297-98). Of course, many more specific arguments can be adduced under the general heading of authenticity in assessments. For Kathy Albertson and Mary Marwitz, the dangers of high-stakes standardized writing examinations are dramatically exemplified by students who seek security in uninspired, formulaic essays and students who unknowingly imperil their prospects of reader approval by engaging with challenging topics through more sophisticated pieces that they lack the time to complete (146-49). Finally, in an inversion of the usual call for more valid assessment techniques, Peter Cooper reprises the common contention that a single writing sample on a particular topic cannot fully represent a student's abilities, only to present this consideration as evidence in support of multiple-choice writing tests (25).

In defense of timed writing assessment, noted composition theorist Edward White invokes the historical attractions of objective tests of writing, which remain in use in a large proportion of colleges (32). As he writes in his widely referenced article "An Apologia for the Timed Impromptu Essay Test," the scoring of timed essays provides significant cost savings relative to the labor-intensive evaluation of portfolios, allowing institutions that would otherwise employ even less expensive multiple-choice assessments to include some form of direct writing evaluation in reviewing student performance (43-44). He also remarks on the utility of timed in-class writing in preventing plagiarism and in helping students to focus on the task of composition (34-36). Importantly, in response to concerns about a lack of opportunities for revision, White asserts that, even though an impromptu essay test may encourage first-draft writing, a first draft still constitutes a form of writing: thus the use of timed writing rather than multiple-choice tests emphasizes the value of writing (35-38). Extending this reasoning further, Marie Lederman argues that, despite the rightful focus on revision and the writing process in the curriculum, only the final product of that process holds any significance or communicative potential for the reader, lending legitimacy to the product-oriented nature of timed writing assessment (40-42).

A second major line of thought in favor of timed essay tests, separate from the pragmatic and conceptual arguments surveyed above, relates to their empirical capacity to predict the future academic performance of students. College Board researchers claim that, of all the components of the SAT, the writing section most accurately predicts students' grade point average in the first year of college, demonstrating its validity as an assessment instrument (Kobrin et al. 1, 5-6). A crucial point of weakness in this argument, however, is the idea that a strong correlation between scores and later academic success in isolation can show the validity of a given assessment. For as Rexford Brown insisted as early as 1978, in the course of his opposition to objective writing tests, the fact that parental income and education might also correlate with writing ability and predict performance in college does not mean that they should form the basis for judging students' aptitude (qtd. in Yancey 490-91). Validity requires that an assessment measures what it is intended to measure, so the question remains whether timed writing examinations truly reflect

writing ability.

In order to explore this issue in greater detail, one can turn to the material gathered in interviews with Brenda Rinard, a member of the University Writing Program at UC Davis, and postdoctoral fellows Roland Hsu, Barbara Clayton, Patricia Slatin, and Jeffrey Schwegman, all teaching in Stanford's Introduction to the Humanities (IHUM) program. Though all interviewees had experience with timed essay tests in their respective courses, it is a limitation of this study that the four participating IHUM fellows, unlike Dr. Rinard, were seeking to evaluate student examinations not explicitly in terms of writing quality but rather in terms of content. All of these instructors nevertheless offered valuable information while answering questions regarding the accuracy and social implications of timed writing assessment and their motivations for using it in their courses (see the Appendix).

The interviewees were first asked about the accuracy of timed writing assessment as a measure of writing ability, where the standard for writing skill is assumed to be students' performance in producing traditional argumentative papers. All subjects reported that timed essay tests generally provided a fairly accurate indication of students' writing ability as demonstrated in regular paper assignments, although they all mentioned some exceptions or variations in accuracy as well. In particular, Dr. Clayton stated that students who had previously submitted papers of lower quality would sometimes show a surprising level of proficiency on essay tests, perhaps on account of additional preparation for the examination. In contrast, Dr. Schwegman noted that the students most skilled in composing extended papers would not usually produce the highest-quality timed essays in the class. Dr. Rinard emphasized the adverse effects of the testing environment for students with test anxiety and students for whom English was not the first language. Interestingly, Dr. Slatin and Dr. Rinard both affirmed, when asked, that timed writing assessment could offer only an imprecise measurement of writing ability, one that would not accommodate fine distinctions in skill or provide for the display of the full range of variation in writing ability.[1] Their observations agree in this respect with the conjecture of Leo Ruth and Sandra Murphy that "short, timed writing tests are likely to truncate severely the range of performance elicited," as suggested by surveys indicating that more sophisticated writers often consider time allocations inadequate due to their use of a greater amount of time for planning their work (151-54).

At this point, given that timed writing assessment

does not seem grossly inaccurate in evaluating broader writing skill, one might be inclined to accept White's contention that the use of standardized essay tests is justified by their practical efficiency and the fact that they at least require first-draft writing. Once again, however, this conclusion can be warranted only by a demonstration of the validity of timed writing examinations in measuring the same sort of writing ability that manifests itself in regular paper assignments, not simply by a correlation between the two forms of writing. From this standpoint, the true importance of the notion that timed writing is first-draft writing becomes evident: it embodies the idea that timed writing is fundamentally similar to the writing involved in extended composition. Only if timed writing is sufficiently continuous with, and therefore comparable to, writing without such time constraints can the validity of timed writing assessment be maintained. Indeed, as Murphy notes, assessment specialist Roberta Camp has argued that standardized writing tests implicitly assume that timed, impromptu writing can be considered representative of writing in general and that writing involves a uniform set of skills regardless of its purpose or circumstances (Murphy 38). One of the criticisms offered by Dr. Rinard challenges the core assumptions underlying the use of timed essays to determine writing ability. In particular, she believes that the timed writing on standardized examinations constitutes a distinct "assessment genre" with its own unique rhetorical situation, implying that judgments of writing skill obtained using timed writing may not be generalizable to writing in other contexts.

One must now resolve the question of whether the timed writing should be regarded as representative of all academic writing or should instead be classified as a narrow and artificial "assessment genre." Insight on this topic is supplied by the other interviewees' remarks on their motivations for employing timed essay examinations. With a notion of timed writing as essentially continuous with other forms of writing, one might expect that they would conceive of essay examinations as simply compressed versions of regular papers, assigned because they require less time to grade and offer greater protection against plagiarism. To the contrary, in fact, the four IHUM fellows tended not to express any of these practical motivations for using timed essay examinations. The exceptions to this trend were Dr. Hsu, who cited the necessity of ensuring that work submitted was a student's own, and Dr. Schwegman, who briefly remarked on the issue of time available for grading, but even these two instructors spoke at length about other reasons for employing the essay test format. Dr. Hsu, for instance,

contended that timed essays were useful for encouraging students to construct a "less developed synthesis" of the material, meaning, as he explained, that they would not be influenced by the interchange of ideas with the teacher or other students and would therefore need to "take ownership" of their work in a way not facilitated by traditional papers. On the other hand, Dr. Slatin emphasized the importance of timed essay examinations as another mode of evaluation different from longer paper assignments, contributing to the diversity of assessment measures and thus ensuring fairness to all students in grading. Likewise, Dr. Schwegman found his principal motivation in the idea of achieving fairness by employing a broad spectrum of assessment methods, each engaging a distinct skill set and a different type of ability. All of these perspectives on the utility of timed writing assessment crucially presuppose a fundamental dissimilarity between timed writing and the extended composition demanded by regular papers.

Moreover, a majority of the interviewees indicated that the writing produced on the essay tests that they had used generally failed by a large margin to satisfy the standards of a decent first draft for any other assignment. This finding, in addition to the previously developed suggestion of a divergence in the skills and processes involved in timed writing and other forms of writing, further challenges White's assertion that timed writing should be regarded as first-draft writing. Dr. Schwegman, for instance, freely admitted that the writing submitted for final examinations was often "atrocious" in quality, and Dr. Clayton related that she would expect students to spend far more time than that permitted in essay examinations on the first draft of even a short paper. For a piece comparable to one on the AP tests, where a student might receive approximately 40 minutes per essay, Dr. Rinard estimated that a student might require anywhere from one to three hours to produce a draft of reasonable quality.

On the basis of these observations, one could justifiably conclude that timed writing of the sort used on standardized tests is not equivalent to first-draft writing in almost any other setting. In this way, one can recognize how the information collected in this study might begin to confirm the statement of Luna, Solsken, and Kutz that "a standardized test represents a particular, situated literacy practice" with its own distinctive norms and conventions (282). As Dr. Rinard first suggested, however, if timed writing is understood as comprising its own genre, the genre of standardized assessment, the claim that standardized essay tests provide a valid measurement of writing skill becomes suspect.

Indeed, Brian Huot criticizes the reliance of traditional testing practices on a "positivist epistemology" assuming that writing ability is a fixed trait that can be measured independently of context (549-52). Articulating a new theory of writing assessment, Huot argues instead that any acceptable measurement of writing ability must be informed by a clear conception of the sociocultural environment and academic discipline in which it is applied (559-64). As he contends, a valid assessment instrument must be designed to generate a rhetorical situation consonant with the purposes for which the assessment results will be used (560), and on this criterion, large-scale timed essay tests appear markedly deficient, precisely because they are standardized across a vast array of institutions and disciplines.

One might object to this line of reasoning, nevertheless, on the grounds that standardized essay examinations offer the greatest validity among all the forms of writing evaluation that many institutions have sufficient resources to employ. Alternatively, one might even acknowledge a complete dis-analogy between timed writing and the type of writing required by regular papers, yet maintain, as Dr. Schwegman proposed, that writing at speed might constitute an independently valuable and significant form of writing in its own right. At this juncture, however, the analysis of the validity of timed writing assessment must confront the issue of the social values that are communicated to students and the larger educational community by the choice of a particular assessment technique. For as White perceptively notes, "Every assessment defines its subject and establishes values" (37): each method of judging student achievement necessarily contributes to the delineation of the knowledge and capacities in which the subject of assessment consists. Furthermore, an assessment simultaneously conveys and reinforces a society's normative commitment to a particular conception of what distinguishes greater and lesser ability in the relevant subject and of how proficiency in the subject can be gained or improved. Hence, in the words of John Eggleston, examinations may be considered "instruments of social control," by the fact that "the examination syllabus, and the student's capacity to respond to it, becomes a major identification of what counts as knowledge" (22). Lest this claim seem excessively abstract as a basis for scrutinizing the legitimacy of timed writing assessment, David Boud enumerates some concrete effects of evaluation methods on the educational process. Research has shown, he reports, that students concentrate on the topics that are assessed as opposed to other aspects of a course, that the types of tasks involved in the assessment

influence their learning strategies, and that effective students watch carefully for instructors' indications of what material will be tested (103-4).

Once alert to the symbolic power exerted by assessment mechanisms, one might be troubled by some of the values and ideals that timed essay examinations seem to be propagating in the experience of the interviewees. Dr. Hsu remarked that the timed writing environment detracts from the significance of the "invention" process by which students discover and refine new ideas through revision. For Dr. Slatin, furthermore, timed essay tests entirely omit any emphasis on the value of creativity as an element of successful writing, replacing it with an unyielding focus on the "scientific" attitudes of analysis and criticism. As Dr. Schwegman commented, the essay examination format signals the importance of content knowledge at the expense of practicing skills, while Dr. Clayton observed that essay tests frame students' writing as a response to a predetermined question rather than an avenue for exploring questions of their own devising. Finally, adopting the most critical stance of any of the instructors, Dr. Rinard explained that high-stakes timed writing examinations underline above all else the value of speed, in stark contrast to the ideal of thoughtful contemplation historically associated with effective writing. In her opinion, timed writing assessments test performance instead of revealing a student's potential and encourage a "reductive" and formulaic mode of writing that prevents the development of nuanced points of view in a composition. Except in Dr. Rinard's case, these features of timed writing assessment were not necessarily considered negative; they were mentioned as factors supporting the capacity of an examination to fulfill its purpose of testing knowledge. Nevertheless, if essay tests are employed to measure writing ability in particular, as with the SAT, then the fact that timed writing rewards qualities such as speed might become problematic when considering that these qualities could be mistakenly assumed to be definitive of writing skill in general, outside of the testing context.

To illustrate the manner in which the construct of writing ability peculiar to timed writing assessment might begin to insinuate itself into broader conceptions of writing as a practice, one can turn to the theory of orders of simulacra, developed by the sociologist Jean Baudrillard and applied to the field of educational testing by F. Allan Hanson. This theory, as Hanson writes, describes three ways in which a signifier, such as the result of a test, can represent the object that is signified, such as the underlying skill or capability of which the test gives an indication (68). At the first order of simulacra, the signified is conceived as prior to the signifier, which reproduces or resembles it in some way (68), just as an archaeological artifact precedes the copy placed in a museum, which is judged valuable insofar as it faithfully imitates the original. At the second order, the signifier serves as the "functional equivalent" of the signified, with Hanson's example being the robotic machinery that replaces human workers, the signified, in a factory (68). In the final stage of this progression, at the third order, the signifier is a formula or blueprint for the signified and holds priority over it, just as DNA encodes the attributes of an organism and guides its development (68). Although tests are often understood as simple measurements of preexisting characteristics in the subject, operating at the first order of simulacra, Hanson argues that they commonly act as second-order signifiers, as when a test score substitutes for an individual's intelligence or ability in college admission decisions (68-71). Advancing to the level of third-order signifiers, tests can "literally construct human traits," he asserts, by altering the course of a person's educational experience and even by incentivizing students to cultivate the cognitive characteristics favored by standardized examinations (71-74).

Returning to the topic of timed writing specifically, one could contend that an essay test's ascription of certain degrees of skill to examinees assumes the function of a second-order signifier as students and teachers begin to conceptualize writing ability in terms of the values that the test is perceived as communicating. A writing examination approaches the third order of simulacra when the widespread adoption of the system of values defining writing skill from the perspective of the test precipitates tangible changes in the modes of writing within a community. Indeed, evidence for this shift can be uncovered: Dr. Clayton related that students would occasionally seem to be composing their regular papers in the style that they were accustomed to use for examinations, with deleterious effects on the quality of those papers. As she stated,

> I do find that I think students are having more problems with traditional writing assignments than in the past because they are relying more upon what they've been taught, and I've had to say to students, "Do not treat this paper assignment as though it were an exam." So I find that . . . if anything their exams are better, but their papers worse, because I think . . . they're confusing the two things.

These effects are aggravated if timed writing examinations are meant to provide an exact indication of a student's writing ability instead of merely ascertaining basic

proficiency, especially considering that essay tests offer only a rough estimate of ability. In her book on the social history of educational assessment, Patricia Broadfoot observes that assessments fulfill the distinct functions of selecting candidates for excellence, on the one hand, and of certifying the possession of essential competencies on the other (26-33). Meanwhile, Eggleston discusses the social processes by which examinations contribute to determining the level of esteem granted to a given body of knowledge, and by which different disciplines compete for the validation of their own expertise as high-status (25-31). Synthesizing these concepts, one can understand how the role of a certain assessment in selecting for excellence rather than certifying basic competency might grant privileged status to the qualities and values that are publicly perceived as enabling success on that assessment. Such a role is in fact occupied by the SAT and AP examinations in the admissions systems of elite universities, greatly amplifying the capacity of timed writing assessment to influence the complex of social values attached to the concept of writing ability.

What this investigation has found, then, is that the timed essay examination, as an "assessment genre," tests a particular species of writing ability distinguishable from the sort of skill demonstrated by the writing of longer papers and consequently disseminates a different set of values and a different understanding of writing as a practice. Especially when timed writing is employed for the specific purpose of revealing fine distinctions among individuals in the upper range of writing skill, the conception of writing ability constructed by timed writing assessment may even begin to supplant the social values undergirding traditional academic composition. Thus, in electing to use timed writing assessment as a measure of writing ability, instructors and administrators should take care to consider the potential consequences for the culture of writing among their students and to recognize that the representation of student abilities offered by such an assessment may not be fully generalizable to other contexts. Otherwise, the results of this study suggest, they may be inadvertently encouraging a reductive mode of writing and elevating the importance of speed at the expense of thoughtfulness and creativity.

APPENDIX

In the interviews conducted for this project, the course of the conversation and the phrasing of the questions varied in each instance, but all the instructors were asked a series of five basic questions modeled on the following.

1. How accurately, in your experience, does timed

writing assessment reflect students' broader academic writing ability? Does the timed assessment environment emphasize certain aspects of writing skill at the expense of others?

2. What effects does the presence of timed writing assessment in a course have on your own instructional techniques? Do you recognize any influences on student writing patterns from the prevalence of timed writing assessment throughout high school and college?

3. What factors motivate you to employ timed writing assignments in place of, or in addition to, regular papers? To what extent do practical considerations such as plagiarism concerns or grading time affect the decision to use timed writing assessment?

4. What social values and attitudes toward writing, and communication in general, are projected by the importance of timed writing assessment in education?

5. Would you consider the assessment environment of timed writing to be more or less fair, or equitable, in comparison to the evaluation of regular papers, given that timed writing assessment ensures that exactly the same resources and amount of time are available to each student?

FOOTNOTE

1. This was not one of the standard questions posed to all interviewees, but one that occurred as the conversations progressed. All the other instructors either were not asked for their opinion on this subject or did not oppose the position that timed writing assessment would yield only a somewhat crude method of determining skill levels.

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