

# New Research in *Psychological Science*

December 20, 2019



## [Use of Letter Names Benefits Young Children's Spelling](#)

*Rebecca Treiman and Sloane Wolter*



To study how children begin to produce spellings that reflect the sounds in a word, Treiman and Wolter asked U.S. preschoolers (ages 4 to 5) to spell words that began with a sequence of sounds that matched the name of a letter (e.g., *bead*) and, in a separate session, control words, in which the initial sounds did not match a letter name (e.g., *bed*). Participants wrote and voiced their answers, and the researchers coded the phonological plausibility of the first phoneme and of the whole word (e.g., three spellings were plausible for the phoneme /k/: “c,” “k,” and “q”). When a child did not use phonologically appropriate letters more often than would be expected by chance, spelling performance was categorized as prephonological. Results indicated that prephonological performance was more common for control words than for letter-name words. This was true when only the first phoneme was analyzed and when the whole word was analyzed. Given these results, Treiman and Wolter propose that words with letter names may help children move from prephonological spellings to spellings that symbolize at least some of the sounds in words. They suggest that educators and parents might wish to focus on letter-name words when discussing spelling with younger children, as these seem to allow them to produce quality spellings for at least some words, such as *bead* and *pizza*, and that doing so might help children take the first step toward correct spellings.

## [On Why Objects Appear Smaller in the Visual Periphery](#)

*Wladimir Kirsch, Roland Pfister, and Wilfried Kunde*

An object presented in the periphery of the visual field tends to appear smaller than an object presented in the center, the so-called size-eccentricity effect. To explore the role that attention plays in this perceptual distortion, Kirsch and colleagues presented participants with two simultaneous circles of different sizes and asked them to choose the larger one. One object appeared in the middle of the screen (central) and the other to the left or right of the center (peripheral). Before the circles appeared,

participants saw a small cue (an unfilled square) presented at the location of the central or of the peripheral object. Participants judged peripheral objects to be smaller after a central cue, but this effect disappeared completely after a peripheral cue. Hence, attention seemed to have changed the size-eccentricity effect. However, because the effect was not completely reversed (i.e., cued peripheral images were not judged as larger than uncued central ones), the impact of attention on size perception seemed to differ across object locations in the visual field. These findings indicate that objects appear smaller in the peripheral than in the central areas of the visual field not only because of structural properties of the visual system, such as the lower density and greater size of the peripheral receptive fields compared to the central (foveal) receptive fields, but also because the peripheral areas are usually less attended.

### **Forecasting a Fatal Decision: Direct Replication of the Predictive Validity of the Suicide–Implicit Association Test**

*Nina Tello, Ghina Harika-Germaneau, Wilfried Serra, Nematollah Jaafari, and Armand Chatard*



Tello and colleagues report a direct and independent replication of a previous study (Nock et al., 2010) suggesting that people's implicit identification with "death" or "suicide" can predict whether they will attempt suicide in the future. Participants were adults seeking treatment at a psychiatric emergency department in a French hospital. They completed the Suicide-Implicit Association Test (S-IAT; a measure of the implicit association one makes between "me" and "death") and responded to the Self-Injurious Thoughts and Behaviors Interview (SITBI) and the Beck Scale for Suicide Ideation (BSSI). Their history of suicidal behavior was also collected. Six months later, participants completed the SITBI and the BSSI again and their medical records were examined to determine whether they had made a suicide attempt during the 6-month follow-up period. Contrary to Nock et al.'s results, the S-IAT score did not distinguish between patients who were admitted to the hospital following suicide attempts and those admitted for other reasons. However, as in the original study, participants with higher implicit identification with "death," as measured by the S-IAT, were more likely to attempt suicide within the 6-month follow-up period. The S-IAT was a good predictor of future suicidal behavior, beyond other measures and well-known suicide predictors. The S-IAT correctly classified 85% of the patients, supporting its use as a diagnostic tool that might help to predict whether a patient will make a suicide attempt.