

Study Chunk Reading

The following textbook reading technique will improve understanding and memory for textbook material and also increase reading rate.

Complete Step A first to get an overview of the topic to be covered in the chapter, get a sense of the organization of the information, and to identify key points.

SURVEY: Look through the chapter by reading the

1. Title
2. Outline and objectives
3. Heading and subheadings
4. Graphs, pictures, etc.
5. Questions at the end
6. Summary
7. Key words

Complete Steps 2-7 for each section or division of the chapter (a “study chunk”). These steps will help you establish a purpose for reading and create the intent to remember. They will help you focus your attention on only the most important material.

QUESTION: Before you read, predict questions you think the instructor might ask over the material. Refer to the other pages in this handout for an example of this process.

1. Make up and write down from information given in headings and subheadings. Formulate questions based on the six basic questions which might be asked on any test: what, why, how, who, when, where. The first three questions are called open questions, and will usually be the most valuable study questions. Think about what the instructor emphasizes in class, what kinds of questions were asked on the first test. (Also refer to the separate handout on Bloom's Taxonomy for additional guidance about questioning.)
2. Survey each section to be read to get more information which can be the basis for further questions: a) Read the first sentence in each paragraph to ascertain the main point, and b) Look for words in boldface print or italics.
3. Study questions at the end of the chapter or contained in a study guide may be helpful as guides to reading.

READ: READ rapidly to answer the question(s) you have written down. Be selective.

RECITE: REPEAT the answers to the questions out loud in your own words to verify that you understand what you have read. This will also help you remember the material. (Many readers find this step helpful; others don't like it. Try it and if it helps you, use it; if not, leave it out.)

WRITE: JOT DOWN the answers to your questions using key words and phrases. You might consider

underlining your text as an alternative to writing the answers down; however, if you do this be certain to RECITE before you underline.

Complete this step at the end of each study session and once a week for all the reading you have done.

REVIEW: ANSWER your questions again without looking at your notes. This will help you remember the information and reinforce the overall picture of what you have been studying.

Study Chunk Reading Example

Use with following selection *Problems of the Ordinary Individual*
Survey

Title — Problems of the Ordinary Individual

Outline

1. Problems of the Ordinary Individual
 - A) Depression
 - i. Depression
 - B) Normal Depression
 - i. Normal Depression
 - ii. Faulty Cognitions
 - C) Chronic Depression
 - i. Chronic Depression

Headings and Subheadings

- Problems of the Ordinary Individual
- Depression
- Normal Depression
- Chronic Depression

Key Words

- depression
- normal depression
- faulty cognitions
- chronic depression

Questions

- What causes depression?
- What are faulty cognitions?
- What is depression?
- What is normal depression?
- What is chronic depression?
- What is the difference between normal and chronic depression?

PROBLEMS OF THE ORDINARY INDIVIDUAL

Depression

Depression of the kind we have all experienced represents one end of a continuum. The other end is major depression, a severe variety that is considered in Chapter 15. Somewhere in the middle is chronic or frequent and lasting depression. The distinction between the types of depression is not absolute but one of degree, and they share many characteristics. Depression, regardless of severity, may involve feeling "down," lacking interest in normal activities such as schoolwork, restlessness, indecisiveness, feelings of worthlessness, and noticeable variations in weight, amount of food consumed, and amount of sleep (Carson, et al, 1988).

Normal Depression

Normal depression is the kind we all go through from time to time. Most of us know what these "blues" are like, but sometimes we fail to recognize our depression and thus suffer through it without the kind of help that would have cut it short. At other times we may recognize our depression only after we are too firmly gripped by its jaws to easily work our way free. Therefore, it is important to recognize when oneself or others are depressed and to do so early.

The first part of Box 12.3 list some situations that would make almost any normal person depressed. By knowing what these situations are, people can sometimes avoid them or at least short-circuit the depression they tend to cause before it is well under way. The second part of Box 12.3 list some statements of the kind depressed people often make. Hearing yourself or someone else saying things like this is a sign that depression is on its way to becoming a problem in need of a solution.

If these cues signal a bout of normal depression, what should you do about it? The first place to turn is to your social support network. Being around friends and relatives is often enough to halt depression. Talking things over with them and appreciating their understanding of your situation is even more effective medicine for depression.

Suggestions found in the discussion of anger (chapter 9) and in the stress chapter (13) can be used to alleviate depression, too. For example, simply leave the scene of the circumstances that gave rise to your depression. Take a short vacation, take a walk in the woods, or drop your everyday routine in favor of some cherished activity such as sailboating or camping.

Sometimes episodes of depression are due to faulty cognitions, beliefs that are irrational and divorces from reality. For example, a person with a 3.8 grade point average may say, "I failed a quiz; I'm a failure." A technique called rational emotive therapy can teach people to reconsider such irrational beliefs (Ellis, 1971). As this

method is thoroughly covered in Chapter 14, further consideration of faulty cognitions is deferred.

Chronic Depression

So far the emphasis has been on normal depression, the variety that is nonsevere and occurs only occasionally. Chronic depression, the kind that occurs frequently or lasts a long time, is another matter. Normal depression might be considered a state: it is induced periodically by external circumstances. Chronic depression could then be called a trait because it occurs frequently in a number of different circumstances. But these labels raise the problem of the state/trait distinction already discussed in relation to loneliness (Allen & Potkay, 1981). Since there is not clear demarcation between state and trait, no one can say how often and in how many different situations one must show depression before one can be said to possess the depressive trait, rather than just being in a series of states. Thus, the normal (state/chronic (trait) distinction must be considered with caution.

Yet whether they are "trait" depressed or not, people who suspect that they are in the chronic category of depression need some way to confirm their suspicions. Here the individual may be a better judge than the professions. If you strongly believe you have a tendency towards depression, you may well be right. To some extent at least, depression, like loneliness, is in the eye of the beholder.

To check out your conclusion, a relative criterion may also be useful. Survey friends to find out how often they are depressed and what situations make them depressed. People who find that a wide variety of circumstances cause frequent bouts of depression may conclude that they are chronically depressed. Also, becoming depressed for no apparent reason may indicate that one has a special problem. If the methods outlined and in Chapter 14 do no help, one might consult a professional counselor or therapist.

Although it is more serious than normal depression, chronic depression is assumed to be less severe and more readily treatable than the forms of depression considered in Chapter 15. Those people who are often depressed than not and who suffer deep depression for no apparent reason should refer to that chapter.