

See Powerpoint version for notes for each slide
<http://www.udel.edu/educ/gottfredson/reprints/2013ISIR.pptx/>

Empirical Treasure, Lost and Found

Linda S. Gottfredson

University of Delaware, USA

International Society for Intelligence Research

Melbourne, Australia

December 12, 2013

Imagine

...that someone told you this.

“If all 13-year-olds took the same 15-minute test (WASI), I could give you each child’s odds for all these adult outcomes *without* knowing anything else about them.”

- Drops out of high school,
- Holds mostly unskilled jobs, skilled jobs vs. professional jobs
- Performs those jobs well
- Lives in poverty

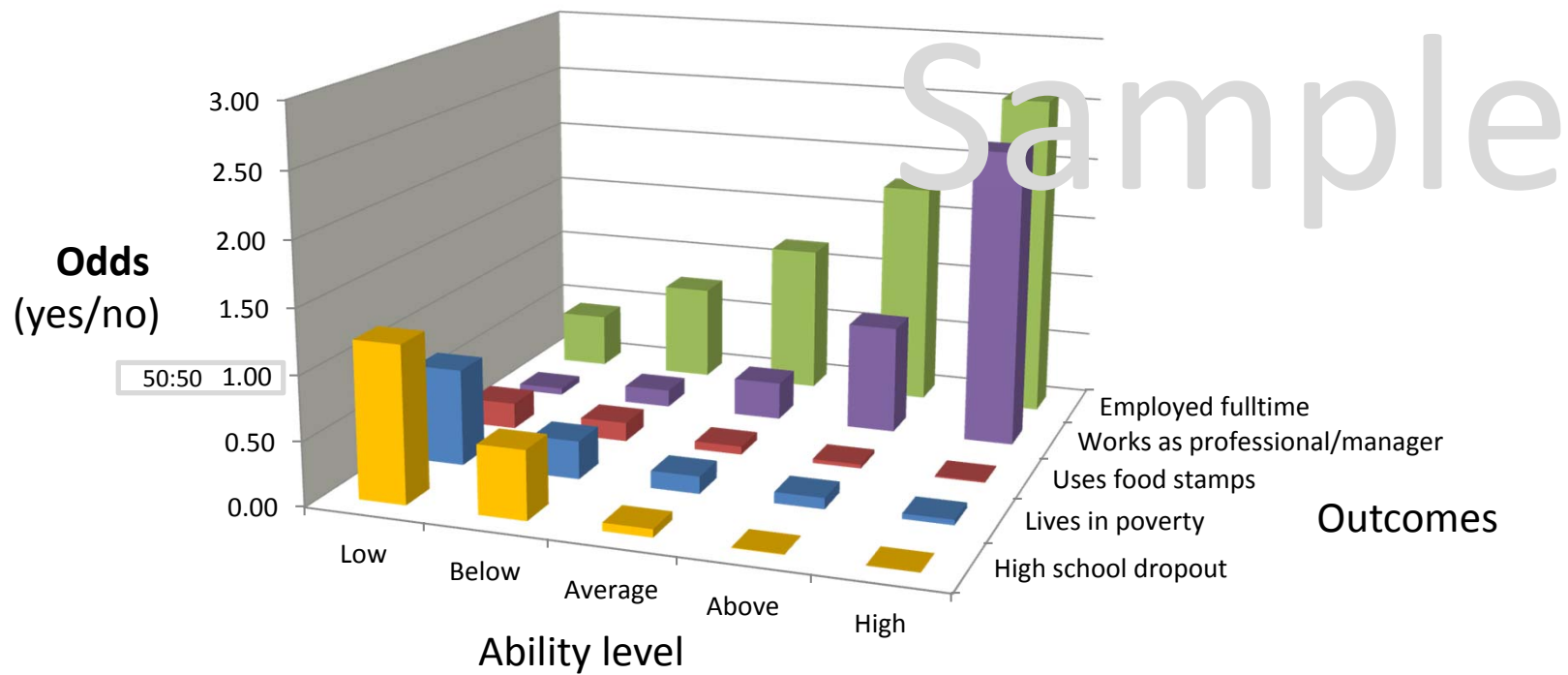
AND

- Can find a particular intersection on a map, or grams of carbohydrate per serving on a food label
- Adheres to a medical treatment regimen for diabetes or other chronic illness
- Dies prematurely

Miraculous? Would you bet against this odds-maker?

Don't!

Actual landscape of odds, by outcome and IQ*



Now imagine

...that this person also claims that:

“With just one more piece of information, I can tell you how to improve the worst odds—without changing IQ and without leveling social resources.

AND

It would save thousands if not millions of lives, and millions if not billions of health care dollars.”

Miraculous? Credible??

Yes, and *g* is the key!

Lost treasure of g —a personal account

Chronology

- Today— g 30 years after rediscovery
- Yesterday—Dark Ages before rediscovery
- Tomorrow—Vast opportunities ahead

Unexpected lessons

- Complexity of everyday life
- Power of “inconsequential” effects

A story to remember

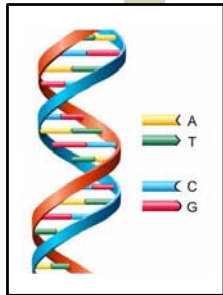
g: 30 Years of Discovery

g rediscovered
(See notes for slide)

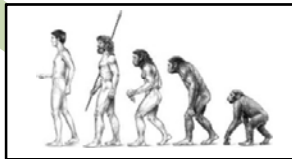
Brain



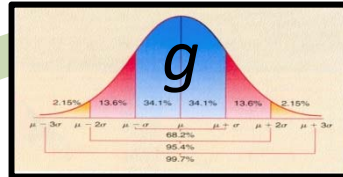
Genes



Evolution



Traits



Performance



Life outcomes



Social structure

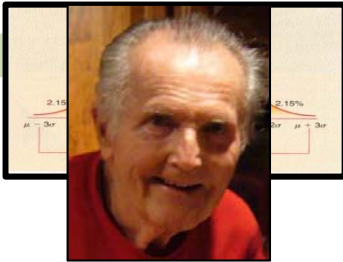


g rediscovered
(See notes for slide)

Brain



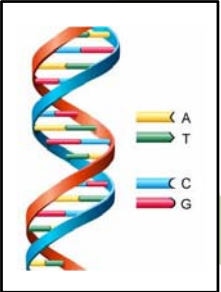
Traits



Performance



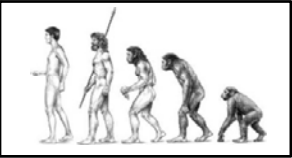
Genes



Life outcomes



Evolution



Social structure

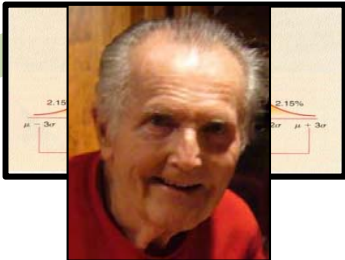


g rediscovered
(See notes for slide)

Brain



Traits



Performance



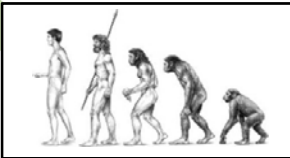
Genes



Life outcomes



Evolution



Social structure

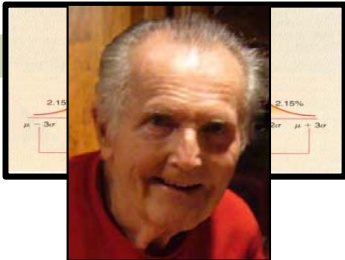


g rediscovered
(See notes for slide)

Brain



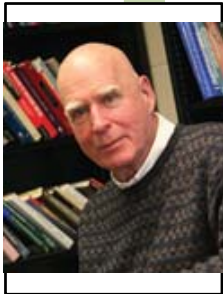
Traits



Performance



Genes



Life outcomes

Evolution



Social structure



g rediscovered
(See notes for slide)



Performance

Genes



Life outcomes

Evolution



Social structure

g rediscovered
(See notes for slide)

Brain



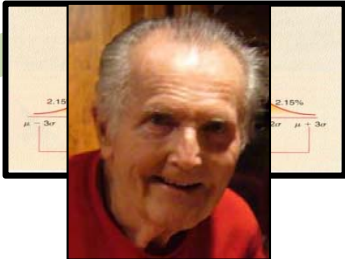
Genes



Evolution



Traits



Performance



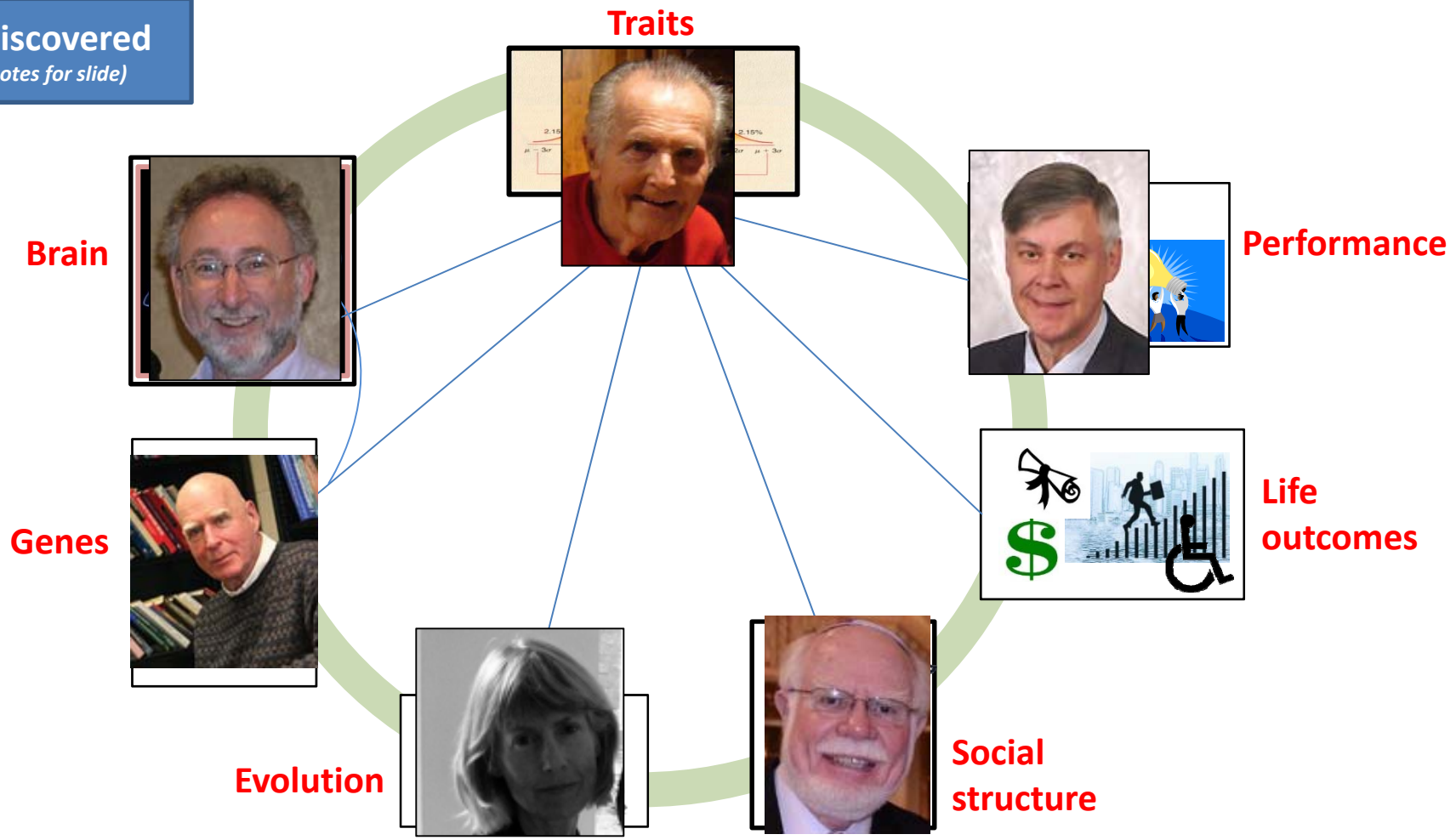
Life outcomes



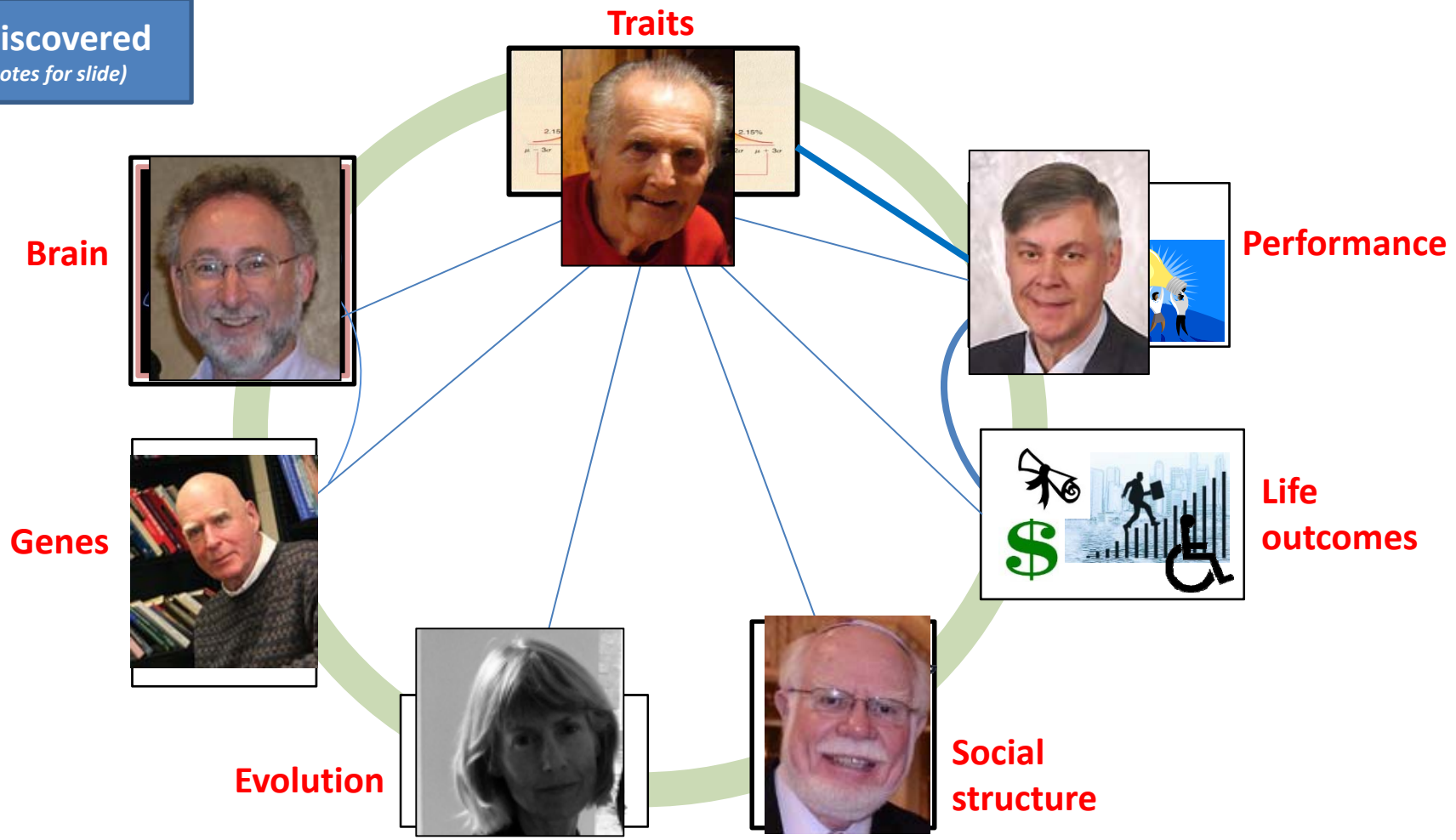
Social structure



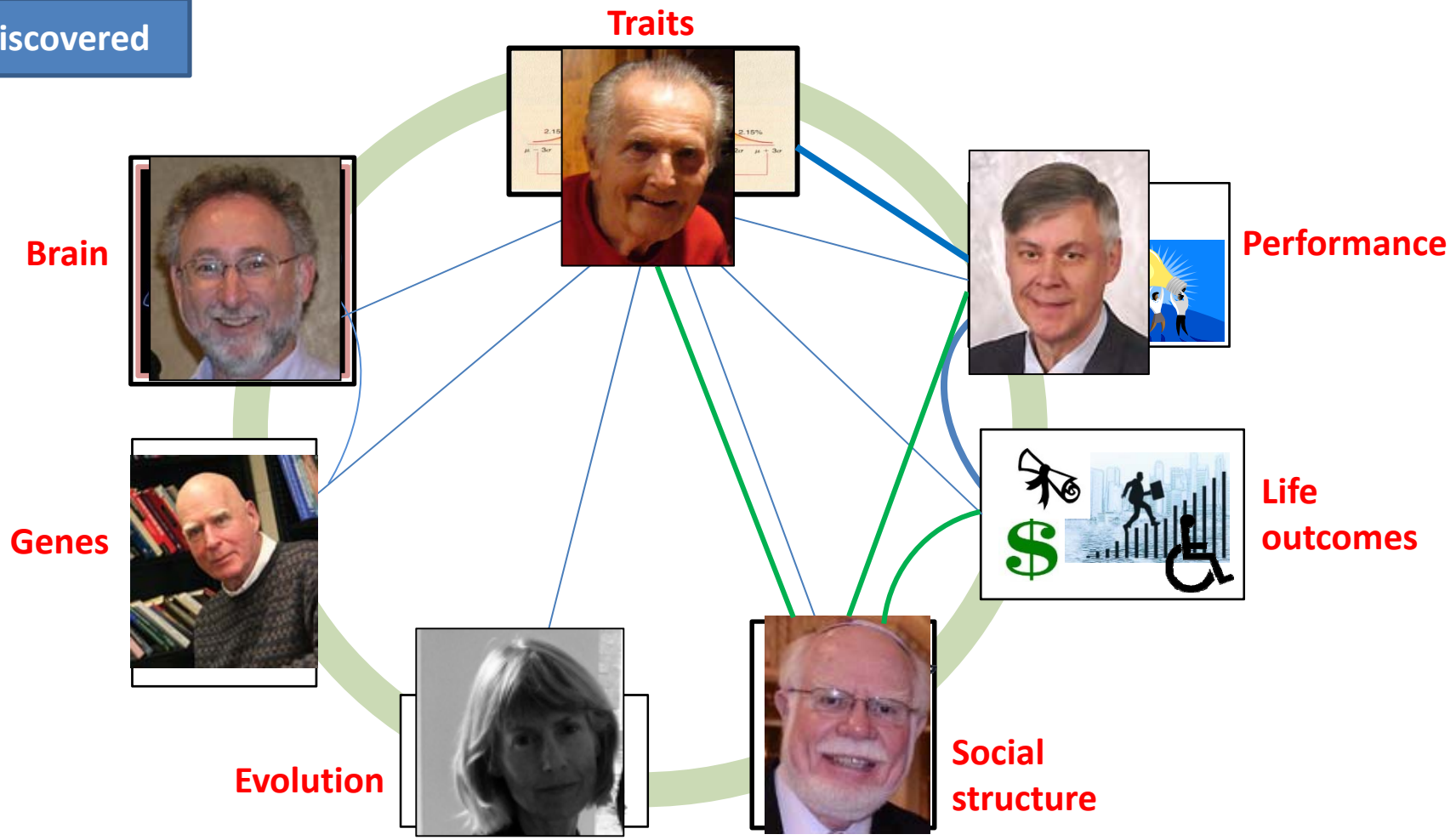
g rediscovered
(See notes for slide)



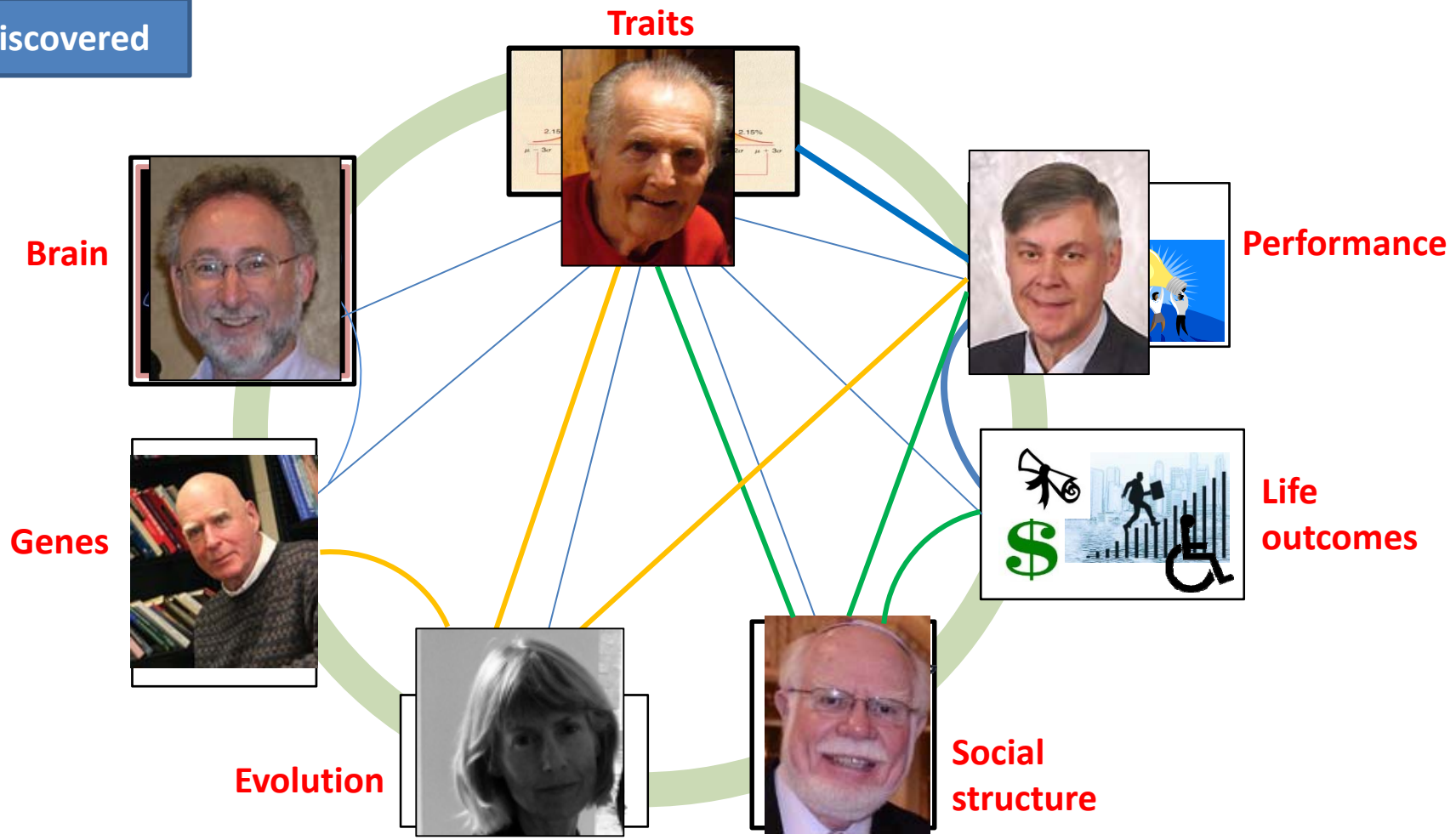
g rediscovered
(See notes for slide)



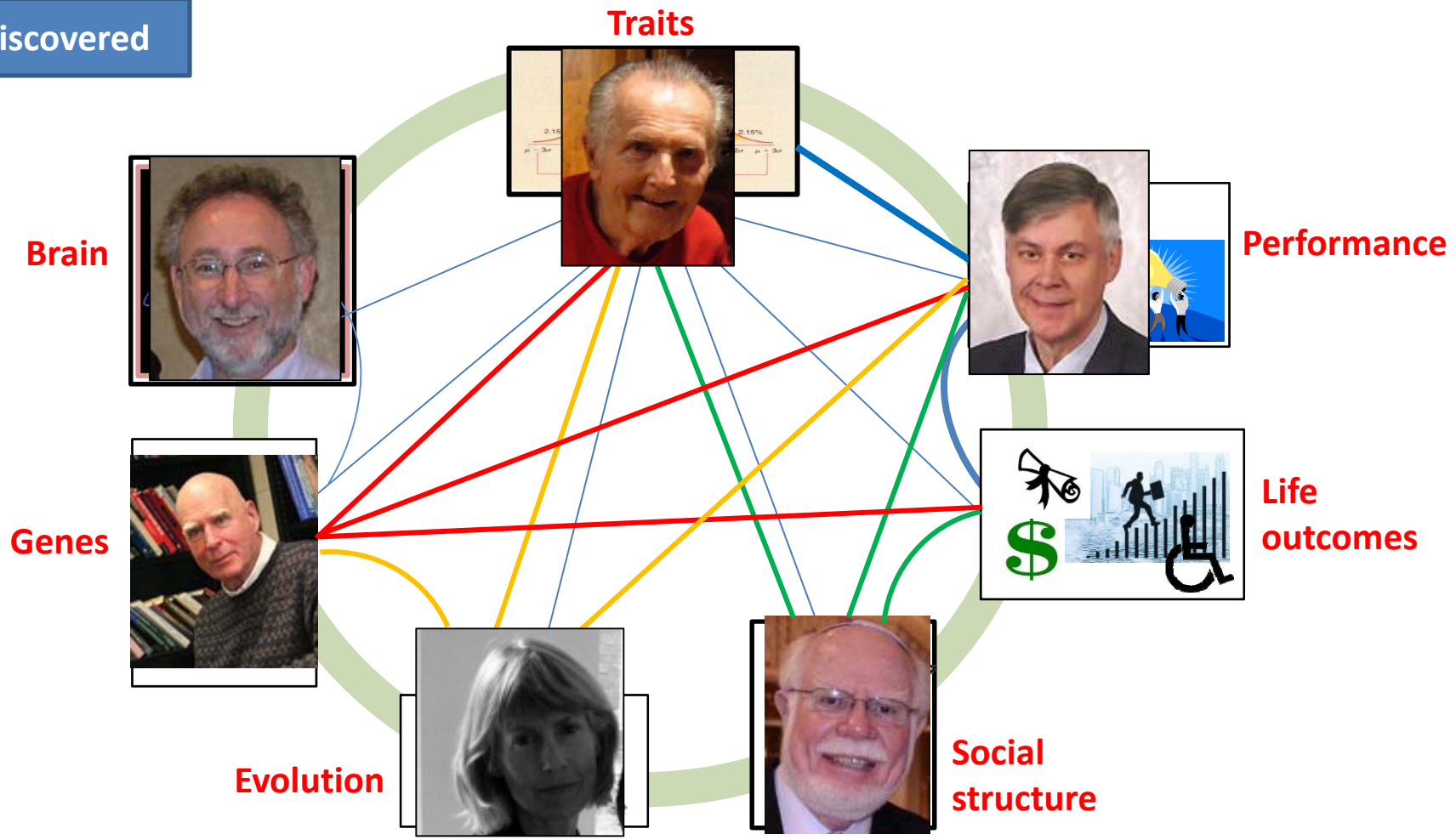
g rediscovered



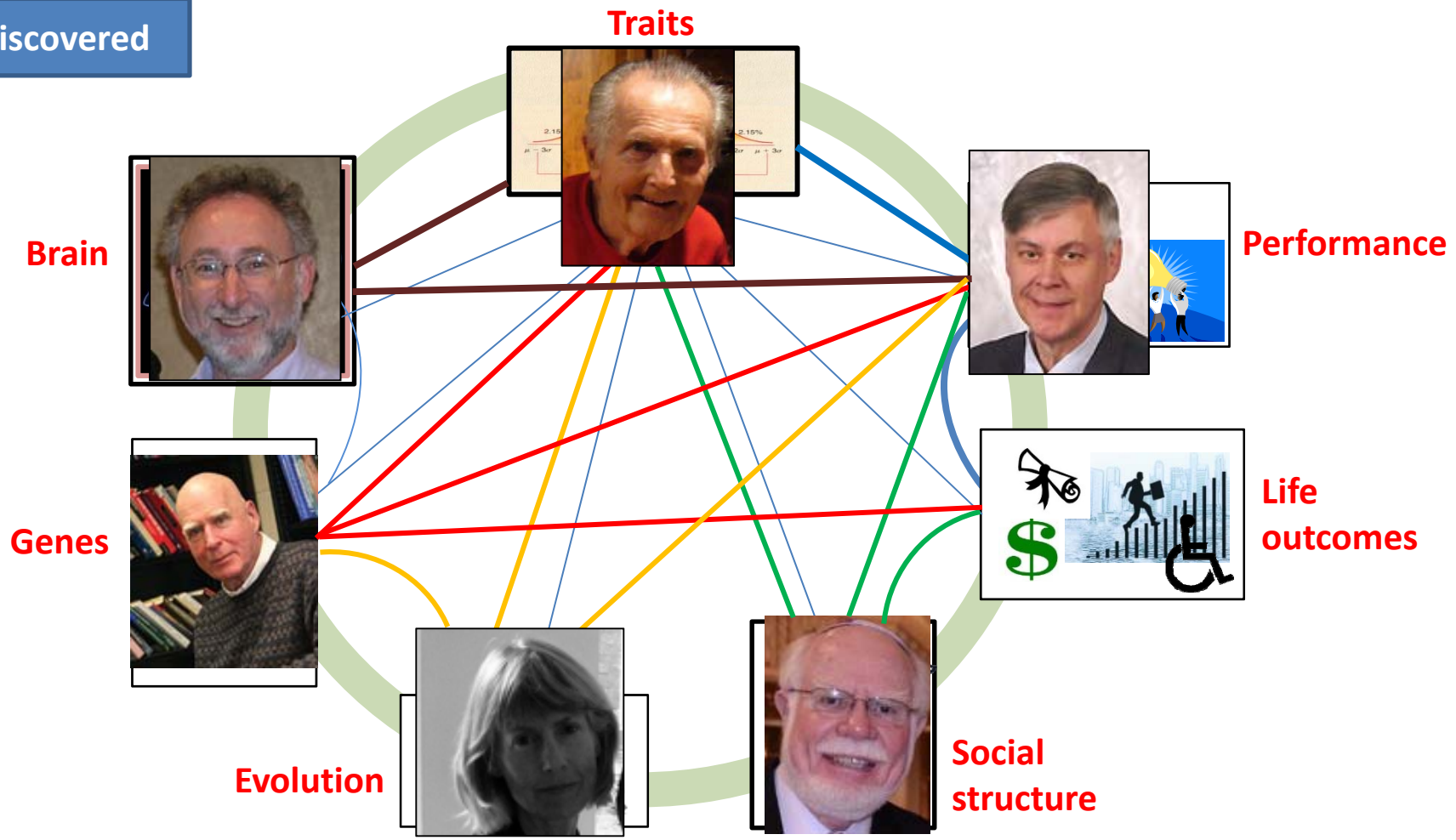
g rediscovered



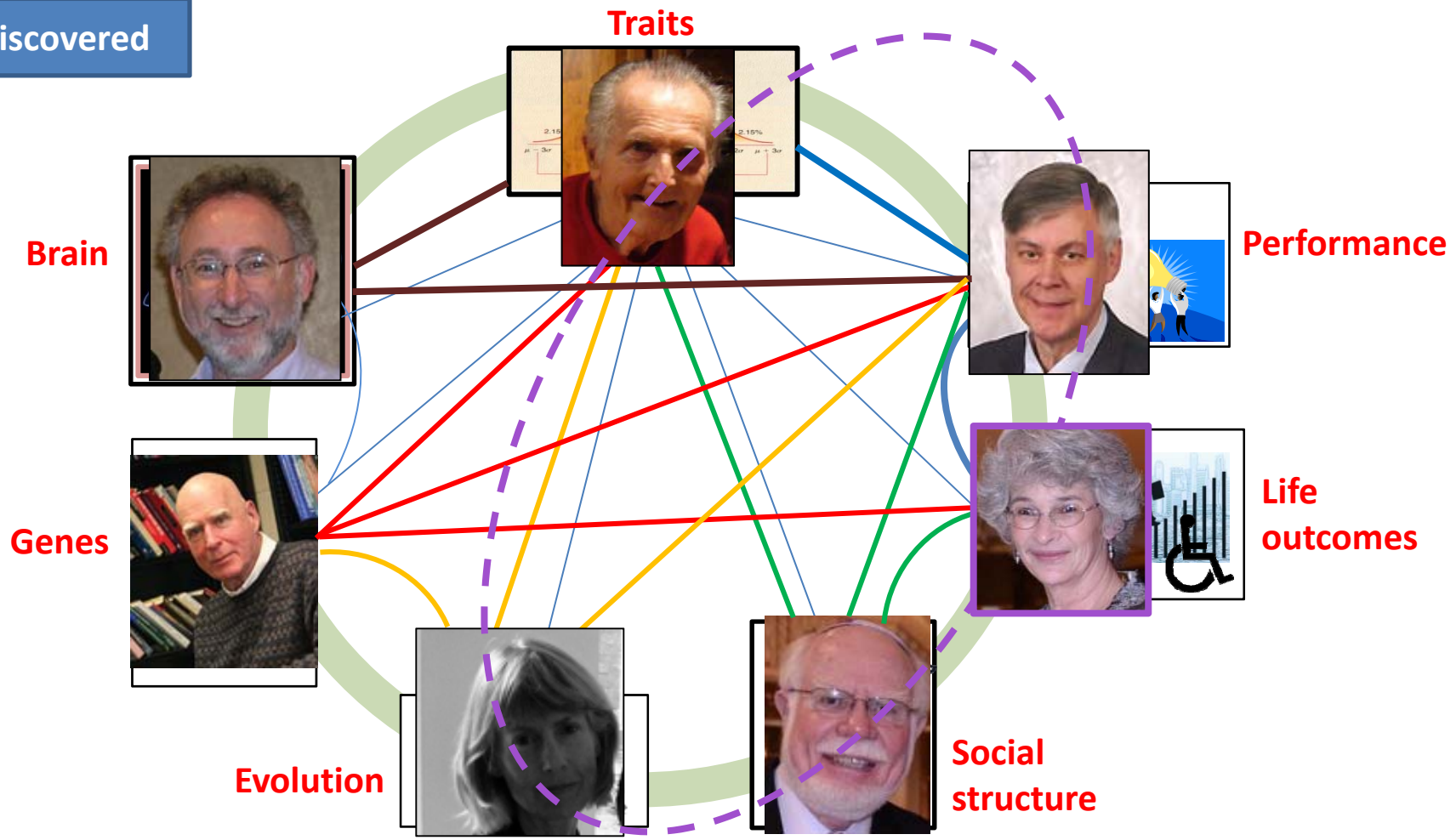
g rediscovered



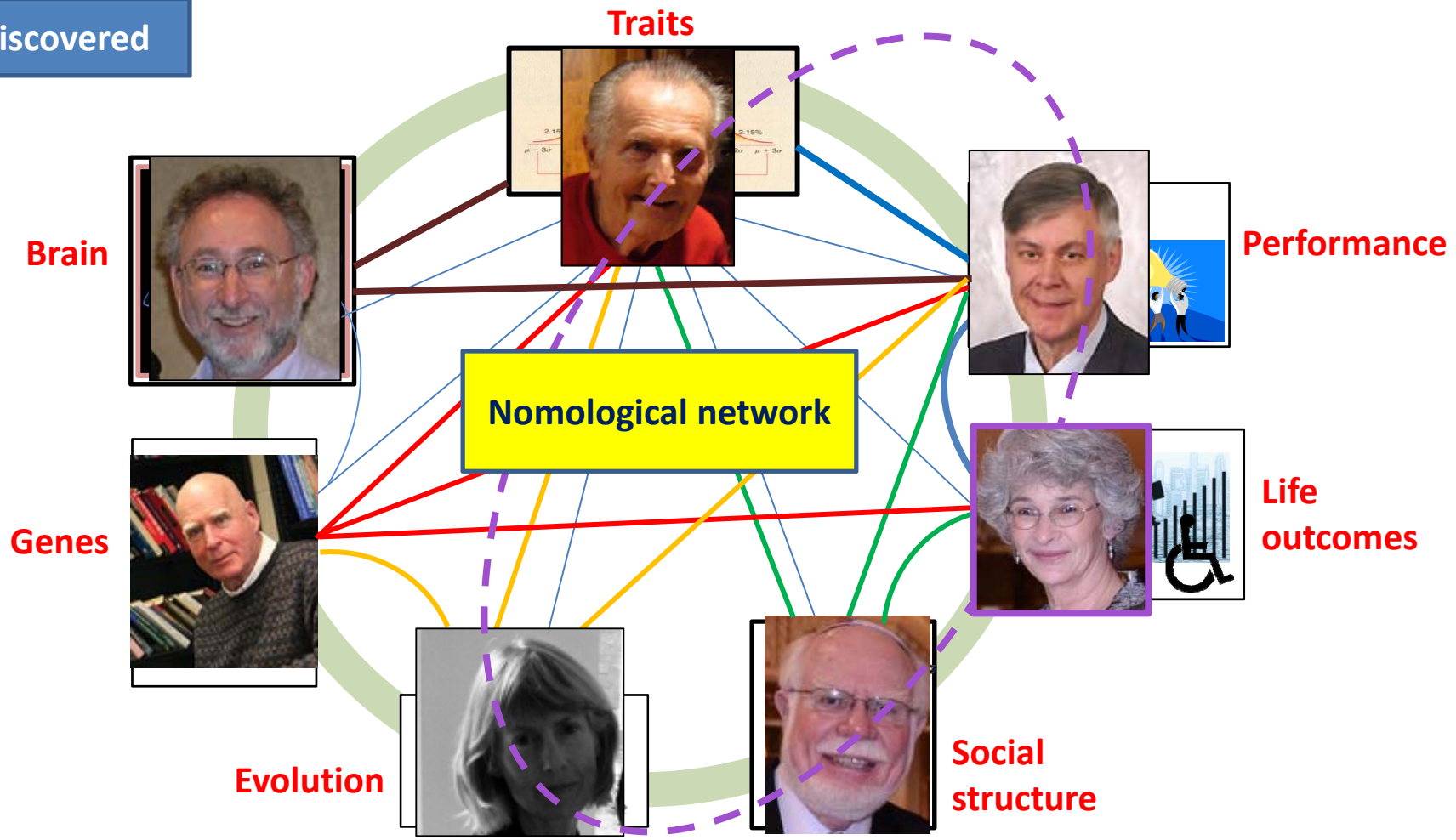
g rediscovered



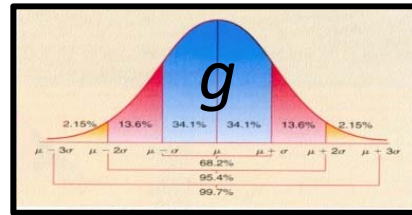
g rediscovered



g rediscovered



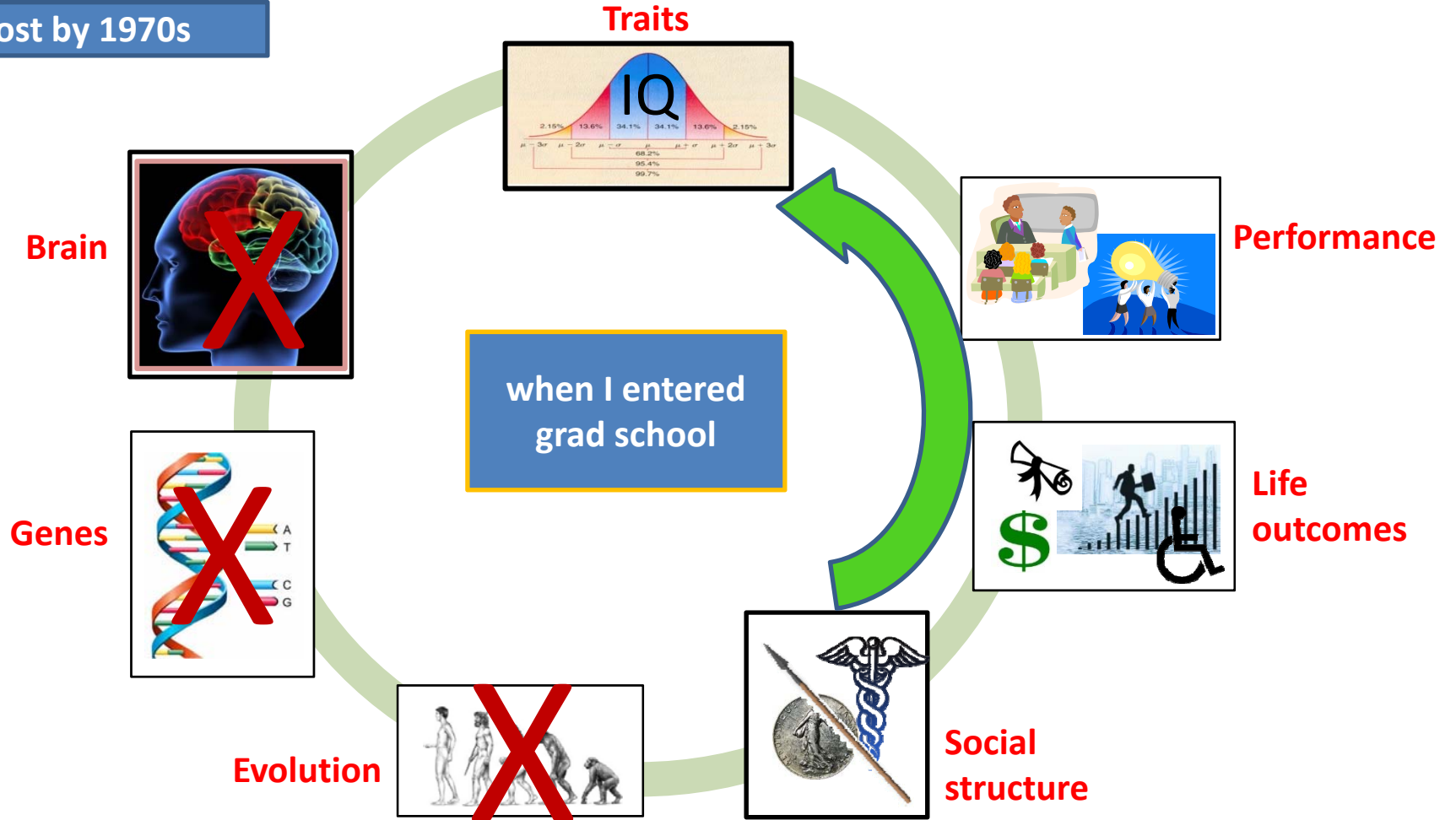
Human variation in g : Extraordinary phenomenon



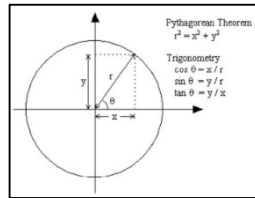
- Recurring
- Species-wide
- General-use capacity
- Shapes human institutions
- Drives its own evolution

Dark Ages Before Rediscovery

g lost by 1970s



My 30 years, pre-PhD



Penang
Malaysia



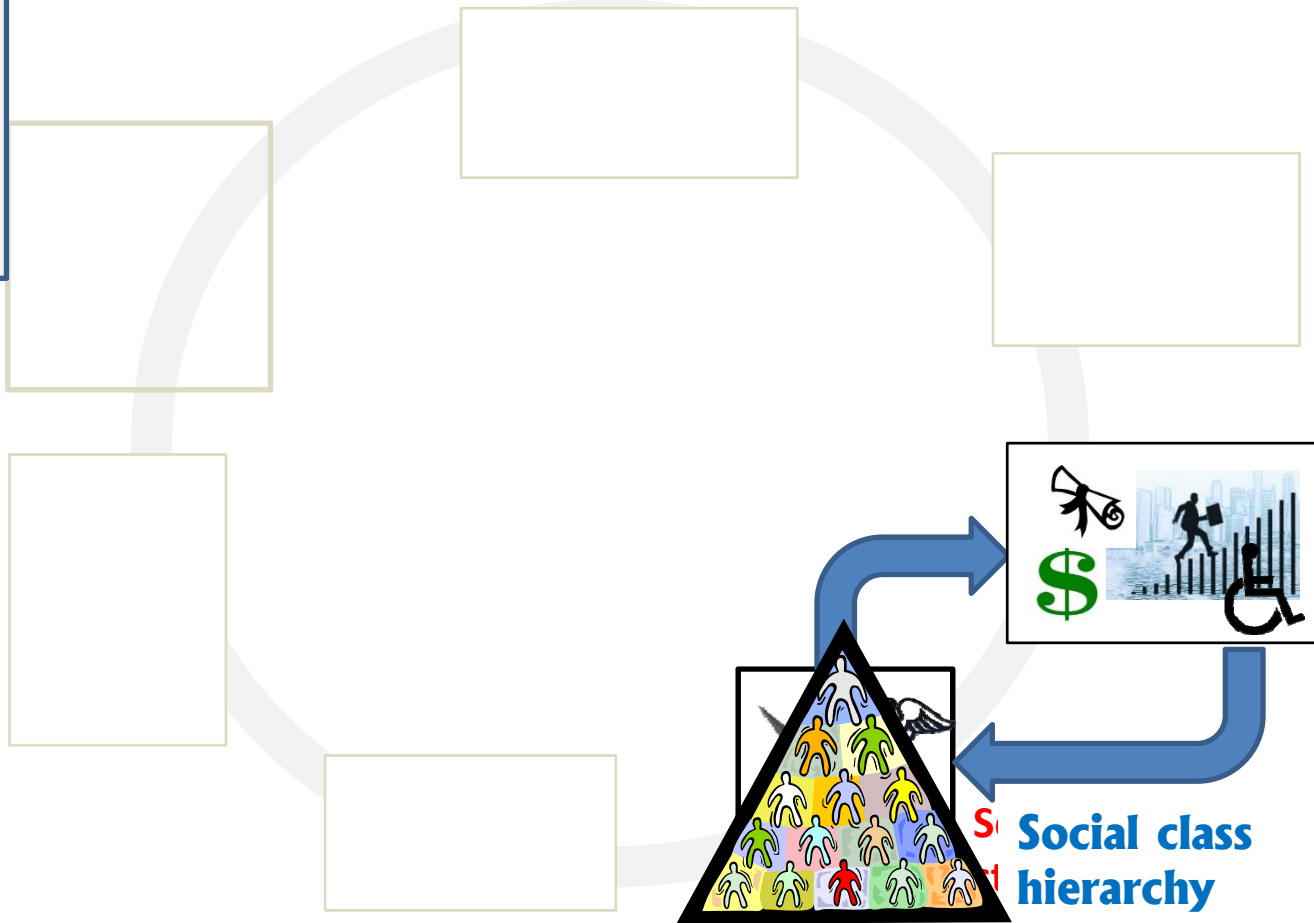
Themes

- Explore, collect & classify
- Chase puzzles
- Feet on the ground
- Man from Mars

1947

1977

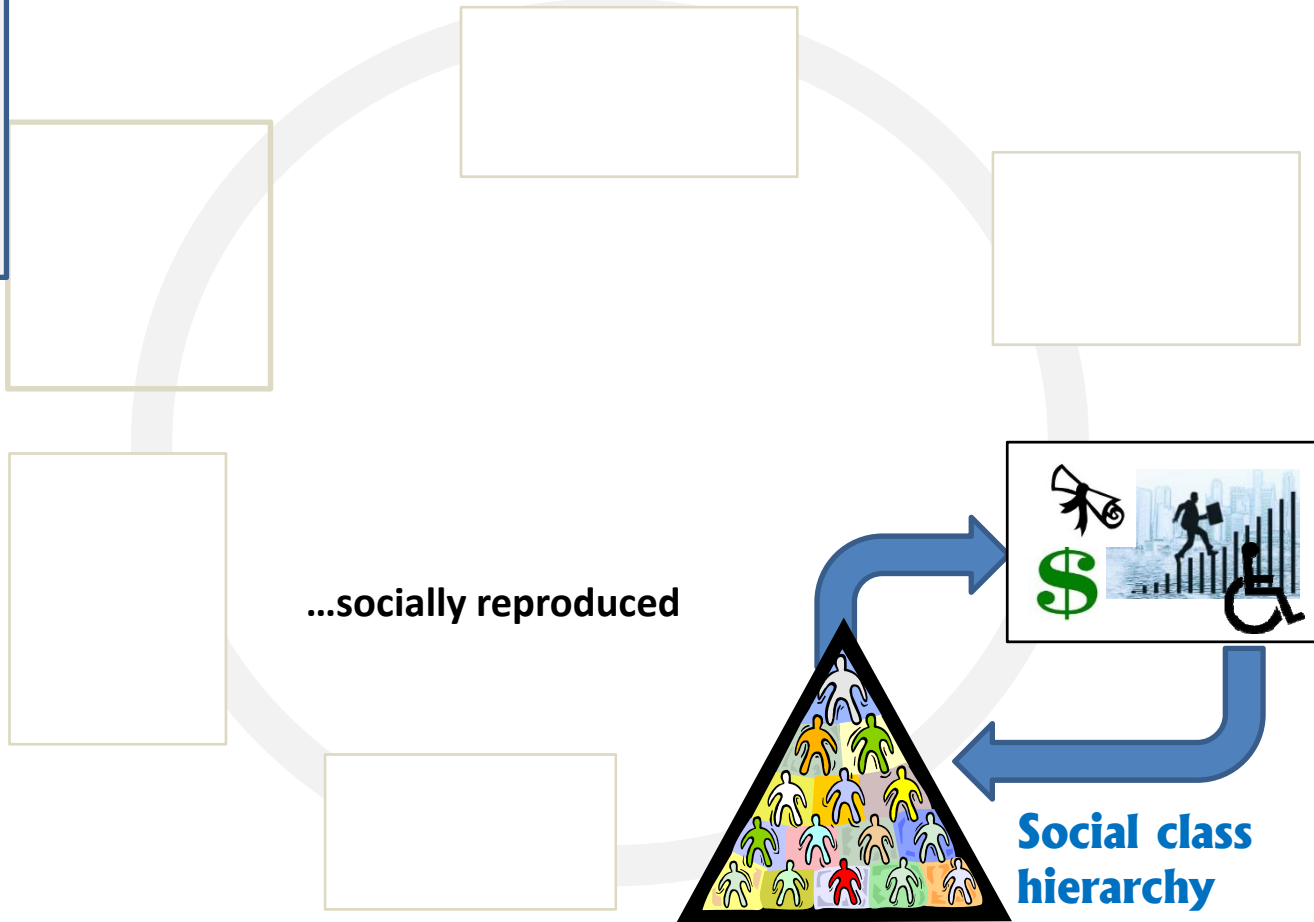
1970s
Sociology
• Difference=
inequality
• Inequality is
neither natural
nor moral



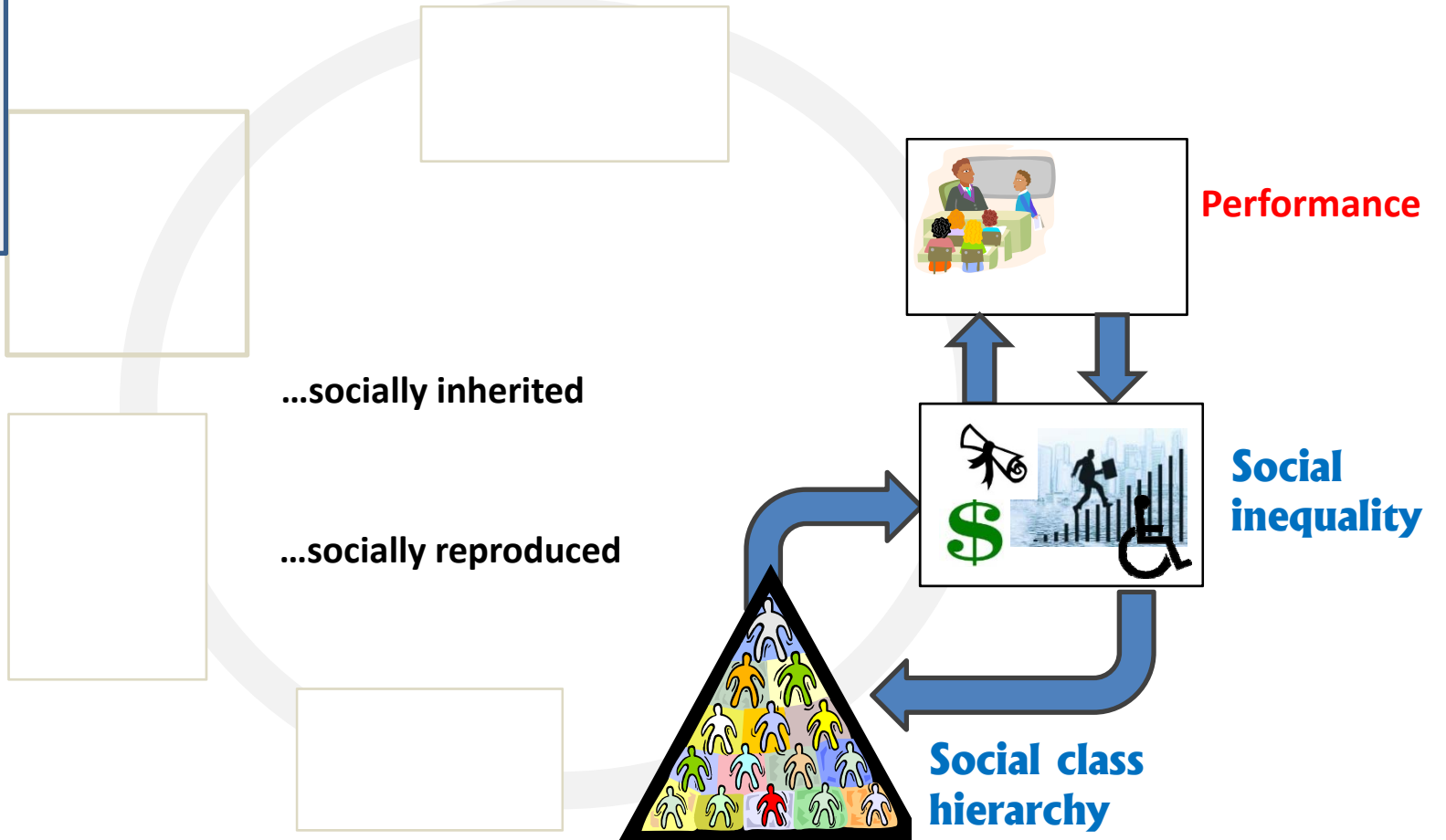
**Social
inequality**

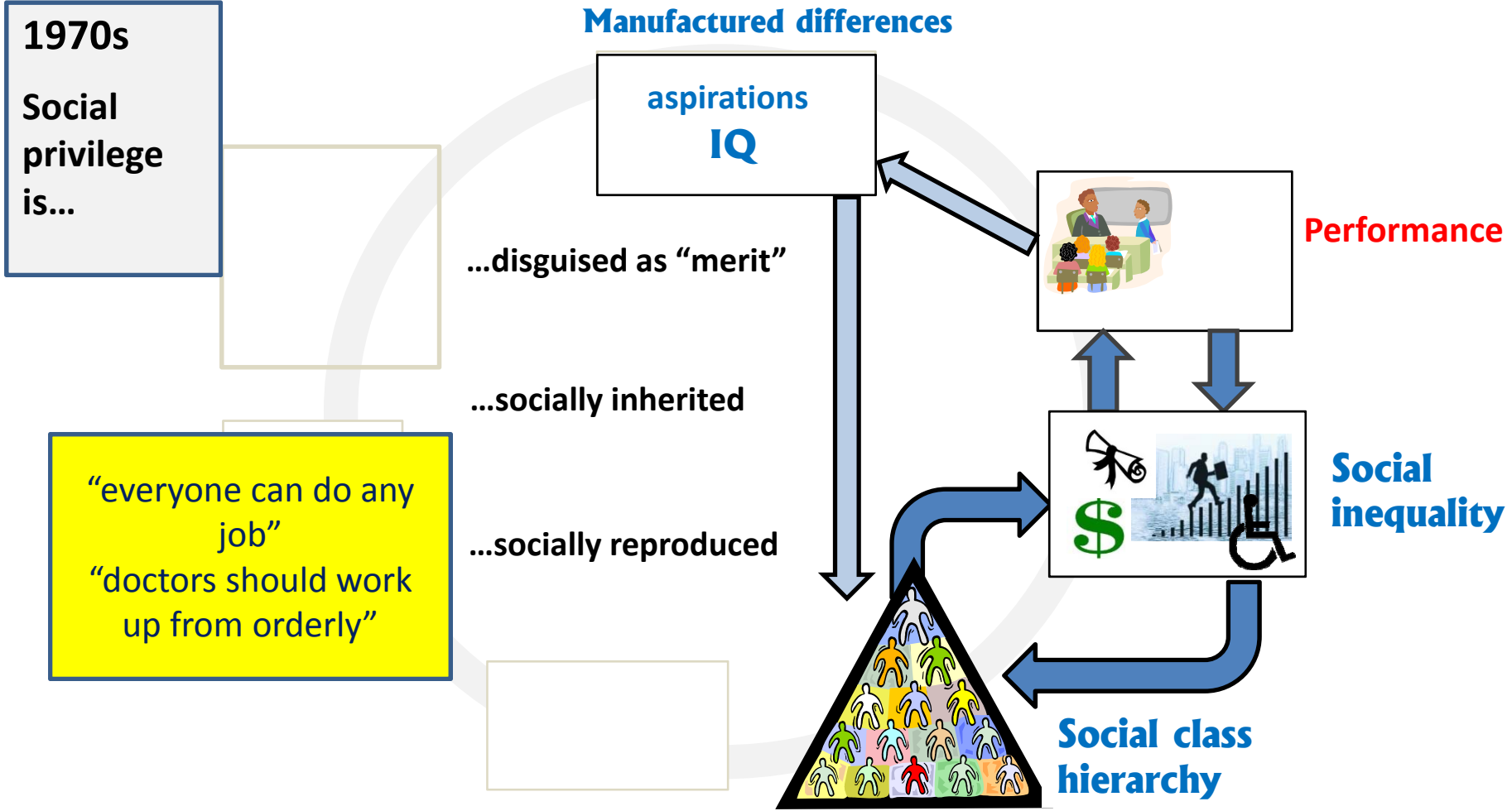
**Social class
hierarchy**

1970s
Social privilege is...



1970s
Social privilege is...





Sound eerily familiar?

In USA:

- Law—“No Child Left Behind”
- Too-good-to-be-true science—“several weeks of N-back training raised intelligence”

Needed: Shift in Focus

Knowing g by what brings it forth—
task complexity

My alternative explanation:*

Higher intelligence has *functional* value

Required me to study attributes
of *jobs and tasks*, not just people.

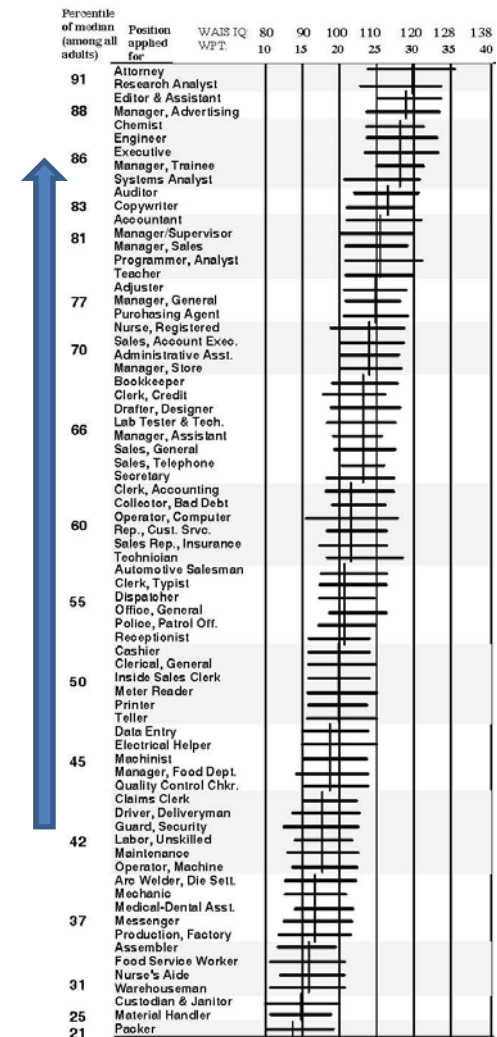
Specifically--

What in a job requires the exercise of *g*?
What makes some more “*g* loaded” than others?

*Alternative to social privilege theory

Key finding #1: Occupational hierarchy is cognitive

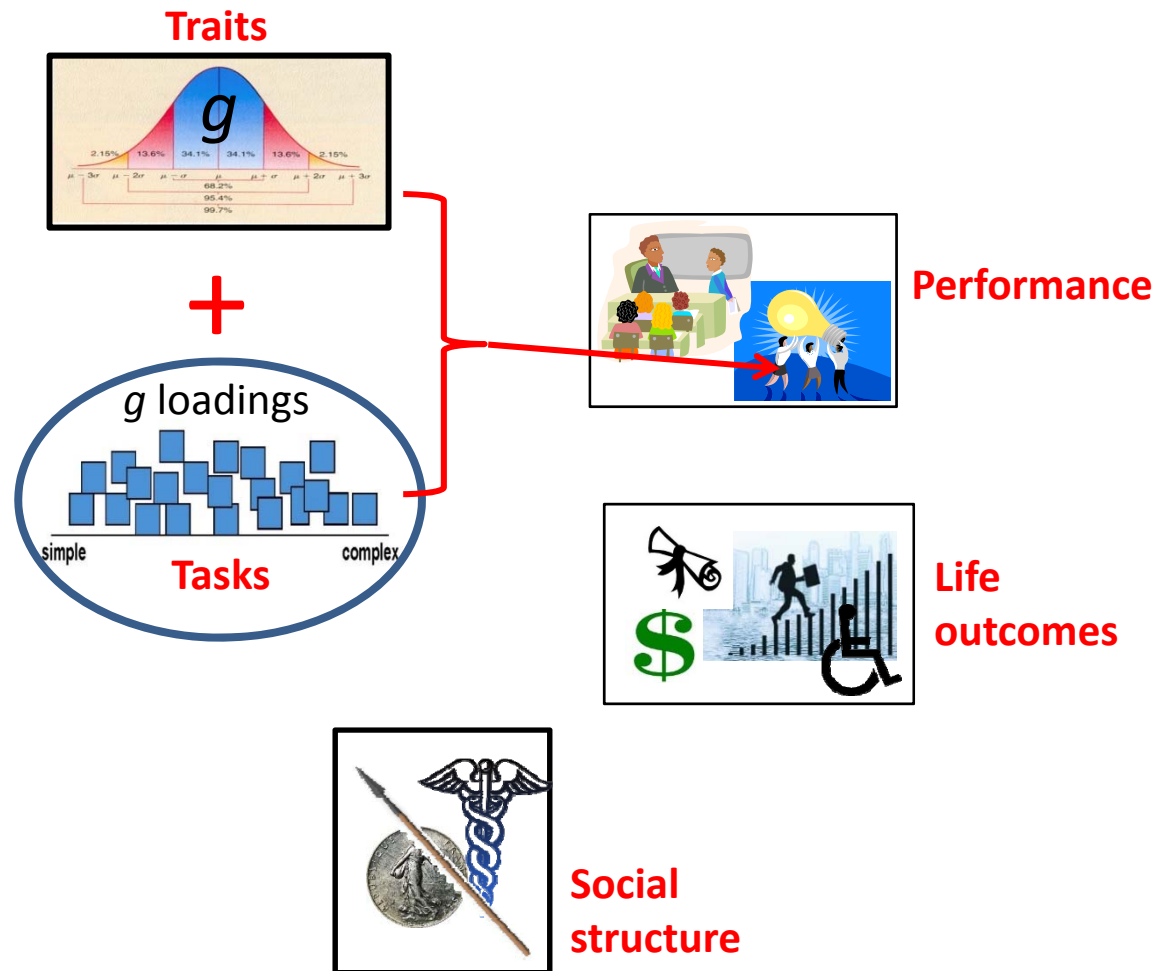
- Same worldwide
- Mean worker IQs track jobs' cognitive complexity
- Job complexity hierarchy evolved as work tasks clustered (into occupations) by g loading to fit human variation in g



Key finding #2: “Judgment & Reasoning Factor” among jobs*
 Complexity factor among jobs is mirror image of *g* factor among people

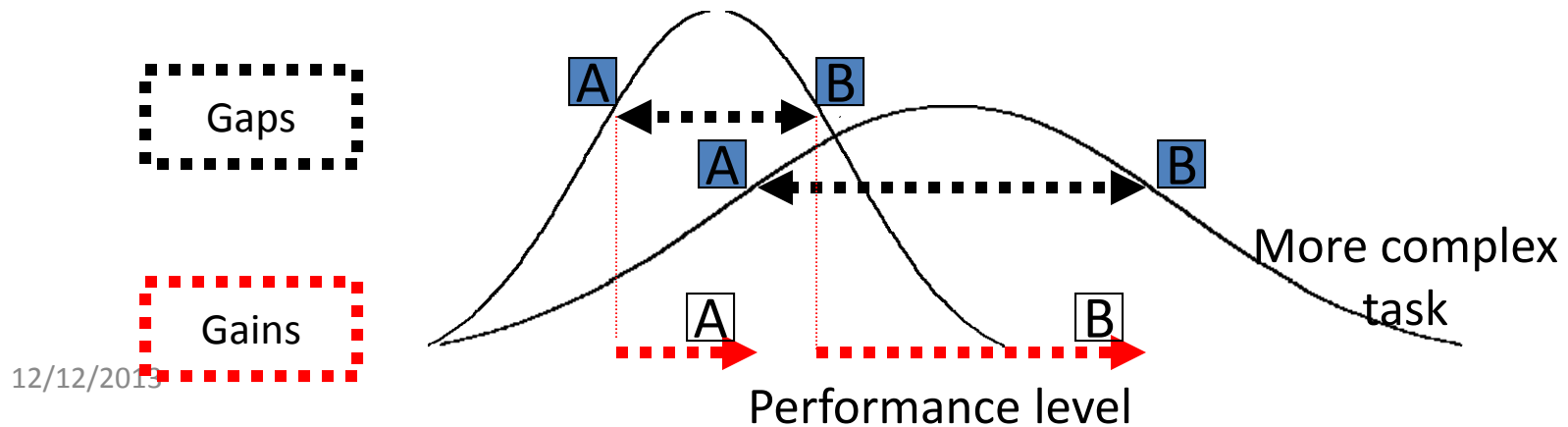
Workers must:	Correlation with factor
▪ Learn and recall relevant information	.75
▪ Reason and make judgments	.71
▪ Deal with unexpected situations	.69
▪ Identify problem situations quickly	.69
▪ React swiftly when unexpected problems occur	.67
▪ Apply common sense to solve problems	.66
▪ Learn new procedures quickly	.66
▪ Be alert & quick to understand things	.55

So, *g* loading is the flip side of *g*



Key finding #3: The Complexity Dynamic

- Tasks that are more complex
 - put a bigger premium on learning-reasoning ability
 - lead to bigger differences in task performance



But how could a *general* intelligence ever evolve?

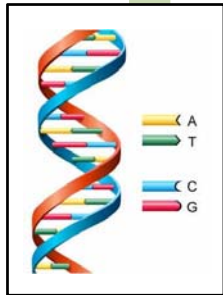
What adaptive challenges could possibly have been so *general*, so non-specific, to evolve such a content-free, domain-general ability??

**Key finding #4:
Power of cumulating
“inconsequential” effects**

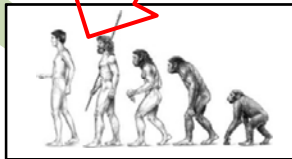
Brain



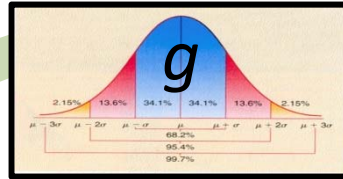
Genes



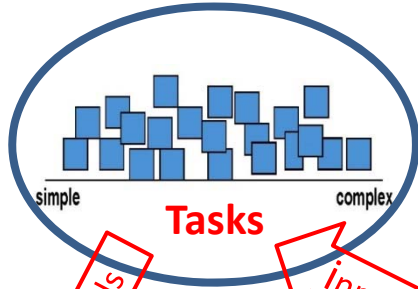
Evolution



Traits



Tasks



Performance



Life outcomes

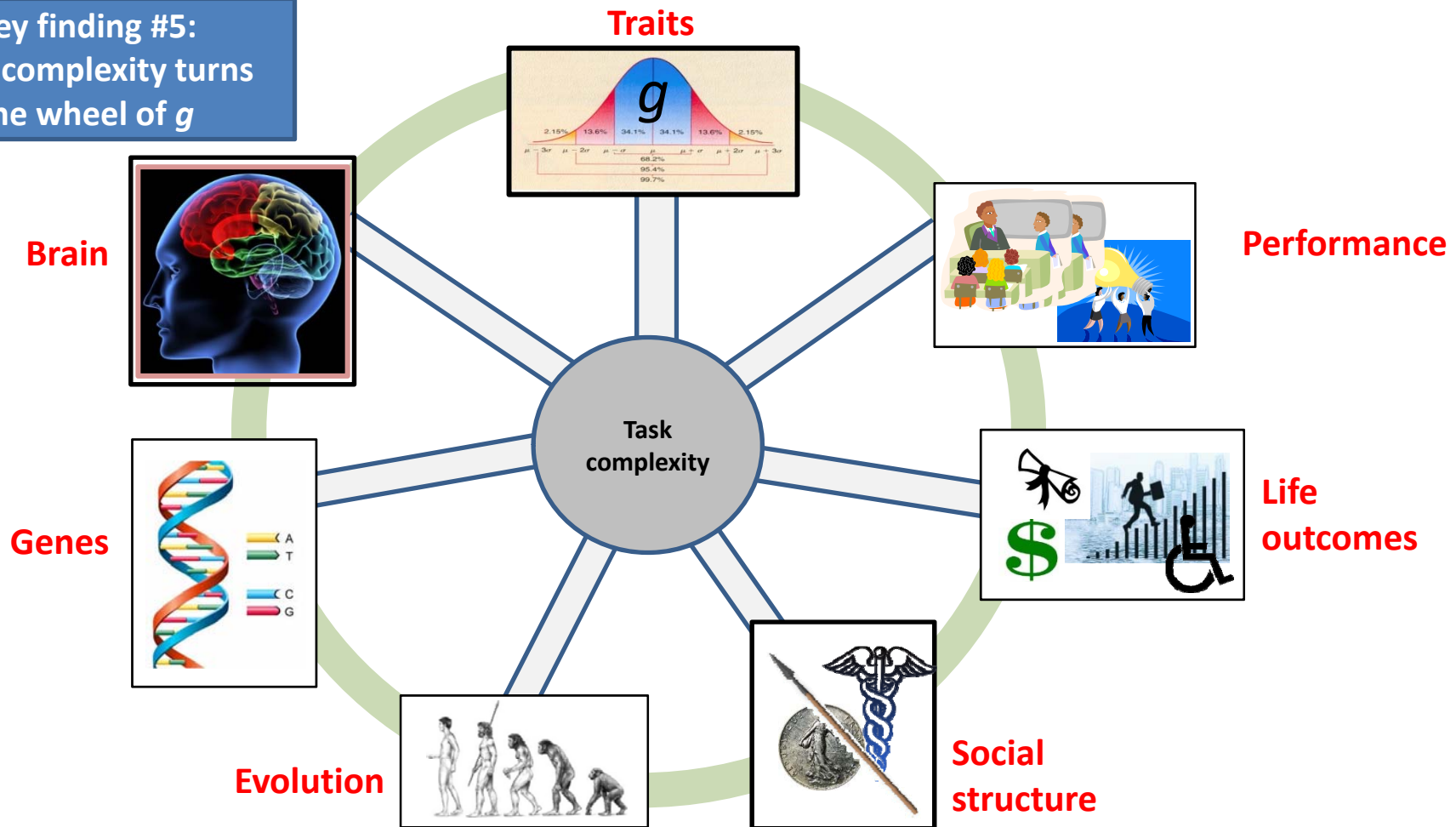


Social structure



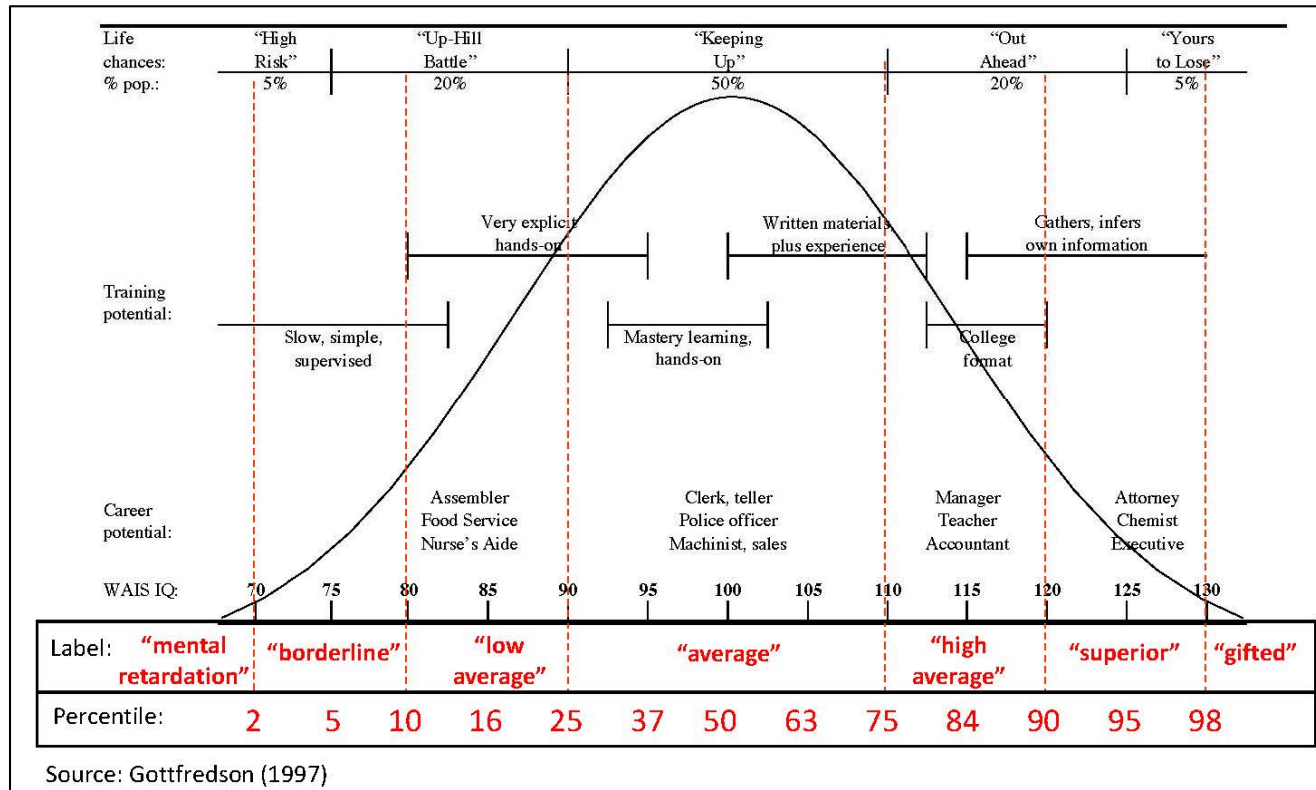
New hazards (arrow pointing to Evolution)
Innovation (arrow pointing to Social structure)

Key finding #5:
Life's complexity turns
the wheel of *g*



Complexity of everyday life, today

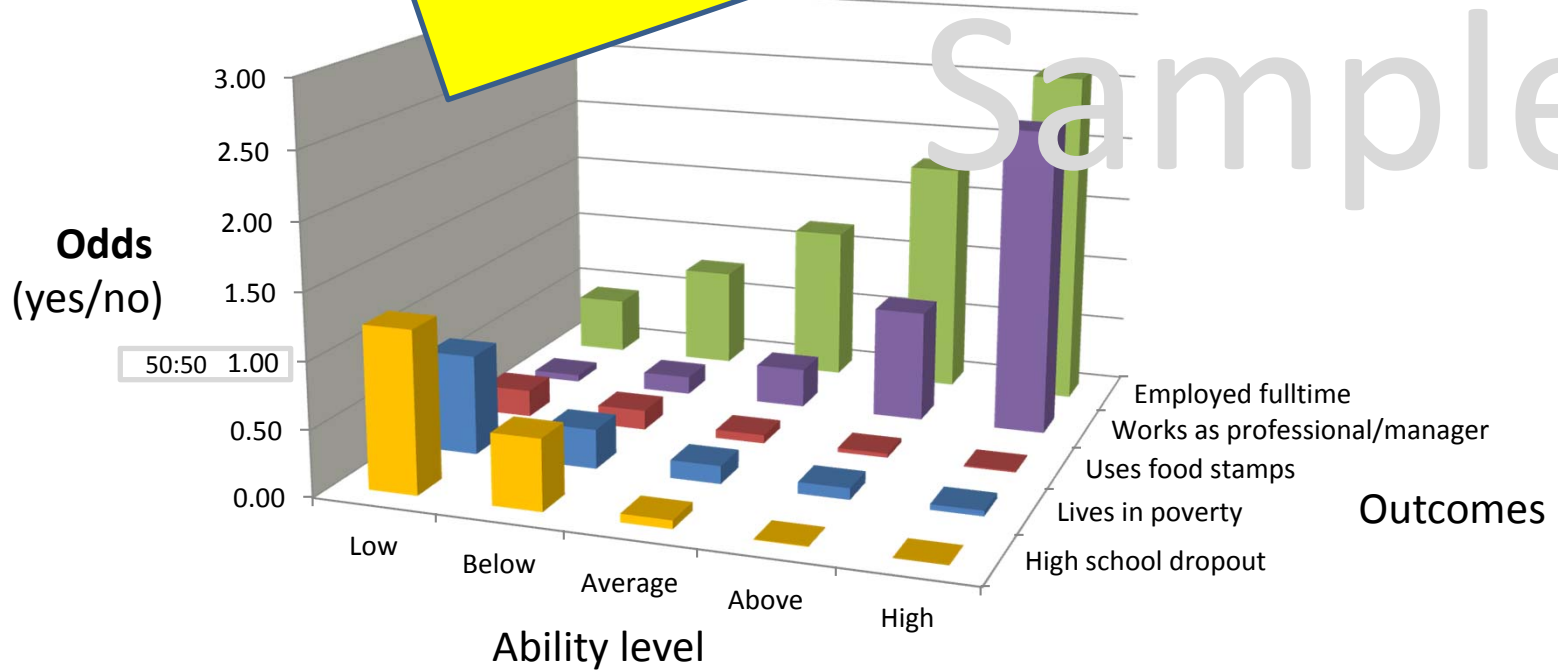
Typical life outcomes along IQ continuum



Landscape of cognitive error on everyday tasks*

Recall this

Sample



* Source of data: Gottfredson, 1997, p.118 (young adults) and p.116 (all adults)

Examples of everyday tasks*

Level 1

Here is a Social Security card. Sign your name on the line that reads "signature."

Level 2

What is the gross pay for this year to date?

REGULAR		OVERTIME		GROSS		DEF. AMN.		NET PAY	
5.00		0.00		6.2500		0.00		4.988	
YEAR-TO-DATE		YEAR-TO-DATE		YEAR-TO-DATE		YEAR-TO-DATE		YEAR-TO-DATE	
108.94		1.375		62.500		0.00		42.688	
734.98		8.250		261.67		0.00		166.43	

NON-NEGOTIABLE

CODE	TYPE	AMOUNT	CODE	TYPE	AMOUNT
07	DEN	4.12			

Level 3

You need to smooth wood in preparation for sealing and plan to buy garnet sandpaper. What type of sandpaper should you buy?

MATERIAL & OPERATION	ABRASIVE SELECTION GUIDE																	
	PRODUCTION*					GARNET					WETORDRY*			FRE-CUT*		EMERY		
	EC	C	M	F	EF	C	M	F	EF	VF	EF	SF	UF	VF	EF	C	M	F
WOOD																		
Paint Removal																		
Heavy Stock Removal																		
Moderate Stock Removal																		
Preparation for Sealing																		
After Sealer																		
Between Coats																		
After Final Coat																		
METAL																		
Rust and Paint Removal																		
Light Stock Removal																		
Preparation for Priming																		
Finishing and Polishing																		
After Primer																		
Between Coats																		
After Final Coat																		
PLASTIC & FIBERGLASS																		
Shaping																		
Light Stock Removal																		
Finishing & Scuffing																		

EC = Extra Coarse C = Coarse M = Medium F = Fine VF = Very Fine EF = Extra Fine SF = Super Fine UF = Ultra Fine

SAFETY INFORMATION:
 ■ Wear approved safety goggles when sanding.
 ■ Use particle/dust mask or other means to prevent inhalation of sanding dust.
 ■ When using power tools, follow manufacturer's recommended procedures and safety instructions.

Level 4

Estimate the cost per ounce of the creamy peanut butter. Write your estimate on the line provided.

Unit price	11.8¢ per oz.	You pay	1.89
	rich chnky pnt bt		
	10693	16 oz.	

Unit price	1.59 per lb.	You pay	1.99
	creamy pnt butter		
	10732	20 oz.	

Level 5

Your child is 11 years old and weighs 85 pounds. How many 80 mg tablets can you give in 24-hr period?

Recommend
 ALCOHOL-FREE
 ASPIRIN-FREE
Tempra
 ACETAMINOPHEN

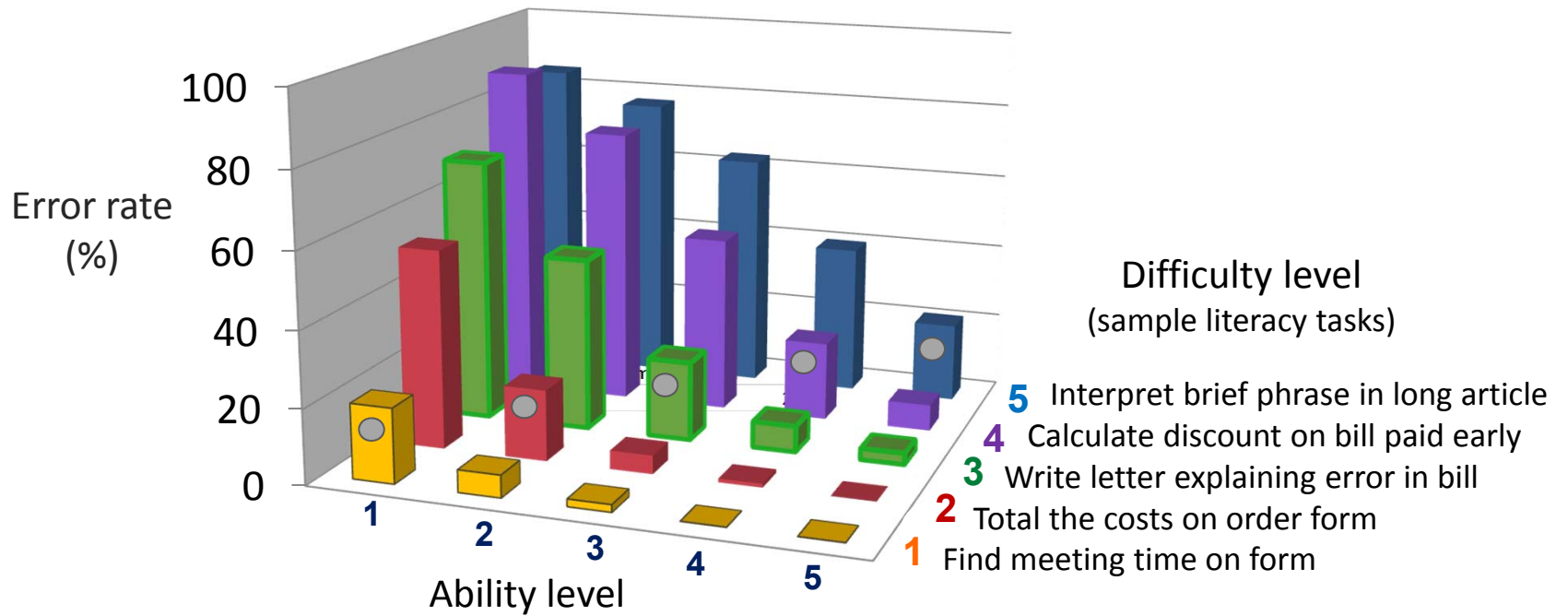
A Caring Sponsor of
Ronald McDonald House
 Ronald McDonald House is a program of Ronald McDonald Children's Charities.

Pediatric Dosage Chart Drops, Syrup, & Chewables

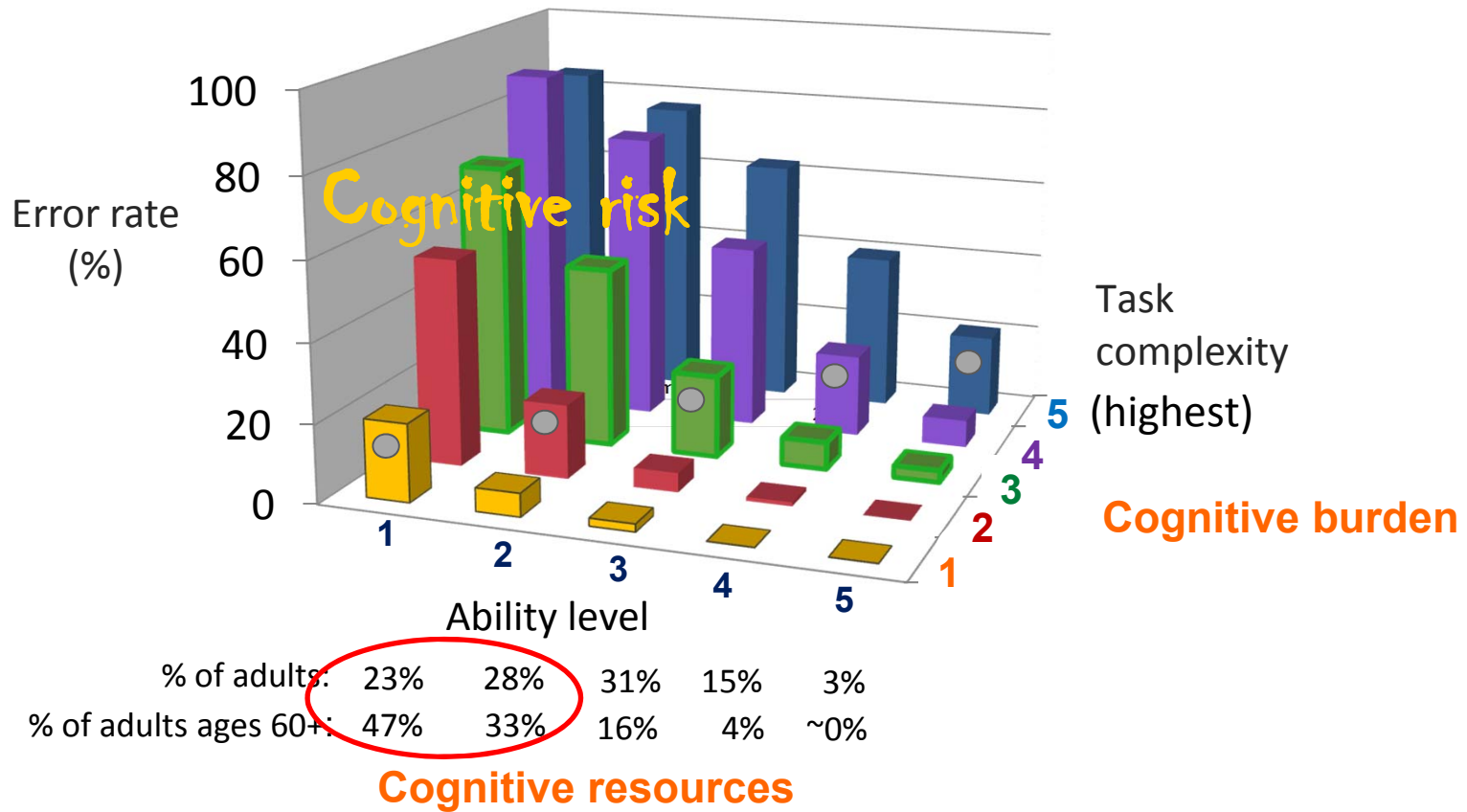
Age	Approximate Weight Range*	Dosage			
		Drops	Syrup	Chewables 80 mg	Chewables 160 mg
† Under 3 mo	Under 13 lb	½ dropper	¼ tsp	—	—
† 3 to 9 mo	13-20 lb	1 dropper	½ tsp	—	—
† 10 to 24 mo	21-26 lb	1 ½ droppers	¾ tsp	—	—
2 to 3 yr	27-35 lb	2 droppers	1 tsp	2 tablets	—
4 to 5 yr	36-43 lb	3 droppers	1 ½ tsp	3 tablets	1 ½ tablets
6 to 8 yr	44-62 lb	—	2 tsp	4 tablets	2 tablets
9 to 10 yr	63-79 lb	—	2 ½ tsp	5 tablets	2 ½ tablets
11 yr	80-89 lb	—	3 tsp	6 tablets	3 tablets
12 yr and older	90 lb & over	—	3-4 tsp	6-8 tablets	3-4 tablets

† Consult with physician before administering to children under the age of 2 years. Dosage may be given every 4 hours as needed but not more than 5 times daily.
 How Supplied:
 Drops: Each 0.8 ml dropper contains 80 mg (1.23 grains) acetaminophen.
 Syrup: Each 5 ml teaspoon contains 160 mg (2.46 grains) acetaminophen.
 Chewables: Regular tablets contain 80 mg (1.23 grains) acetaminophen each. Double strength tablets contain 160 mg (2.46 grains) acetaminophen each.
 * If child is significantly under- or overweight, dosage may need to be adjusted accordingly.
 The weight categories in this chart are designed to approximate effective dose ranges of 10-15 milligrams per kilogram.
 (Current Pediatric Diagnosis and Treatment, 8th ed. Gil Kasper and H. Silver, ed. Lange Medical Publications; 1984, p. 1079).
 LA-1451-2-88 © 1988, Bristol-Myers U.S. Pharmaceutical and Nutritional Group • Evansville, Indiana 47721 U.S.A.
 © 1988, Bristol-Myers Pharmaceutical and Nutritional Group.

Landscape of cognitive error on everyday tasks*



Landscape of cognitive error on everyday tasks*



Opportunities—An Example

Current (*g*-blind) “solutions” to challenges in health care

- Political: race-class disparities in health
 - Equalize access to care [it actually *increases* disparities]
 - Teach health providers to be more culturally sensitive
 - Redistribute wealth to keep social disadvantage from “getting under the skin”
 - Practical: patient non-adherence to treatment
 - Give patients more information
- “Déjà vu all over again”**

Current project

Increase cognitive accessibility of DSM*

- Analyze the “job” of diabetes
- Focus on most critical tasks
- Target instruction to ability level
- Feedback & follow-up

Human face of diabetes self-management



12/12/2013

50

Job analyst's view: The patient's job description

- **Learn about diabetes in general (At "entry")**
 - Physiological process
 - Interdependence of diet, exercise, meds
 - Symptoms & corrective action
 - Consequences of poor control
- **Apply knowledge to own case (Daily, Hourly)**
 - Implement appropriate regimen
 - Continuously monitor physical signs
 - Diagnose problems in timely manner
 - Adjust food, exercise, meds in timely and appropriate manner
- **Coordinate with relevant parties (Frequently)**
 - Negotiate changes in activities with family, friends, job
 - Enlist/capitalize on social support
 - Communicate status and needs to practitioners
- **Update knowledge & adjust regimen (Occasionally)**
 - When other chronic conditions or disabilities develop
 - When new treatments are ordered
 - When life circumstances change
- **Conditions of work—24/7, no days off, no retirement**

Training

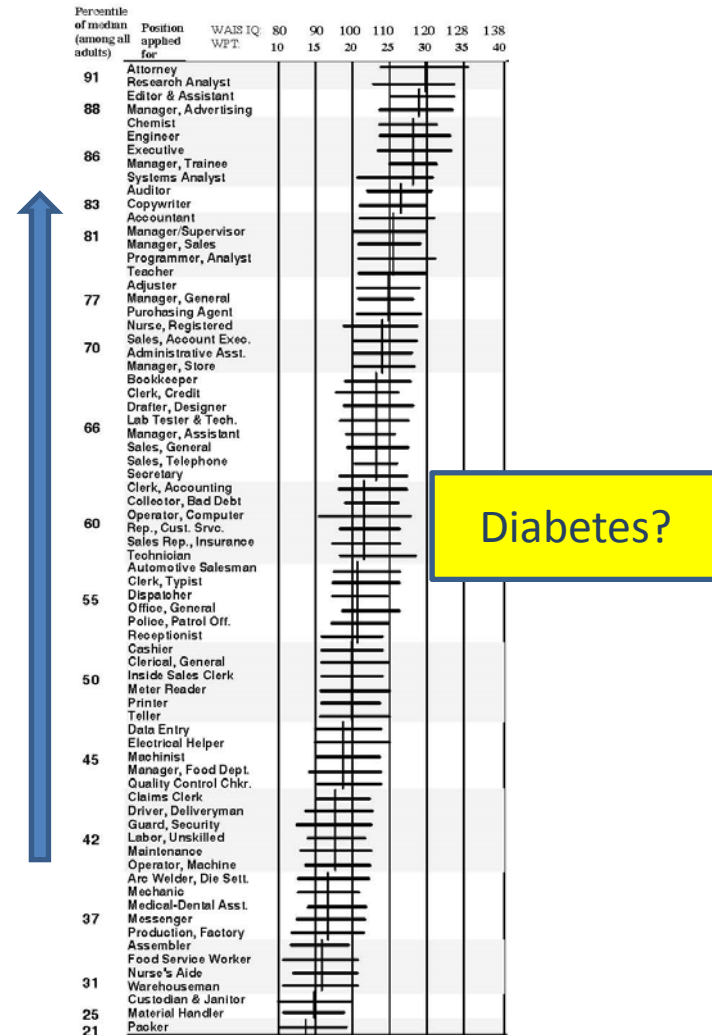
Self-management

Good performance requires good judgment

- ▶ **IT IS NOT** mechanically following a recipe
- ▶ **IT IS** keeping a complex system under control in often unpredictable circumstances (like accident prevention process)
 - ▶ Coordinate a regimen having multiple interacting elements
 - ▶ Adjust parts as needed to maintain good control of system buffeted by many other factors
 - ▶ Anticipate lag time between (in)action and system response
 - ▶ Monitor advance “hidden” indicators (blood glucose) to prevent system veering badly out of control
 - ▶ Decide appropriate type and timing of corrective action if system veering off-track
 - ▶ Monitor/control other shocks to system (infection, emotional stress)
 - ▶ Coordinate regimen with other daily activities
 - ▶ Plan ahead (meals, meds, etc.)
 - ▶ For the expected
 - ▶ For the unexpected and unpredictable
 - ▶ Prioritize conflicting demands on time and behavior

Occupational hierarchy

- Cognitive complexity



Sample guidance today

“Adjust insulin dose for number
of carbohydrates in meal”

Knowledge & mental calculations
required??

Sample health literacy item—how simple?

Task #1—Underline sentence saying how often to give medicine

Pediatric Dosage Chart



Pediatric Dosage Chart Drops, Syrup, & Chewables

Age	Approximate Weight Range*	Dosage			
		Drops	Syrup	Chewables 80 mg	Chewables 160 mg
† Under 3 mo	Under 13 lb	½ dropper	¼ tsp	—	—
† 3 to 9 mo	13-20 lb	1 dropper	½ tsp	—	—
† 10 to 24 mo	21-26 lb	1 ½ droppers	¾ tsp	—	—
2 to 3 yr	27-35 lb	2 droppers	1 tsp	2 tablets	—
4 to 5 yr	36-43 lb	3 droppers	1 ½ tsp	3 tablets	1 ½ tablets
6 to 8 yr	44-62 lb	—	2 tsp	4 tablets	2 tablets
9 to 10 yr	63-79 lb	—	2 ½ tsp	5 tablets	2 ½ tablets
11 yr	80-89 lb	—	3 tsp	6 tablets	3 tablets
12 yr and older	90 lb & over	—	3-4 tsp	6-8 tablets	3-4 tablets

† Consult with physician before administering to children under the age of 2 years.
Dosage may be given every 4 hours as needed but not more than 5 times daily.

Drops: Each 0.8 ml dropper contains 80 mg (1.23 grains) acetaminophen.
Syrup: Each 5 ml teaspoon contains 160 mg (2.46 grains) acetaminophen.
Chewables: Regular tablets contain 80 mg (1.23 grains) acetaminophen each. Double strength tablets contain 160 mg (2.46 grains) acetaminophen each.
 * If child is significantly under- or overweight, dosage may need to be adjusted accordingly.
 The weight categories in this chart are designed to approximate effective dose ranges of 10-15 milligrams per kilogram.
 (Current Pediatric Diagnosis and Treatment, 8th ed. CH Kempe and HK Silver, ed. Lange Medical Publications: 1984, p. 1079)
 LA-1451-2-88 © 1988, Bristol-Myers U.S. Pharmaceutical and Nutritional Group - Evansville, Indiana 47721 U.S.A.
 © 1988, Bristol-Myers Pharmaceutical and Nutritional Group.

- One piece of info
- Simple match
- But lots of irrelevant info

Caution!
 Can train people to do this task, but not all possible tasks like it

Not so simple for many people...

Task #1—Underline sentence saying how often to give medicine

Pediatric Dosage Chart

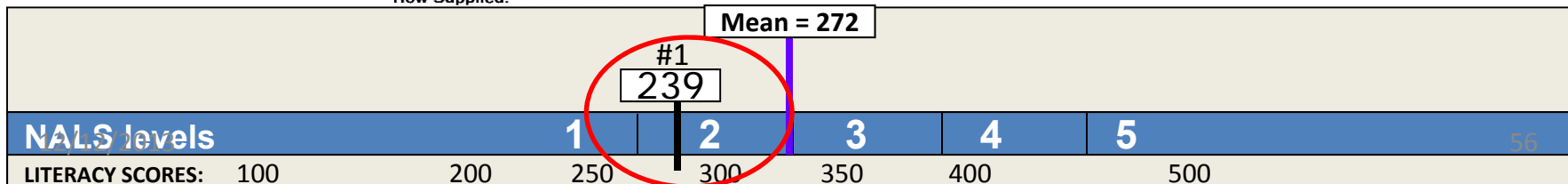


Pediatric Dosage Chart Drops, Syrup, & Chewables

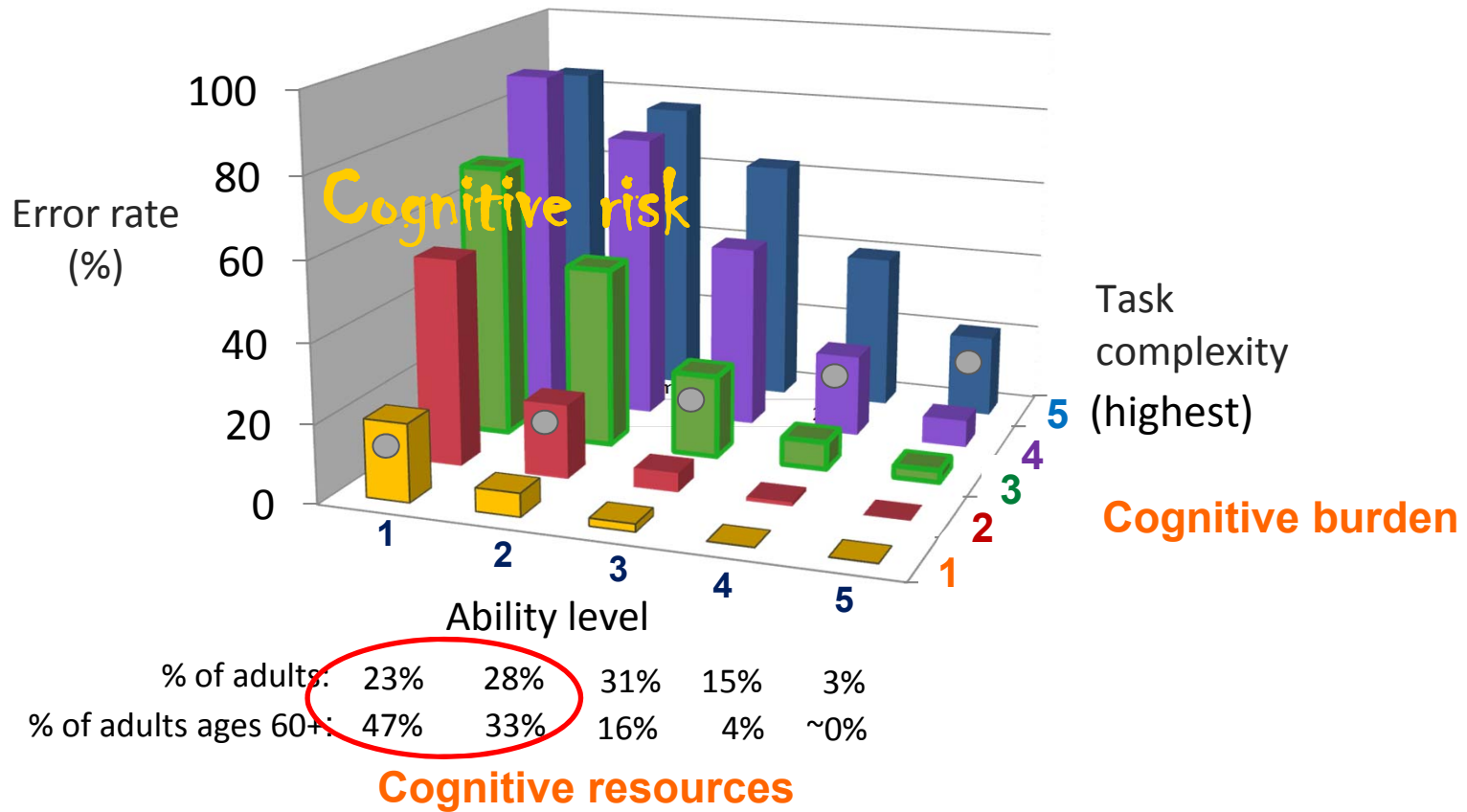
Age	Approximate Weight Range*	Dosage			
		Drops	Syrup	Chewables 80 mg	Chewables 160 mg
† Under 3 mo	Under 13 lb	½ dropper	¼ tsp	—	—
† 3 to 9 mo	13-20 lb	1 dropper	½ tsp	—	—
† 10 to 24 mo	21-26 lb	1 ½ droppers	¾ tsp	—	—
2 to 3 yr	27-35 lb	2 droppers	1 tsp	2 tablets	—
4 to 5 yr	36-43 lb	3 droppers	1 ½ tsp	3 tablets	1 ½ tablets
6 to 8 yr	44-62 lb	—	2 tsp	4 tablets	2 tablets
9 to 10 yr	63-79 lb	—	2 ½ tsp	5 tablets	2 ½ tablets
11 yr	80-89 lb	—	3 tsp	6 tablets	3 tablets
12 yr and older	90 lb & over	—	3-4 tsp	6-8 tablets	3-4 tablets

† Consult with physician before administering to children under the age of 2 years.
 Dosage may be given every 4 hours as needed but not more than 5 times daily.
 How Supplied.

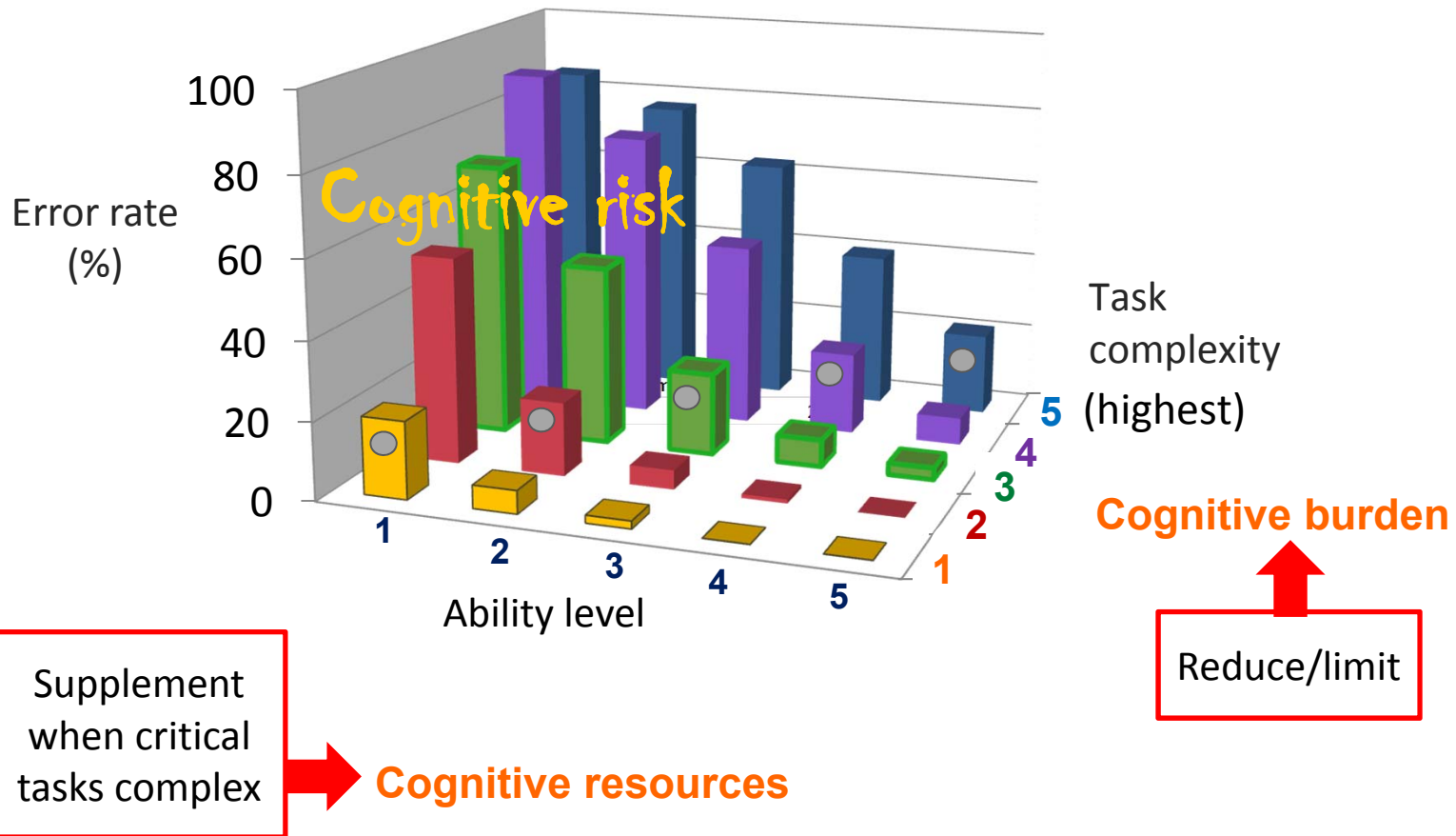
- One piece of info
- Simple match
- But lots of irrelevant info



Need an epidemiology of patient error



Change the job (not person) strategies



Stories of Synergy in Research on g

Synergy –
Interaction of parts has bigger
effect than the sum of parts

Example: 1986

<p>THE <i>g</i> FACTOR IN EMPLOYMENT</p> <p>A Special Issue of the Journal of Vocational Behavior</p> <p>Edited by LINDA S. GOTTFREDSON</p>	<p>Journal of Vocational Behavior Volume 29, Number 3, December 1986</p> <p>CONTENTS</p> <p>The <i>g</i> Factor in Employment</p> <p><i>Foreword</i> Linda S. Gottfredson. <i>The g Factor in Employment</i> 293</p> <p><i>Introduction</i> Lillian Markos Avery. <i>Origins of and Reactions to the PTC Conference on The g Factor in Employment Testing</i> ... 297</p> <p><i>Major Contributions</i> Arthur R. Jensen. <i>g: Artifact or Reality?</i> 301 Robert L. Thorndike. <i>The Role of General Ability in Prediction</i> 332 John E. Hunter. <i>Cognitive Ability, Cognitive Aptitudes, Job Knowledge, and Job Performance</i> 340 Linda S. Gottfredson and James Crouse. <i>Validity versus Utility of Mental Tests: Example of the SAT</i> 363 Linda S. Gottfredson. <i>Societal Consequences of the g Factor in Employment</i> 379 John Hawk. <i>Real World Implications of g</i> 411</p> <p><i>Commentaries</i> Richard D. Arvey. <i>General Ability in Employment: A Discussion</i> 415 Lloyd G. Humphreys. <i>Commentary</i> 421 Robert L. Linn. <i>Comments on the g Factor in Employment Testing</i> 438 Leona E. Tyler. <i>Back to Spearman?</i> 445 Author Index for Volume 29 451 Cumulative Subject Index for Volumes 28–29 453</p>
---	--

Created synergy

- Panel of illustrious authors
- Peer-reviewed journal
- Mailed 6000 copies to top researchers

Instant impact

EDITORIAL

Mainstream Science on Intelligence: An Editorial With 52 Signatories, History, and Bibliography

LINDA S. GOTTFREDSON
University of Delaware

The following statement was first published in the *Wall Street Journal*, December 13, 1994.

Mainstream Science on Intelligence

Since the publication of "The Bell Curve," many commentators have offered opinions about human intelligence that misstate current scientific evidence. Some conclusions dismissed in the media as discredited are actually firmly supported.

This statement outlines conclusions regarded as mainstream among researchers on intelligence, in particular, on the nature, origins, and practical consequences of individual and group differences in intelligence. Its aim is to promote more reasoned discussion of the vexing phenomenon that the research has revealed in recent decades. The following conclusions are fully described in the major textbooks, professional journals and encyclopedias in intelligence.

The Meaning and Measurement of Intelligence

1. Intelligence is a very general mental capability that, among other things, involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly and learn from experience. It is not merely book learning, a narrow academic skill, or test-taking smarts. Rather,

it reflects a broader and deeper capability for comprehending our surroundings—"catching on," "making sense" of things, or "figuring out" what to do.

2. Intelligence, so defined, can be measured, and intelligence tests measure it well. They are among the most accurate (in technical terms, reliable and valid) of all psychological tests and assessments. They do not measure creativity, character, personality, or other important differences among individuals, nor are they intended to.

3. While there are different types of intelligence tests, they all measure the same intelligence. Some use words or numbers and require specific cultural knowledge (like vocabulary). Other do not, and instead use shapes or designs and require knowledge of only simple, universal concepts (many/few, open/closed, up/down).

4. The spread of people along the IQ continuum, from low to high, can be represented well by the bell curve (in statistical jargon, the "normal curve"). Most people cluster around the average (IQ 100). Few are either very bright or very dull: About 3% of Americans score above IQ 130 (often considered the threshold for "giftedness"), with about

Reprinted with permission of The Wall Street Journal copyright 1994, Dow Jones & Company, Inc. All rights reserved.

INTELLIGENCE 24(1) 13-23
ISSN: 0160-2896

Copyright © 1997 Ablex Publishing Corporation
All rights of reproduction in any form reserved

13

Example: 1997

The following professors—all experts in intelligence and allied fields—have signed this statement:

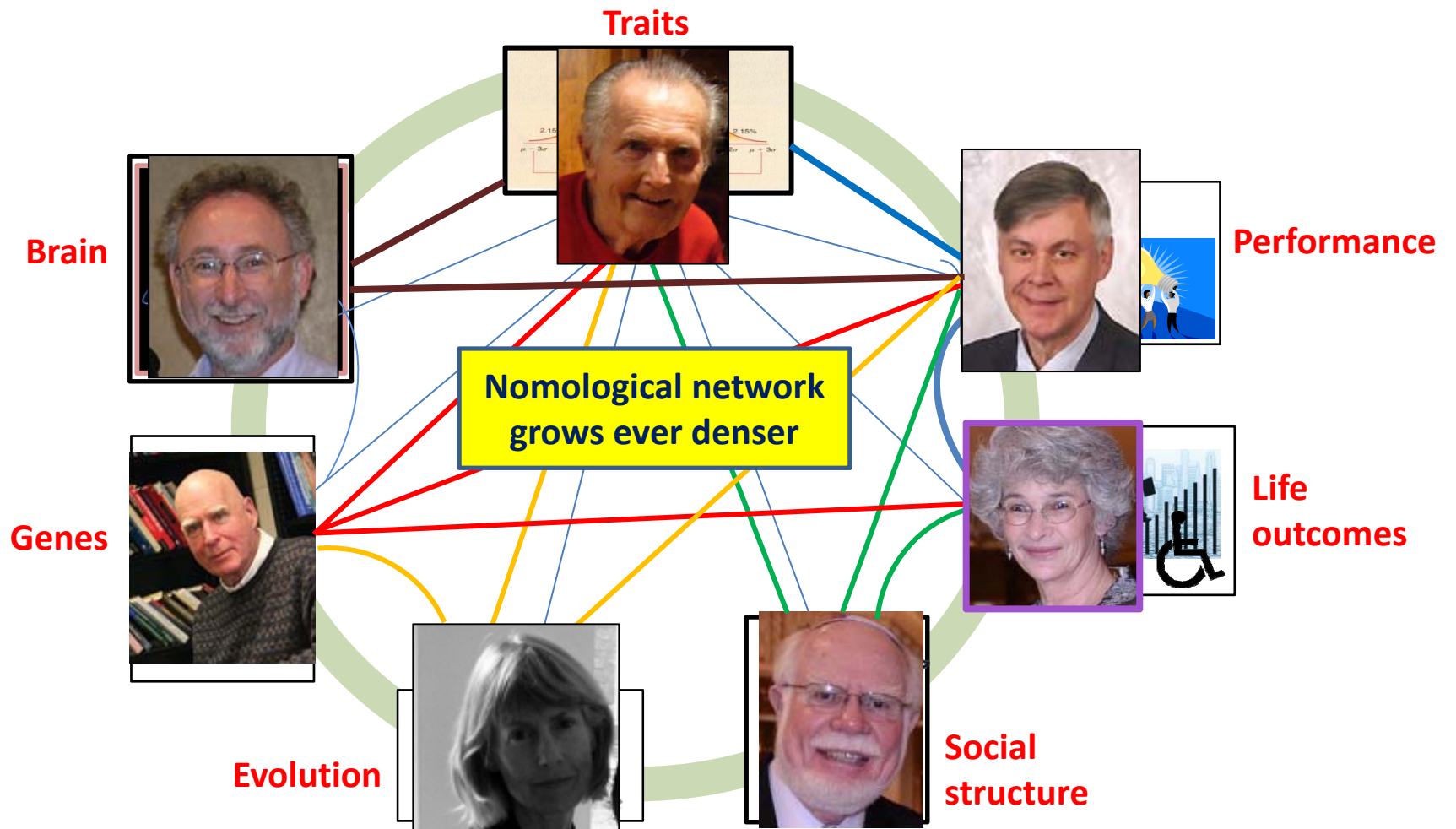
Richard D. Arvey, University of Minnesota
Thomas J. Bouchard, Jr., University of Minnesota
John B. Carroll, Un. of North Carolina at Chapel Hill
Raymond B. Cattell, University of Hawaii
David B. Cohen, University of Texas at Austin
Rene V. Dawis, University of Minnesota
Douglas K. Detterman, Case Western Reserve Un.
Marvin Dunnette, University of Minnesota
Hans Eysenck, University of London
Jack Feldman, Georgia Institute of Technology
Edwin A. Fleishman, George Mason University
Grover C. Gilmore, Case Western Reserve University
Robert A. Gordon, Johns Hopkins University
Linda S. Gottfredson, University of Delaware
Robert L. Greene, Case Western Reserve University
Richard J. Haler, University of California at Irvine
Garrett Hardin, University of California at Santa Barbara
Robert Hogan, University of Tulsa
Joseph M. Horn, University of Texas at Austin
Lloyd G. Humphreys, University of Illinois at Urbana-Champaign
John E. Hunter, Michigan State University
Seymour W. Itzkoff, Smith College
Douglas N. Jackson, Un. of Western Ontario
James J. Jenkins, University of South Florida
Arthur R. Jensen, University of California at Berkeley
Alan S. Kaufman, University of Alabama

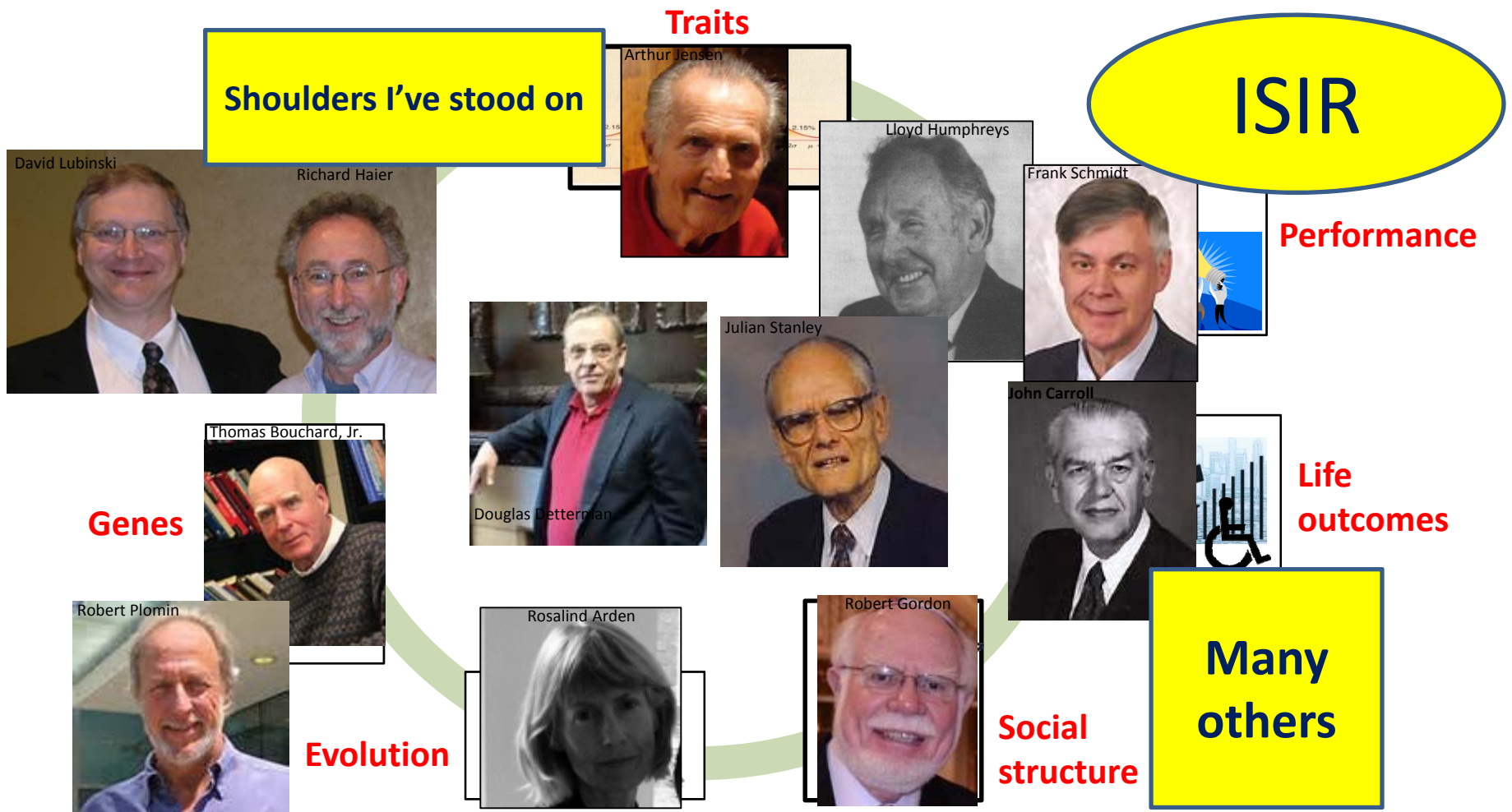
Nadeen L. Kaufman, California School of Professional Psychology at San Diego
Timothy Z. Keith, Alfred University
Nadine Lambert, University of California at Berkeley
John C. Loehlin, University of Texas at Austin
David Lubinski, Iowa State University
David T. Lykken, University of Minnesota
Richard Lynn, University of Ulster at Coleraine
Paul E. Meehl, University of Minnesota
R. Travis Osborne, University of Georgia
Robert Perloff, University of Pittsburgh
Robert Plomin, Institute of Psychiatry, London
Cecil R. Reynolds, Texas A & M University
David C. Rowe, University of Arizona
J. Philippe Rushton, Un. of Western Ontario
Vincent Sarich, University of California at Berkeley
Sandra Scarr, University of Virginia
Frank L. Schmidt, University of Iowa
Lyle F. Schoenfeldt, Texas A & M University
James C. Sharf, George Washington University
Herman Spitz, former director of research E.R. Johnstone Training and Research Center, Bordentown, N.J.
Julian C. Stanley, Johns Hopkins University
Del Thiessen, University of Texas at Austin
Lee A. Thompson, Case Western Reserve University
Robert M. Thorndike, Western Washington Un.
Philip Anthony Vernon, Un. of Western Ontario
Lee Willerman, University of Texas at Austin

AAIDD* Manual, 11th ed., 2010

"It is the position of AAIDD that intellectual functioning (as defined [by *Mainstream Science on Intelligence*, 1997]) is best conceptualized and captured by a general factor of intelligence, *g*" (p. 34).

*AAIDD = Amer. Assoc. of Intellectual & Developmental Disabilities





To our young members

Go find some good shoulders to stand on!

Thank you.